Faculty of Sexual and Reproductive Healthcare
of the Royal College of Obstetricians and Gynaecologists

Supporting Doctors' Appraisal and Revalidation in Sexual and Reproductive Healthcare

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Supporting your Appraisal and Revalidation in Sexual and Reproductive Healthcare

Introduction

With the introduction of the process of revalidation for doctors, appraisal has been standardised and this has been supported by the Medical Appraisal Guide, Model Appraisal Form [1] Guidance for this has already been published by the Royal College of Obstetricians and Gynaecologists and Faculty of Sexual and Reproductive Healthcare outlining what supporting evidence should be provided at appraisal[2.]

Whilst it is recognised that doctors working within Sexual and Reproductive Healthcare originate from many different backgrounds, it should be highlighted that all doctors should demonstrate that they have the knowledge, skills and experience required to work as safe and effective sexual and reproductive healthcare clinicians. It is also recognised that within changing health services, medical appraisal may be undertaken by a doctor not familiar with a given speciality. Therefore advice needs to be available to support the appraisal process.

The Clinical Standards Committee of the FSRH has developed this additional document as a support tool for doctors working in Sexual and Reproductive Healthcare, replacing the Appraisal Toolkit previously published [3] .

What the General Medical Council (GMC) Requires

The GMC requires that all doctors adhere to the principles of Good Medical Practice [4] .Your practice must demonstrate the standards expected in four domains.

1. Knowledge, skills and performance
2. Safety and Quality
3. Communication, partnership and teamwork
4. Maintaining Trust

A framework has been published which outlines how appraisal should be evidenced and how the standards required of each domain have been met[5] .

Doctors should use this framework to:

- Reflect on their practice and approach to medicine
- Reflect on the supporting information that has been gathered and what that information demonstrates about their practice
- Identify areas of practice where improvements could be made or further developments could be undertaken
- Demonstrate that they are up to date and fit to practise.

The GMC has also published guidance on the documentation which is required to support appraisal and revalidation[6] . This supporting information needs to fall under four broad headings:

- General Information
- Keeping up to date
- Review of your practice
- Feedback on practice

There are six types of supporting information required at least once in every five year revalidation cycle:

1. Continuing Professional Development (CPD)
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints and compliments

Continuing Professional Development (CPD)

CPD is any learning outside of undergraduate education or postgraduate training programme that helps you maintain and improve your performance as a doctor. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities[7]. The GMC has published guidance on CPD for all doctors and outlines the core principles, stating that the principal purpose of CPD is *to improve the safety and quality of care provided for patients and the public*.

Core Principles

- Responsibility for personal learning -You are responsible for identifying your CPD needs, planning how those needs should be addressed and undertaking CPD that will support your professional development and practice.

- Reflection - Good Medical Practice requires you to reflect regularly on your standards of medical practice.

- Scope of practice - You must remain competent and up to date in all areas of your practice.

- Individual and team learning -Your CPD activities should aim to maintain and improve the standards of your own practice and also those of any teams in which you work.

- Identification of needs - Your CPD activities should be shaped by assessments of both your professional needs and the needs of the service and the people who use it. This would usually be undertaken during medical appraisal and the identification of a Personal Development Plan (PDP).

- Outcomes -You must reflect on what you have learnt through your CPD and record any impact (or expected future impact) on your performance and practice.

The GMC does not define an absolute number of CPD credits that a doctor needs to undertake but suggests that it is helpful for Colleges/Faculties to have their own CPD programme.

FSRH and CPD

Members and Fellows of the FSRH are required to participate in a CPD programme which is recorded on a spread-sheet and submitted every 5 years. This is required in order to re-certify their primary qualification but can also be used to demonstrate CPD in Sexual and Reproductive Healthcare. Members of other colleges e.g. Royal College of General Practitioners, Royal College of Obstetricians and Gynaecologists are required to participate in their own college CPD Programmes.

MFSRH re-certification requires members to undertake 50 hours CPD per year equating to 250 hours CPD per 5 years. According to the FSRH CPD programme[8] this should comprise:

- At least 100 hours Core SRH CPD i.e. that related to sexual and reproductive healthcare

The following are considered as 'Core' topics for SRH:

- Audit - relevant to sexual and reproductive health (SRH)
- Cancer screening - cervix, ovary, breast, bowel, prostate, testes, colposcopy
- Contraception - all methods, reversible and irreversible, new methods
- Endocrinology - Reproductive
- Epidemiology - related to SRH, World population issues
- Ethical issues - associated with SRH
- Failed pregnancy - abortion, miscarriage, ectopic
- Forensic gynaecology, Sexual Assault.
- Genitourinary medicine - sexually transmitted infections, HIV, AIDs
- Infertility/Subfertility - male and female
- Legal issues - associated with contraception, SRH, medical negligence, consent, confidentiality
- Medical gynaecology - menorrhagia, dysmenorrhoea, dyspareunia, endometriosis, PCOS, amenorrhoea, pelvic pain, PMS ,continence, menopause.
- Medical/Surgical problems - impact on sexual health and contraception
- Menopause - climacteric, HRT, PMB, osteoporosis, alternatives to HRT
- Needs of Special groups – eg: People with learning and physical disabilities, the homeless, travellers, drug abusers, ethnic and religious issues, the young.
- Post natal depression
- Preconceptual care - prenatal diagnosis
- Psychosexual issues - relationship issues, gender identity
- World-wide contraception and SRH

All CPD activity requires reflection and it is suggested that formal reflection records are kept for appraisal using a tool such as that attached in Appendix 1.

Diplomates

DFSRH holders whose main area of work is not in specialist SRH services should follow the Faculty Guidelines for recertification [9] of DFSRH.

Clinical Improvement activity

Clinical Audit

The GMC guidelines state that at least one complete audit cycle is completed every 5 year revalidation cycle [10]. For doctors working primarily in SRH, at least one audit should be related to one of the FSRH, BASHH or other appropriate national clinical standards [11] or clinical guidelines concerning sexual health.

Many services conduct record keeping audits and for SRH services this should use the FSRH Record Keeping Standard to guide audit criteria [12]

Review of Clinical Outcomes

Many doctors working in SRH hold the Faculty Letters of Competence in Intra-uterine Techniques, Sub-dermal implant procedures and Medical Education. All of these letters of competence are re-certifiable every five years and have minimum standards which need to be demonstrated[9].

Keeping a Clinical Logbook

By keeping a 'log of procedures' this process can be simplified in order to allow rapid review, assessment and audit.

A Clinical logbook may be used to record the following procedures and associated complications

- IUD insertion
- Complex IUD removals
- SDI insertion
- SDI removal
- Complex implant removals

In addition, supervision of trainees and other activity as a medical educator should be recorded for recertification of educational qualifications.

The table below shows the number of procedures required at the point of publication of this document,

Letter of Competence	Requirements in 5 year cycle
Medical Education [13]	50 Core SRH Credits 10 Educational Credits At least 5 workplace based assessments (at least 2 of which should be SRH) At least 1 peer observed teaching session At least 3 examples of teaching learners At least 3 written reflections At least 3 additional teaching activities assessments of trainees with no more than 18 months between
Intrauterine techniques [14]	2 hours IUT updating e-SRH Module 18 At least 12 insertions in 12 months with 2 different devices
Sub-dermal implants [15]	2 hours SDI updating e-SRH Module 17 At least 6 procedures per year including one insertion and one removal

Special Skills Modules

The Special Skills Modules are not re-certifiable but all relate to specialist skills which should be reviewed and audited. It is also suggested that logs of procedures relating to SSMs are maintained.

The number of procedures required by the FSRH which should be performed to maintain competencies are outlined in the following table.

SSM	Requirements
Abortion care [16]	➢ One operating list per month and 40 operations per year for each surgical method of abortion ➢ One session per month and 40 procedures per year for medical methods of abortion ➢ One consultation session a month for the outpatient consultations
Menopause [17]	➢ Trainers need to see 100 new menopause patients per year
Ultrasound [18]	➢ Minimum of 30 procedures per year with audit
Local anaesthetic vasectomy [19]	➢ One operating list per month and at least 40 procedures per year ➢ Audit of own complication and failure rates

Case reports

Quality improvement activity can be demonstrated in the form of case reports. It is suggested that two clinical case reviews are presented per year. This can either be in the form of discussion and reflection or evidence of presentation and discussion at a clinical peer supervision group. A suggested template is attached as Appendix 2.

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Please double click on the paperclip to open a word document of the Appendix

Appendix 1

Learning and Reflection Record - Sexual and Reproductive Healthcare

Name:……

GMC Number:……

Activity:……

Date:……..

Reason for this educational activity:

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GMC Domain:

1.	**Knowledge Skills and Performance**	**2.**	**Safety and quality**
3.	**Communication, Partnership and Teamwork**	**4.**	**Maintaining Trust**

Learning Points

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Reflection

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Signed:

Appendix 2

Case Review - Sexual and Reproductive Healthcare

Name:……..

GMC Number:……

Date:……

Details of any Peer review Undertaken:

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Details of Case

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Resources used to research this case

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Learning Points

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Reflection

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Signed: