

Structured reflective template for doctors undertaking a low volume of clinical work (LVCW SRT) – GENERIC

Principles agreed by the Academy of Medical Royal Colleges

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This template allows doctors to demonstrate with confidence to their appraiser, responsible officer, and themselves, that they are safe, up-to-date and fit to practise at what they do, particularly if they have an unusual or restricted scope of practice, or do a low volume of a particular scope of work. The tool highlights areas of risk and areas of mitigation for those risks. You should include the completed low volume of clinical work structured reflective template as a QIA in your appraisal portfolio and discuss your reflections during your appraisal.

This will allow you to identify whether there is any further action that you need to take to maintain your competence at what you do so that you can develop these actions as PDP goals.

This template can be edited to reflect the specific needs of different specialties/role types.

Factors affecting the perception of potential risk to patients for each scope of practice should be followed by your reflection on how this applies to you and your work:

Scope of clinical practice

What is the nature of your main clinical work? Do you carry out the full scope of practice work or is your role in any way restricted?

Volume

How much clinical work have you done over the last 12 consecutive months of clinical practice? Exclude breaks for any significant length of time breaks like maternity or sick leave. If you have undertaken any skills based clinical procedures, please indicate how many you have done.

Spread

Is your clinical work evenly spread throughout the year or do you regularly have significant breaks [e.g. > 6 weeks]? Please describe your annual arrangements.

Experience

How long have you been working as a qualified doctor for this type of clinical work?

Duration of LVCW and plans

How long have you been working at your current low volume of clinical work and what are your plans? Will you increase, maintain or decrease your volume of clinical work over the coming year?

Overlap with other roles

Please describe any non-specialty roles you currently have and to what extent they overlap with your clinical role. Please indicate whether they include clinical work and if so what kind.



Benchmarking, integration and support

Are you able to compare your clinical practice with that of your peers? For example: Do you receive organisationally generated data on your activity which compares you to your peers? Do you meet regularly with your peers to discuss your work, eg. Multidisciplinary meetings Do you have easy access to support and advice from your peers (either through work or through networks outside work)?

Personal approach to risk

How do you limit the impact of your professional working arrangements on clinical risk to your patients? For example: If you work a restricted scope of practice what arrangements do you have in place to stay within the boundaries of your competence? If you move around what actions do you take to ensure you have access to adequate induction and systems information? How do you ensure you are informed promptly of complaints, Significant Events and any other patient safety incidents? Equally, how do you report these to the organisations you work in?

CPD

Please describe how your approach to CPD helps to ensure you are up to date. Does your CPD give you an ongoing exposure to the breadth of your potential caseload such as to mitigate any reduction in experience? Do you access any vicarious clinical exposure through learning groups or social media discussion forums? Do you rely predominantly on advice from peers on site? Are you able to confidently access up to date, authoritative factual information about clinical issues most of the time?

Actions

Going forward what actions do you feel may be necessary to ensure you retain your competencies across your scope of clinical work and support your development?

To be completed after the appraisal discussion
(if not already included in the main appraisal summary and PDP)

Appraisers comments

Actions agreed by doctor in appraisal

Comments/Recommendations by Appraisal lead or Responsible Officer