

May 2003

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APPRAISAL

In November 2002, a letter was circulated to all Chief Executives requiring them to implement annual appraisals for all Associate Specialist and Staff Grade doctors.

"We expect employers to put in place arrangements which ensure that all their NCCGs are appraised by March 31, 2003. Chief Executives are accountable for ensuring that NHS Trusts comply with action set out in the circular, through the usual NHS performance management mechanisms."

Appraisal is described by the BMA SASC as "a process of constructive dialogue, by which doctors have a formal, structured opportunity to reflect on their work over the year, consider the progress they have made and contemplate how their effectiveness could be improved and developed. It is forward-looking and ... the aim is to help them to consolidate and improve on good performance. Appraisal should be seen as a powerful tool that can be used to make improvements in working arrangements and conditions."

A senior doctor nominated by the Trust, who is properly trained in the appraisal process, must undertake it. However, the doctor who is to be appraised can choose an alternative (trained) appraiser – who may be a fellow NCCG. The scheme is very similar to that launched in 2001–2002 for consultants, and includes the development and maintenance of a specific folder for collecting supporting data. Although a lot of effort is taken up in the initial preparation of this, subsequent years will be easier. Both appraisal and the preparation are intended to be undertaken during

contracted work hours and the guidance states specifically that NCCG doctors should be released from duties to allow for this. The outcome of the appraisal should include a personal development plan. Further details can be found on <http://www.doh.gov.uk/appraisal/nonconsult.htm>

VACANCY FOR GUM NCCG Group (representative for Northern Ireland) – contact Rachel Challenor

FAMILY PLANNING NEWS

(thanks to Alison Vaughan)

The DFFP syllabus has been altered in response to National Sexual Health strategy. Theory courses now consist of six modules with a set syllabus. Modules 1 & 2 are on contraception, 3 & 4 on STIs and HIV (the STIF course can be used instead) and 5 & 6 are pre-conception care, reading material, screening and terminations. Each module lasts half a day, and is transferable from area to area. Practical training changes include an increase in formal assessment, the introduction of an educational plan and new style logbooks. Formal sessions may be more flexible but the minimum number will be four, with learning objectives for each session. It is hoped that at least one session will be spent in a GUM clinic.

MFFP re-accreditation will require 150 CME points over five years, of which at least 60 must come from contraception, sexual health and reproductive health.

The Faculty of Family Planning is now sharing premises with the RCOG at 27 Sussex Place, London NW1 4RG

Some Useful Websites

- www.ffprhc.org.uk
- www.mssvd.org.uk
- www.appraisaluk.info
- www.doh.gov.uk
- www.rcplondon.ac.uk/college/committee/nccg/index.htm

NEWSLETTER CONTRIBUTIONS

Requested and always welcome!!!
The views expressed are those of the authors and not of MSSVD/BASHH

NEWSLETTER

GUM NCCG Group

CONTINUING PROFESSIONAL DEVELOPMENT

Every doctor working in a non-training post has an individual responsibility to ensure they log their CPD activity. Although registration with a college is optional, it is the easiest way to ensure that your CPD will be recognised for revalidation by the GMC. It is likely to cost around £100 per year to register with the Royal College of Physicians, yet for only £75 (tax allowable) you can be an Associate Member and receive all the benefits of membership as well as registering your CPD.

Anyone experiencing problems with their employers should contact their medical director, postgraduate tutor, local GUM NCCG rep. or their BMA Regional Office. The RCP also offers support through their NCCG standing committee.

Your postgraduate tutor is responsible for "internal" CPD accreditation.



Dugs date with Barbara was going well until the taxi lights shone through her dress

EXPERIENCE COUNTS

(COMPETENCY-BASED ASSESSMENT)

In a move that confirms that the government's overseas recruitment drive has been unsuccessful, the Department of Health is working with the Royal Colleges and the BMA and is introducing legislation to allow experience to be taken into account

when assessing a person for entry to the specialist register. This could allow NCCG doctors in all specialties to apply for specialist status. Detailed curriculums for each specialty are available at the JCHMT website for individual assessments.

It is recommended that any NCCG doctor planning to follow this route should do the following while waiting for the CBA tools to be formalised:

1. Keep records of all outpatient and inpatient workload
2. Keep a logbook of all practical procedures
3. Keep a CPD diary
4. Keep details of all participation in clinical audit / research
5. Keep records of undergraduate and postgraduate teaching
6. Keep evidence of organisational and management responsibilities
7. Keep an up-to-date Appraisal folder

The DoH has stated that they wish to establish a clear pathway of progression for NCCGs to the specialist register, which will be established through the new postgraduate medical education and training board (PMETB). Legislation is due in early summer for an autumn 2003 start up. Application fees to be added to the specialist register (not refundable if unsuccessful!) are likely to be around £750-1000 – this may be considered prohibitive by many. Since the DoH feels it appropriate to pay "golden hellos" to doctors to get GPs to work in some areas, it leaves me wondering if Mr Milburn might be prepared to assist NCCGs with this fee if he wants to increase consultant numbers by the next election?

The link to read the document "General Medical Practice and Specialist Medical Education, Training and Qualifications" is at <http://www.doh.gov.uk/medicaltraining/intheuk/pmetborder.htm>

You can look at the current GUM curriculum for specialist training on: <http://www.jchmt.org.uk/curricula/curricula.htm>

NCCGs – THE GLUE THAT HOLDS THE NHS TOGETHER!!

"A clear and valued role" was the title of a conference held in February by the NHS confederation (managers)

and the Dept of Health. They failed to invite anyone from G-U medicine but that didn't prevent us hearing about what was said! The Chief Medical Officer (Dr Liam Donaldson) described "respectable and prestigious posts" and felt that there was a new and more positive approach to the grades, in which flexible working was working well. (Do YOU recognise this description of YOUR job?) Andrew Foster (Head of Human Resources at the DoH) felt that, although many NCCGs are satisfied with current posts, many wish to move up the "skills escalator" with improved flexibility leading to specialist accreditation.

Everyone agreed that the term "Non-consultant Career Grade" is clumsy, ugly and negative, but so far no suitable alternative has been proposed. Will there be a prize for the best suggestion? Maybe we should sort out jobs, pay, progression and competence first?

LOUGHBOROUGH 2003

For those who haven't heard already, our 6th Annual Conference will take place on 13th and 14th September 2003 at Loughborough University. The fee has again been kept below £100 and includes overnight accommodation and a conference dinner. The programme (which is excellent!) and application form are both available on the MSSVD website. The 2004 conference will be held in York.

Future Conferences 2003

22–23 May: Annual Scientific Meeting (Family Planning Faculty), Manchester
agm2003@meetingmakers.co.uk

12–14 June: MSSVD/IUSTI Spring meeting, Leeds Town Hall.

www.mssvd.org.uk

13–14 Sept: 6th MSSVD NCCG Annual Conference, Loughborough Univ.
Contact Rachel Challenor:

Rachel@challenor.biz

10–11 October: BHIVA Autumn Conference, London. 020 8446 6698

bhiva@bhiva.org

15–18 October: EADV (Barcelona),
www.eadv.org

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