

RQA(GP) Summary Calibration 2018 - GMC: 45454

Appraiser: RQA (GP) Summary recalibration 2018 (B)

Meeting Date: 04/08/2018 | Summary Committed: 04/08/2018 | Summary Agreed: 04/08/2018

Professional Context

The doctor works six sessions in a busy General Practice. He has special responsibility for Asthma, COPD and Diabetes. He performs most of the Minor Surgery in the practice. He is also a deputy director in the RSU (Cardiff Uni) and holds a directorship of a private internet company dealing with medical informatics

Probity and Declarations

Confirm Personal and Professional Details (Scope of work)

Status: Agreed

Probity (Good Medical Practice)

The standard of propriety expected of all doctors is described in the relevant section of Good Medical Practice.

Clearly defined expectations relate to issues concerning

- Providing information about services
- Writing reports, giving evidence and signing documents
- Research
- Financial and commercial dealings
- Conflicts of interest
- Being honest and trustworthy
- **Maintaining adequate indemnity for all of your professional roles**

I have read and reflected on the section of Good Medical Practice relating to probity. I believe that I comply with the requirements of this section.

Status: Agreed

Probity (Good Medical Practice)

The standard of propriety expected of all doctors in the context of the appraisal process is set out in our document Probity in the Appraisal Process.

Clearly defined expectations relate to issues concerning

- Submission of material
- Ownership of material
- Acknowledging and recording contributions of others

I confirm that I have properly acknowledged and recorded the contributions of others to materials included in my appraisal. I understand that any attempt to deliberately assume ownership of someone else's work as my own is a probity issue. I confirm that all the entries in my appraisal folder have been completed as detailed in the appraisal evidence.

Status: Agreed

Health

You should consider the impact that your own health might have on patient care. Participation in appraisal will provide you with an opportunity to discuss matters of health with your Appraiser. Disclosure will be entirely voluntary.

Status: Agreed

Directives or Suggestions from Outside Agencies

Occasionally other individuals or agencies will highlight on-going or remedial development needs, which should be discussed at appraisal and potentially included in the PDP. Where such needs have been highlighted to you this should be declared in the statement below so that your appraiser is aware this needs to be discussed, and supported with a relevant appraisal entry. This includes for example:

- Explicit directive from a Clinical Director or the MD (usually in a letter) that there is a development need that can be addressed through on-going CPD that should be included in the appraisal (e.g. diabetic care, prescribing etc.)
- Formal investigation (local, NCAS or GMC) relating to one or more aspects of your conduct or performance (e.g. communication skills)

Status: Agreed

Complaints

It is a revalidation requirement that all formal complaints are declared at appraisal. Many Doctors will not have had a complaint during the appraisal period in this case they should simply agree to the statement. If there have been formal complaints during this time you should choose the second statement and indicate which section of your appraisal submission contains the relevant information. You do not need to record the complaint in great detail, your appraiser will be interested in any learning points and that you are complying fully with the complaints process.

Status: Agreed

Safeguarding Children

I have undertaken the following level of Safeguarding of Children training within the last 5 years.

Level 3

Training Role

No role

Appraiser Overall Probity Comments

None

Appraisal Information

Domain 1 - Knowledge, Skills and Performance

1 - Activity/Achievement

Title:

RCGP ECU Module Management of stable angina

Activity:

On line learning based on current SIGN guidance

Reason:

Interest and update

Reflection:

Interesting module focussed on the GP aspects of the guidance - interesting re the drug management - eg 50% compliance after 2 years, use ace inhibitors in all, BB and CCB (and aspirin and ace) have beneficial morbidity data - but others do not

Outcome:

I will manage patients in accordance to the guidelines

Title:

RCGP ECU Module Management of abnormal LFTs

Activity:

I undertook this module in August 2018

Reason:

Something that puzzles me

Reflection:

I don't think I have been fully compliant with the testing suggested in this module - there is however a very useful algorithm for testing requirements which I have printed off

Outcome:

I have the algorithm on my desk and refer to it when assessing results

Title:

RCGP ECU Module Management of migraine

Activity:

I undertook this module in August 2018

Reason:

Interest

Reflection:

Not much new information but nice to read something around headaches - always a difficult consultation. New information around chronic menstrual migraine and migraine in pregnancy. Also

medication overuse headache aetiology management and the type of drugs involved

Outcome:

Probably use more propranolol as prophylaxis - also other TCAs to amitriptyline

Available Supporting Documentation

Discussion and Feedback from Appraiser

The doktor enjoys in-line learning. These modules taken from the RCGP ECU are easily accessible and interesting. They are also gp focussed and as such the doctor finds time in his busy schedule to complete. A number of learning points have been identified and we discussed in particular the abnormal LFT algorithm. The doctor reflected that this was actually a big learning point for him and that he had made a change in practice as a result. He would like to check he is complying with guidance and will perform an audit next year

Action point - PDP item

2 - Activity/Achievement

Title:

Diabetes

Activity:

The doctor attended a diabetes study day in August 2017. This was run by Professor Jones from Cardiff.

Reason:

the doctor is involved in the diabetic care in the practice along with Dr Smith however Dr Smith doesn't have as high a knowledge as the doctor

Reflection:

The doctor reflects that there was a lot of confirmation of current practice - particularly around the newer drugs and non insulin injectables. One new piece of information was the risk of toe amputation with the SGLT2 class of drugs -he had previously sort of known it but this raised his awareness and he will change his practice accordingly. The course did not deal with insulin initiation but did deal with the threshold for initiation and that was very helpful. In the practice there is access to a DSN to undertake the initiation and as such this course was probably at the right level for the doctor.

Outcome:

Affirmation of practice and slightly more care with SGLT2 drugs. A better working interaction between the doctor and the DSN

Available Supporting Documentation

Discussion and Feedback from Appraiser

The doctor is the main partner dealing with diabetes in the practice, he shares this role with Dr Smith who has less knowledge of the subject than the doctor. The course affirmed practice and led to some changes in prescribing and a closer link with the DSN around both tricky patients and insulin initiation

3 - Activity/Achievement

Title:

RCGP ECU Module Management of stable angina

Activity:

On line learning based on current SIGN guidance

Reason:

Interest and update

Reflection:

Interesting module focussed on the GP aspects of the guidance - interesting re the drug management - eg 50% compliance after 2 years, use ace inhibitors in all, BB and CCB (and aspirin and ace) have beneficial morbidity data - but others do not

Outcome:

I will manage patients in accordance to the guidelines

Available Supporting Documentation

Discussion and Feedback from Appraiser

4 - Activity/Achievement

Title:

RCGP ECU Module Management of abnormal LFTs

Activity:

I undertook this module in August 2018

Reason:

Something that puzzles me

Reflection:

I don't think I have been fully compliant with the testing suggested in this module - there is however a very useful algorithm for testing requirements which I have printed off

Outcome:

I have the algorithm on my desk and refer to it when assessing results

Available Supporting Documentation

Discussion and Feedback from Appraiser

5 - Activity/Achievement

Title:

RCGP ECU Module Management of migraine

Activity:

I undertook this module in August 2018

Reason:

Interest

Reflection:

Not much new information but nice to read something around headaches - always a difficult consultation. New information around chronic menstrual migraine and migraine in pregnancy. Also medication overuse headache aetiology management and the type of drugs involved

Outcome:

Probably use more propranolol as prophylaxis - also other TCAs to amitriptyline

Available Supporting Documentation

Discussion and Feedback from Appraiser

6 - Activity/Achievement

Title:

Diabetes

Activity:

I attended a diabetes study day in August 2017. This was run by Professor Jones from Cardiff.

Reason:

I am involved in the diabetic care in the practice along with Dr Smith but he doesn't have as high a knowledge as me

Reflection:

Firstly there was a lot of confirmation of current practice - particularly around the newer drugs and non insulin injectables. One new piece of information was the risk of toe amputation with the SGLT2 class of drugs - I had previously sort of known it but this raised my awareness and I will change my practice accordingly. The course did not deal with insulin initiation but did deal with the threshold for initiation and that was very helpful. In our practice we have access to a DSN to undertake the initiation and as such this course was probably at the right level for my practice.

Outcome:

Affirmation of practice and slightly more care with SGLT2 drugs. A better working interaction between me and the DSN

Available Supporting Documentation

Discussion and Feedback from Appraiser

The doctor attended a course which he enjoyed

7 - Activity/Achievement

Title:

Diabetes

Activity:

I attended a diabetes study day in August 2017. This was run by Professor Jones from Cardiff.

Reason:

I am involved in the diabetic care in the practice along with Dr Smith but he doesn't have as high a knowledge as me

Reflection:

Firstly there was a lot of confirmation of current practice - particularly around the newer drugs and non insulin injectables. One new piece of information was the risk of toe amputation with the SGLT2 class of drugs - I had previously sort of known it but this raised my awareness and I will change my practice accordingly. The course did not deal with insulin initiation but did deal with the threshold for initiation and that was very helpful. In our practice we have access to a DSN to undertake the initiation and as such this course was probably at the right level for my practice.

Outcome:

Affirmation of practice and slightly more care with SGLT2 drugs. A better working interaction between me and the DSN

Available Supporting Documentation

Discussion and Feedback from Appraiser

This was an important course for the doctor, led by a local expert. He was able to affirm his current practice and in addition learn a more integrated method of delivery of care. He has since made arrangements with his DSN to work more closely with him and he feels that the care of the patients with diabetes at the practice will gain in the long term. He reflected at appraisal that the care of diabetes is both rewarding and frustrating with some notable successes and failures. He feels an

audit of his diabetic care would be worthwhile and will consider this and what parameters to measure over the next year. He will prepare for this audit over the next year and consider carrying it out in 2020.

Domain 2 - Safety and Quality

8 - Activity/Achievement

What is the title of your audit project?:

Audit of correct dosage of Vitamin D on repeat prescribing

Which criterion/criteria have you chosen?:

I came across a repeat prescription for loading dose levels of Vitamin D

What standard(s) have you set?:

All Vitamin D prescriptions on repeat will be at maintenance dose (100%)

What preparation and planning did you undertake for your audit?:

I obtained a search for all Vitamin D preparations on repeat along with dose. I referred to local (HB) guidelines on maintenance therapy. I excluded renal failure/dialysis patients.

I then separated all correct doses from seemingly high doses

First data collection:

Number of patients on repeat Vitamin D = 300

Number on correct maintenance dose = 250

Number on seemingly inappropriate high dose = 50

Standard missed (83%)

What change(s) are to be implemented?:

I searched the records of the 50 patients and changed all to maintenance

Second data collection:

Number of patients on repeat vitamin D = 305

Number on correct maintenance dose = 305

Number on seemingly inappropriate high dose = 0

100% - meets standard

What conclusions have you drawn from this completed audit cycle?:

I presented the results at a practice meeting and identified the issues which were 1. lack of knowledge of local guidelines 2. prescribing the loading dose on repeat (meaning to but forgetting to change it after the loading period) - I shared my practice with them which all agreed to adopt - ie give the 6 week loading dose as a single prescription and enter into the repeat the loading dose

I will re audit in a year

Available Supporting Documentation

Discussion and Feedback from Appraiser

A good example of a minor prescribing audit

Domain 3 - Communication, Partnership and Teamwork

9 - Activity/Achievement

Title of event:

Resuscitation

Date of event:

March 2018

Date of SEA meeting:

June 2018

Personnel present and role:

All partners practice nurses and practice manager

Description of event:

Discussion of a successful resuscitation

What went well?:

The patient survived

What could have been done better?:

All went well

Reflections on the event:

Good outcome

What changes have been agreed?:

None needed

Changes carried out and their effect:

Available Supporting Documentation

Discussion and Feedback from Appraiser

This item was discussed at length at appraisal. The doctor explained that he had been the on-call doctor and was asked to see a patient in the nurses room who was complaining of chest pains. The doctor took one look at the patient and immediately called for help and arranged the receptionist to call 999. Within 2-3 minutes another 2 doctors were present and the crash bag and defibrillator were ready. The patient arrested and CPR was started.

After 2 shocks sinus rhythm returned and by the time the ambulance arrive the patient was semi conscious and ready for transfer

The patient left hospital 2 weeks later with an implantable defibrillator

This was a really good team building moment and demonstrated the effectiveness of the procedures in place. It was treated as a practice success and was an uplifting experience for all concerned.

Domain 4 - Maintaining Trust

10 - Activity/Achievement

What is the title of your audit project?:

Audit of referrals

Which criterion/criteria have you chosen?:

Number of referrals generated in 4 weeks analysed by partner and then compared

Absolute numbers of referrals by specialty to be compared

What standard(s) have you set?:

Partners should have referral rates that are approximately similar (20% leeway allowed)

What preparation and planning did you undertake for your audit?:

I did a computer search by referral, partner and date which was then broken down into specialty

First data collection:

Partners had wildly differing referral rates with a variance of 400% for one specialty and over 300% in two others. Overall numbers of referrals (undifferentiated) varied from 24 to 52 in the 4 week period.

What change(s) are to be implemented?:

We will have a practice meeting to discuss this problem

Available Supporting Documentation

Discussion and Feedback from Appraiser

The doctor noticed that there seemed to be a difference in referral rates amongst partners. This audit seems to have proven that excessive referrals are generated by two partners in particular, these seem to be in certain specialties. The doctor came out on top in most areas.

Insights and Reflections

11 - Activity/Achievement

The doctor has a busy schedule

Available Supporting Documentation

Discussion and Feedback from Appraiser

The doctor has many roles and leads a busy life often working in evenings and on weekends.

Constraints, Insight and Reflections

Personal constraints

Constraints

Over commitment

Doctor Comment

I am currently doing one or two more sessions a week at the practice and with my outside work I am struggling to find time for any "extras" such as CPD

Appraiser Comment

No entry

Practice constraints

Constraints

Unfilled vacancies

Doctor Comment

Work is very busy with problems accessing time off for holidays. Locums are few and far between and extremely costly. This has led to a bit of stress in the practice and a period off sick for one of my partners - which compounded the situation. We have been trying to recruit for 3 years and we are 6 sessions a week down on full complement.

Appraiser Comment

The doctor is working to find a new partner or a salaried doctor

Service constraints

Constraints

Ambulance problems
Workload shift from secondary to primary care

Doctor Comment

There has been a chronic drift of work from secondary care - some of it funded - this is putting further strain on the practice

Appraiser Comment

No entry

Reflections

Progress Reflection:

I have had a busy year with patient contact. We have managed to keep the practice going in some very busy times this winter. I have a few entries in my appraisal regarding CPD and QI activity. I would have liked to have done more however it has been difficult to find the time - and to be honest the motivation in the evenings after the very busy and full days I have been having lately.

Development Needs:

I lead on asthma and COPD in the practice but more and more my nurse is taking over the management and drug switches - I do really need to get to know the new devices

Appraiser Comments:

The doctor is very busy

The doctor is in the first year of his revalidation cycle

Area: Domain 1 - Knowledge, Skills and Performance

What/Description:

Asthma - A course

Why:

Needs based

How:

Attend a course

Who:

Himself

Outcome:

Certificate in next year's appraisal

Area: Domain 1 - Knowledge, Skills and Performance

What/Description:

COPD - Update on devices and medications used

Why:

The doctor recognises a need with the advent of new devices and combination medications

How:

He will initially access two on-line modules he is aware of and then seek to attend a practical

demonstration of devices

Who:

Himself and his practice nurse

Outcome:

The doctor will reflect on the outcome at his next appraisal

Area: Domain 1 - Knowledge, Skills and Performance

What/Description:

Colleague Feedback - Patient and colleague feedback

Why:

Not performed for 4 years and not yet in this revalidation cycle

How:

Using the Equiniti system

Who:

The doctor and colleagues across his breadth of practice

Outcome:

To be discussed at appraisal next year

Area: Domain 1 - Knowledge, Skills and Performance

What/Description:

Liver disease - Audit of management of abnormal LFTs

Why:

The doctor is using a new algorithm to manage abnormal results and he feels it important to cross correlate his practice with this

How:

Computer search and then examining patient records

Who:

Himself and his administrative team

Outcome:

Results within 6 months and then if appropriate changes made before next appraisal

Area: Domain 1 - Knowledge, Skills and Performance

What/Description:

E-Learning - Do some e learning modules

Why:

The doctor enjoys them

How:

On-Line

Who:

The doctor

Outcome:

Previous/Last Agreed PDP					
Area	What/Description	Why	How	Who	Outcome
Domain 3 - Communication, Partnership and Teamwork29427	Dental issues - The Dr wishes to complete an oral cancer module, and get the orofacial pain module on line. He also plans a joint meeting on significant events with dentists and pharmacists, with a view to ensuring patients with oral problems get to the right place. He would like to develop pathways for GPs to ensure patients get seen by the appropriate person.	He feels there are patients that are advised to see their dentists, but then do not attend. He feels that joined up working would help immensely.	Complete modules. Meet with dentists and pharmacists.	Dr with the help of colleagues.	Within the appraisal year.
Doctor's Comments	Fully Met		Evidence in: Domain 1 - Knowledge, Skills and Performance		
Appraiser's Comments	<i>Met in full- further joint meeting planned</i>				
Domain 2 - Safety and Quality29427	Audit - specific subject - The Dr wishes to audit the care of diabetic, specifically looking at monitoring and control. He wishes to audit HbA1C, BP, cholesterol and monitoring. He wishes to do 5 point audit as he will be able to compare results from previous years and consider if improvement have been made.	To ensure standards are maintained and ideally increasing.	Identify DM patients, run searches on the above criteria and compare with last data set.	He may ask colleagues to help.	Within the appraisal year.

<p>Doctor's Comments</p>	<p>Not Met</p>	<p>Please see mitigating entry - bad year - no support for the audit - no room for me --- will be better next year</p>	<p>Evidence in: Insights and Reflections</p>
<p>Appraiser's Comments</p>	<p><i>The practice does not have access to the comparative data for DM as they had in previous years. The Dr does not particularly enjoy DM management but a few years ago the intermediate service was pulled, so he went on courses to initiate insulins and improve his knowledge. Since then the DSN have been re-instated and engage thoroughly with all DM patients. The Dr feels the DM care has improved substantially.</i></p>		

