

Supporting Doctors who undertake Low Volume of GP Clinical Work - CARE

**Introduction and aim:**

The Unit has produced a framework called CARE to support doctors that may be undertaking low volume clinical work. A template called 'Low Volume Clinical Work – CARE' has been added to Whole Practice Appraisal on MARS to allow doctors to provide relevant information in this regard.

The discussion at appraisal should reassure you (and the doctor) of their ability to provide safe, quality care for patients by considering:

1. Patient safety.
2. Support for the doctor to retain and develop their skills across their scope of work.
3. Actions to enable the doctor to flourish within their scope of work.

This approach has the focus of supporting the professionalism and insight of the doctor with respect to their volume of clinical work.

**What is CARE:**

**All of the above elements can be addressed by considering 4 key questions/considerations - CARE – *Commitment, Assessment, Requirements, Evaluation***

What is your current COMMITMENT to your general practice role?

What is your ASSESSMENT of its impact on your ability to perform this duty to an acceptable standard?

How does this inform your educational REQUIREMENTS/needs to maintain standards of care?

How will you evaluate the EVIDENCE that you maintain competence?

### What is low volume clinical work:

There is no generally agreed definition of low clinical workload and it is probably unhelpful to count the number of sessions worked over a year. In Wales we have taken the view that it would be up to the individual doctor to recognise low volume of clinical contact.

Both [NHS England](#) and the [RCGP](#) have defined low volume as fewer than 40 sessions per annum of NHS General Practice (GP) clinical work, however, we would advise you to consider this as a **potential indicator only** in Wales. Further information can be found on our [Revalidation Wales website](#).

### Putting CARE into practice:

The evaluation tool below might assist you in generating appropriate educational needs, leading to a Personal Development Plan (PDP), for the doctor.

Categories	Context	Appraisee Comments	Appraiser - ideas for lines of discussion	Plan
Volume	Number of sessions in last 12 months		Describe your working practice over the last 12 months, number of sessions, what a session involves, how frequently you work.	
Spread	Evenly spaced work or significant breaks		Do you work every week or in chunks / blocks? What suits you best in terms of your development and other commitments? Do you “get into the role” when doing sessions close together or do you prefer to have a regular session so that there are no long breaks between. Do you feel deskilled in between sessions and it takes a few to get back into it?	
Experience	How long working as GP – stage in career		What was your previous experience? Have you ever worked full-time in general practice and if so, for how long ago?	
Overlap with other roles	Other roles and extent of overlap with GP role		How do your other roles overlap with general practice? What skills cross the specialities and are there any	

			adaptation you have to make to your clinical performance in GP?	
Duration of low volume work	How long in current roles and plans to change commitments		How long have you had the same level of commitment? What was your level of commitment before this, and in what specialties?	
Scope of Practice	Full complement of GMS – Chronic Disease Management / visits / etc		What does your role in general practice entail? How many patients do you see and in what capacity i.e. telephone triage / face-to-face / home visits / chronic disease management clinics? What is your case mix within those sessions? Do all the patients with a particular problem get saved up for you or is the session general?	
Benchmarking, integration and support	Comparison with peers Organisationally generated data Regular meeting with peers Access to support and advice		How do you ensure that your practice is what is acceptable and up to date? How do you know it is? Are there any opportunities to audit what you do? Can you prove you are doing a good job?	
Personal approach to risk	Arrangements to stay within boundaries of competence Access to adequate induction and systems information		What do you do if you don't know how to manage a case? How do you ask for help? How do you prepare for this? How do you find out how each practice runs? How do you report a mistake? How do you pass on care to others?	
CPD	How do you keep up to date		How do you keep up to date? How do you identify your training needs? How do you demonstrate quality in what you do?	

<p>Actions</p>	<p>Action required to maintain competencies across scope of work</p>		<p>           What areas do you feel you do well?            How do you know you are doing a good job and how could you demonstrate this?            Which areas are weaker?            How do you know you are weak?            How could you address this?            How can you identify what you don't know you don't know?             What needs to be in your appraisal folder next time to demonstrate that you are working safely?            What do we need to add to your PDP?         </p>	
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**Further advice/queries:**

Please speak to your AC in the first instance to discuss this further.