

MEDICAL REVALIDATION

A Handbook for GPs



Produced by:

**North & South Essex
Local Medical Committees Ltd**

EQUIP

Essex Appraisal Steering Group



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Purpose of the Handbook

This handbook produced by North & South Essex LMCs, EQUIP and Essex Appraisal Steering Group attempts to summarise the key messages and areas of action for GPs contained in the "Guide to the Revalidation of GPs" which has recently been produced by the RCGP. A copy of this document can be found at http://www.rcgp.org.uk/pdf/pds_guide_to_Revalidation_for_GPs_April_2009_V1.0

The handbook summaries each of the evidence areas that will form part of Revalidation. Where appropriate a number of 'helpful hints' have been included and highlighted in the evidence areas **GPs are advised to familiarise themselves with page 31 of the Handbook which details a list of suggested actions for 2009/10.**

It is important to **emphasise** that the Guide is based on **RCGP** draft guidance and **not** the final word. It is intended to give you an indication of what Revalidation is likely to include. Revalidation is undoubtedly on its way! The vast majority of doctors will be revalidated. The appraisal process will allow the early identification of problems and give GPs time to rectify the situation. Remember your appraiser is there as a source of help.

In addition to the guide produced by the RCGP there are a number of other important documents that will help GPs better understand the process of revalidation – "**Good Medical Practice for GPs**" published in July 2008 http://www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf and "**Principles of GP Appraisal**" which was endorsed by the RCGP

Council in February 2008. http://www.rcgp.org.uk/pdf/corp_Principles%20of%20GP%20appraisal.pdf

These two documents, together with the RCGP guide, can be accessed via the LMC's website <http://www.essexlmc.org.uk> or the EQUIP website http://essexequip.nhs.uk/content.asp?page_id=110

What is revalidation?

Medical revalidation is a continuing process by which every practising doctor is required to demonstrate their continuing fitness to practice.

Revalidation is the agreed single process which will bring together two separate elements:-

Recertification: Confirming that doctors on specialist and GP registers conform to standards for their specialist area of practice.

Relicensing: Confirmation that doctors practice in accordance with the GMC's generic standards.

The GMC is introducing the licence to practise in autumn 2009. All GPs who are currently on the register will be issued with a licence to practise as long as they have indicated to the GMC that they wish to receive one. This gives the legal authority to issue prescriptions and sign death certificates.

Whilst revalidation is a continuing process, it will occur in five yearly cycles.

When does revalidation start?

The revalidation period starts officially on 1st April 2010, subject to certain infrastructure changes being made at a national level, e.g. Appointment of Responsible Officers (see page 28).

The first GPs will start the revalidation process in 2010/11. It is important that GPs begin to start putting together a portfolio of evidence from ***April 2009***.

Evidence for the year 2009/2010 is limited to that required for an Annual Appraisal. ***No evidence*** will be required for the period prior to April 2009.

The appraisal process in Essex has been well managed up until now and participation should have provided good preparation for revalidation.

What evidence will be required for revalidation?

This section looks briefly at each type of evidence that GPs will be expected to provide as part of their Revalidation Portfolio. The RCGP guide highlights thirteen different evidence areas that will need to be addressed, including a regular annual appraisal.

It will be possible to complete a paper portfolio for revalidation but the clear preference will be for all GPs to complete an electronic portfolio (e-Portfolio) for each appraisal, which will build into an e-Portfolio covering the whole of the revalidation period.

Evidence entered into the NHS Toolkit will be usable for revalidation. It is recommended that all GPs should begin to use the Toolkit where possible.

If you are unclear as to what you need to do, your appraiser or GP Tutor should be able to help you.

Remember that the RCGP proposals are being consulted upon and details may change during 2009/10

Evidence Area 1 – Statement of Professional Roles and Other Basic Details

- ☞ GPs will need to complete a statement of professional roles that will be entered into the portfolio at the first appraisal and then updated annually.
- ☞ All posts undertaken as a doctor during the revalidation process, whether paid or unpaid, must be included.
- ☞ Sessional doctors will only be expected to give dates over which they have been consistently working, practices/organisations in which they have worked on more than one occasion, and to indicate the general nature of the role(s) they have undertaken.

Helpful Hint

This section is important to the appraiser and any one who may have to assess the evidence to give context to the doctor's working life.

Evidence Area 2 – Statement of Exceptional Circumstances

This section of the portfolio is the opportunity for the GP to explain any unusual aspects of his or her working life during the revalidation period that may help the assessor to understand the evidence. GPs will be offered an opportunity to record anything relevant including:

- ☞ Prolonged or significant illness
- ☞ Career breaks including sabbatical or maternity leave
- ☞ Periods working abroad (including for charities and non-governmental organisations)
- ☞ Important changes in working circumstances including the break-up of a partnership or a move to another practice

Helpful Hint

For most practitioners a nil return here will be appropriate but it will be important if there are exceptional circumstances to record them fully. This evidence area will be used by assessors to provide context in evaluating the GP's portfolio.

Evidence Area 3 - Evidence of Active and Effective Participation in Annual Appraisals

All GPs in clinical practice are expected to take part in regular annual appraisal. In the early years of revalidation the evidence of active and effective participation in annual appraisal will relate to the period from 1st April 2009. Almost all revalidation portfolios will contain evidence automatically derived from the annual appraisal e-Portfolio, accumulated year-on-year as the appraiser signs off each annual appraisal.

It is anticipated that almost all revalidation folders will contain a complete series of satisfactory annual appraisals.

All doctors on the Performers List of a primary care organisation or working within an organisation with a quality-assured system of clinical governance, including locums, should receive administrative support in undertaking annual appraisals. Any GPs experiencing significant problems, which are not resolved satisfactorily with their primary care organisation or employer, must draw this to the attention of the LMC/RCGP at an early point in the revalidation period and also list it under evidence area 2 (exceptional circumstances).

Helpful Hints

It is vital that all doctors wanting to be revalidated take an active and effective part in the appraisal process.

It will be the appraiser's job to make sure that adequate evidence is presented through the appraisal process to confirm the doctor's commitment to providing high quality, up to date and reflective care.

Your appraiser is there to support and help you - please work with them.

If the appraiser is not satisfied that you have taken an active and effective part in the appraisal then they will be unable to sign off the documentation which in turn is likely to lead to a review by the local clinical governance directorate.

Appendix 1 on page 33 details the paperwork that will be required for the Essex Appraisal Scheme in 2009/10. It highlights what must be included together with suggested evidence in line with the NHS Toolkit.

Evidence Area 4 - A Personal Development Plan from each Annual Appraisal

An annual Personal Development Plan (PDP) should be derived from participation in each annual appraisal. It should be signed off by the appraiser and the GP, and should represent the agreed plan for the forthcoming year. The portfolio should contain one PDP for each year in the period from 1 April 2009. Usually a GP's PDP will be recorded as part of the e-portfolio for each annual appraisal and will be transferred into that GP's revalidation portfolio automatically.

A PDP consists of a number of goals. There is no minimum or maximum number of goals.

A valid PDP must contain the following key elements for each goal:

- ☞ A statement of the development need
- ☞ An explanation of how the development need will be addressed (the action to be taken and the resources required)
- ☞ The date by which the goal will be achieved
- ☞ The intended outcome from the goal

Helpful Hints

All goals need to be **SMART**:-

- ☞ **Specific** – described in such a way that the assessor can understand what the goal was and what it was intended to achieve
- ☞ **Measurable** – specifying how the GP, the appraiser and the assessor will know if it has been achieved
- ☞ **Achievable** – the goal should be realistic given the GP's position and resources available
- ☞ **Relevant** – the goal must be relevant to the needs of the GP, and the goals overall should be relevant to the clinical work undertaken by the GP
- ☞ **Time bounded** – there must be a specified time by which the goal will be achieved

The goals in the PDP should be about personal development specific to the individual and should cover an appropriate spread of learning areas.

Evidence Area 5 - A review of the Personal Development Plan from each Annual Appraisal

For each PDP submitted, other than in the year immediately preceding submission for revalidation, there should be a column recording the outcome of the goal. The entries in this column should be agreed between the appraiser and the GP at the appraisal following the one in which the PDP was agreed.

It is very important that GPs reflect on the goal, the development achieved and any reasons for not achieving the goal. This reflection is an important attribute of a GP's fitness to practise.

Over a 5-year period GPs should not only consider clinical learning and development but also the competencies around leadership and management, recognising the importance of all doctors' role in a safe system of health care for patients (<http://www.institute.nhs.uk/medicalleadership>).

Helpful Hints

Under this evidence area GPs are able to demonstrate any management or leadership that they undertake beyond day to day practice matters.

Any meeting schedules, areas of special responsibility and project plans could form part of a helpful evidence base.

Evidence Area 6 - Learning credits in each year of the revalidation period and in the revalidation period overall

A continuing professional development learning credits system has been developed by the RCGP. The purpose of this is to:-

- ☞ Ensure that all GPs update and apply their knowledge and skills
- ☞ Promote patient confidence
- ☞ Ultimately improve patient care.

The credit system will require all GPs to:-

- ☞ Obtain a minimum of 50 credits in a year and 250 credits in a five year cycle
- ☞ Self assess their educational activity and award themselves credits which will be agreed and confirmed with the appraiser
- ☞ Demonstrate a broad range of educational activity.

Examples taken from the RCGP guide are:-

- ☞ A GP presents a significant event to a significant event audit meeting, reflects on the discussion and writes up the outcome - 2 credits
- ☞ The GP does seven different courses on BMJ Learning practice and patient care - 5 credits
- ☞ A GP does all the Essential Knowledge updates and passes the relevant Essential Knowledge challenges -20 credits
- ☞ The GP records PUNS and DENS and meets the

identified needs - 10 Credits

- After a half-day of Protected Learning Time on chronic kidney disease, the GP undertakes an audit, introduces a new protocol into the practice and re-audits to show improvement - 15 credits
- After another half-day of Protected Learning Time the GP reviews the practice policy on safeguarding children and checks the notes of three recent cases - 6 credits

Helpful Hints

GPs should keep a record of educational activity for the past year. This includes any activity undertaken externally, within the practice and via the internet.

It is worth keeping evidence of any courses you attend e.g. Programmes together with your personal reflections.

Research projects could also qualify for learning credits. Keep a record of any publications, communications from Ethics Committees or outlines of current or planned projects.

Evidence Area 7 - Multi-source feedback from colleagues (MSF)

- GPs will need to identify a number of GP colleagues and other people with whom they work.
- The selected colleagues will be asked to complete an online questionnaire giving their view on the key attributes of the GP.
- The RCGP has commissioned a review of MSF instruments and will recommend which ones are appropriate for use in revalidation.
- When revalidation is fully established, each GP will be required to submit evidence from two MSFs, one undertaken in the first 2 years of the 5-year revalidation period and one in the last 2 years.
- The result of each MSF should be discussed at annual appraisal. The revalidation portfolio will need to evidence these discussions.

Helpful Hints

In the short term there are a number of tools available, some of which are included on the EQUIP website. It is suggested that you try these, discuss the finding with your appraiser and act on the outcomes.

Most GPs will also be able to demonstrate working relationships with colleagues in the practice. Samples of minutes/agendas relating to meetings with other health professionals would be useful as would evidence of meeting regularly with other doctors.

Locums /Sessional GPs are advised to present any letters of appreciation received from practices.

Evidence Area 8 - Feedback from patients

- Once revalidation is fully established, the portfolio will need to include the results of two patient surveys, one undertaken in the first 2 years of the 5-year revalidation period and one in the last 2 years.
- The RCGP will recommend which patient surveys are appropriate for use in revalidation.
- The results of each patient survey will need to be discussed at annual appraisal. The portfolio will need to evidence these discussions.

Helpful Hints

The surveys will need to be completed by patients actually consulting the individual doctor. Practice Based or nationally administered surveys will not suffice.

Patients are considered to be very good at identifying problems and it is important to act on the findings where appropriate.

The results will be benchmarked against doctors in similar situations and reflection on the results will need to be demonstrated.

Letters of appreciation from patients should be included.

Evidence Area 9 - Description of any cause for concern and/or formal complaint

A GP may have been identified as being a cause for concern during the revalidation period and been the subject of local investigation procedures and/or referred to the GMC.

If such concerns remain unresolved at the time of revalidation then a revalidation portfolio cannot be considered. Neither a local group nor the RCGP will be able to make recommendations to the GMC. The GMC will be asked to determine how the GP's revalidation should be handled.

Any causes for concern should be recorded in this section and include:-

- A description of events that resulted in a cause for concern being expressed
- The cause for concern
- The assessment of that cause for concern
- Any actions resulting from that assessment
- The outcome of the cause for concern
- Reflection by the GP on the experience, including lessons learnt, changes made and implications for the future.

There are likely to be a number of GPs who have had formal complaints initiated and in some cases resolved within the revalidation period. Assessors will need to reassure themselves that responses to complaints are appropriate. A standard form will therefore be included in the e-Portfolio to allow GPs to record:-

- ✍ A description of the events that resulted in a formal complaint
- ✍ The concerns expressed by the complainant
- ✍ The assessment of that complaint
- ✍ Any actions resulting from that assessment
- ✍ The outcome of the complaint
- ✍ Reflection by the GP on the experience, including lessons learnt, changes made, and implications for the future.

Helpful Hints

Unfortunately all GPs are subject to complaints and these should be properly documented. It is likely to become a serious problem for the GP concerned if there is no evidence of learning from the complaints or if similar complaints are made repeatedly.

Evidence Area 10 - Significant event audits

When revalidation is fully established, a GP's portfolio will be expected to contain an analysis of at least five significant events.

The e-Portfolio will contain a form allowing GPs to record the required information.

Significant Event Audits need to be discussed in groups, ideally within primary care teams.

Single-handed GPs and locums may find this more difficult and should try to discuss the event in a multi disciplinary meeting in the practice where the event occurred.

Helpful Hints

Even GPs who only work a couple of sessions a week will probably see more than a thousand patients a year. GPs in this position need to think more broadly about possible events to discuss.

Significant Event Audits do not have to be major disasters or concerns that lead to complaints. The day to day work of GPs inevitably includes delayed diagnoses, near misses, inappropriate referrals, palliative care patients who die in hospital having elected to stay at home, lost or missed abnormal results, breakdown of communication in the team and many other issues.

Just pick one example of where things could have gone better and reflect on it ideally using a template designed for the purpose.

Evidence Area 11 - Clinical audits

- When revalidation is fully established, a GP's portfolio will be expected to contain appropriate evidence of auditing. This will normally be two full-cycle clinical audits during the revalidation period - one undertaken in years one, two or three, and one undertaken in years three, four or five.
- Key attributes of a clinical audit are: the relevance of the topic chosen, the appropriateness of the standards of patient care set, the reflection on current care and the appropriateness of changes planned, the implementation of change for the GP's patients and the demonstration of change by the GP. The e-Portfolio will contain a form that allows this information to be recorded.
- Practices will be encouraged to facilitate access to clinical records for audits by locums, and the Department of Health will help to ensure that all prescribing is identified to the prescribing doctor.

Helpful Hints

Evidence should be provided that shows the individual GP's contribution to the audit process. GPs need to be able to show evidence of reflection on the results of the audit, appropriate change and re-audit.

QOF related audits which are for the entire practice are generally not appropriate.

Referral and prescribing are two areas which can offer lots of scope.

Evidence Area 12 - Statement on probity and health

GPs will be asked to provide a statement confirming that:-

- There are no issues of probity in their work
- There are no health issues that might affect their ability to deliver safe care to patients (including infections, immunisation status such as against hepatitis B, problems with drugs and alcohol, mental health concerns and other significant diagnoses or problems)
- Unless there is an exceptional reason (such as working on a military base in the Defence Medical Services) they are registered in a practice in which he or she does not work (or, in the case of a locum, rarely work), and that he or she accesses health care appropriately
- They have appropriate insurance or indemnity cover for all aspects of their work.

Helpful Hints

If you are involved in any professional procedures with the GMC or the PCT then further details should be provided.

Read this section of Good Medical Practice and attempt to fill in an SRT on an ethical dilemma if one has arisen during the year.

Personal health issues can impact on an patient care. If you have any issues then it is worth discussing with your Appraiser which documents might be relevant.

The EQUIP declaration which can be found on the website or a health SRT are both useful.

Evidence Area 13 - Additional evidence for areas of extended practice

A number of GPs do have extended areas of practice. This evidence area requires GPs to demonstrate that they are appropriately skilled and qualified for these roles, which are likely to include:-

- ☞ Teaching undergraduates
- ☞ GP Trainer
- ☞ Research
- ☞ GP Appraiser
- ☞ Out of Hours Work
- ☞ GPwSI

For revalidation purposes GPwSI will need to provide:

- a certificate of accreditation
- be able to demonstrate how they are qualified for the role
- how they keep up to date
- show evidence that they are currently fit to practice.

Helpful Hints

The following would be useful as evidence:-

- Copies of any teaching programmes you take part in
- Any teaching materials you have written in the appraisal year
- Trainers: Specimens of materials used, recent trainers' visit reports
- Feedback forms
- Peer review reports if they are undertaken
- OOH Reflective Log - if you are involved in providing OOH services.

What Evidence will be Required in the Introductory Phase?

It is anticipated that the first GPs to be revalidated will submit their evidence in 2010/11.

Clearly these GPs will not be expected to submit a full five year validation folder.

The adjacent table is helpful in summarising the evidence that GPs will be expected to submit in 2010/11 and the four subsequent years.

From 2015/16 onwards GPs will be expected to submit a full portfolio of evidence.

Evidence	Year 1 (2010/11)	Year 2 (2011/12)	Year 3 (2012/13)	Year 4 (2013/14)	Year 5 (2014/15)
Description of Roles	✓	✓	✓	✓	✓
Exception Circumstances	✓	✓	✓	✓	✓
Evidence of Appraisals	One	Two	Three	Four	Five
PDPs	One	Two	Three	Four	Five
Reviewing of PDPs		One	Two	Three	Four
Learning Credits	50 or CPD	50	100	150	200
MSFs from Colleagues	✓	✓	One	One	Two
Patient Surveys		Either One MSF or One Patient Survey	One	Two	Two
Review of Complaints since 2009/10	✓		✓	✓	✓
Significant Event Audit	One	Two	Three	Four	Five
Conventional Audits		One	One	Two	Two
Statement of Probity and Health	✓	✓	✓	✓	✓

THE VALIDATION PROCESS

Submission of Evidence

Every GP will be required to submit a portfolio of evidence for revalidation. After the initial transitional period this will normally be every five years. It is envisaged that GPs will gather an e-Portfolio for annual appraisals and revalidation.

Role of the Appraiser

An important function of "enhanced appraisal" is for the appraiser to assess the GP's evidence being gathered for revalidation.

The appraiser will check that the quantity of evidence is appropriate for that stage in the validation process and that it is of appropriate quality for revalidation.

"Correctable shortfalls" will need to be included in the GPs PDP for action in preparation for the next annual appraisal.

The Responsible Officer

All GPs must be able to relate to an appropriate Responsible Officer.

It is expected that each PCT will have a single Responsible Officer who will be a "senior doctor" with responsibility for evaluating the conduct and performance of doctors and making recommendations on their fitness to practise as part of revalidation.

The Responsible Officer will usually be a Medical Director or equivalent and at a local level will:-

- ☞ Ensure that appraisal is carried out to a good standard
- ☞ Support doctors in addressing any shortfalls

- ☞ Ensure any concerns/complaints are addressed
- ☞ Collate information to support a recommendation on the revalidation of individual doctors to the GMC.

Assessment of Evidence

Portfolios of evidence submitted by GPs will initially be sifted by the local Responsible Officer. This assessment will also be informed by evidence from annual appraisals and clinical governance processes.

Each PCT will have a group consisting of the Responsible Officer, an RCGP external assessor and a lay assessor. This group will assess portfolios.

The Responsible Officer will notify the GMC of the names of those GPs that the local group is able to recommend for revalidation.

There may be circumstances where a deferment is appropriate, e.g. performance procedures are incomplete, minor fault with portfolio.

Where the local group is unable to recommend revalidation to the GMC, then the portfolio will be shared centrally with the RCGP's National Adjudication Panel. The process by which the decision will be moderated has yet to be agreed.

GMC Affiliates

The role of regional GMC affiliates has yet to be finalised. It is envisaged at this stage that GMC affiliates should:-

- ☞ Offer guidance on standards and quality assurance for Responsible Officers.
- ☞ Provide independent assurance of the quality and consistency of local appraisal and clinical

governance systems that underpin revalidation decisions.

Quality Assurance

The RCGP has a key role in the quality assurance of the assessment process. The RCGP will be expected to satisfy to the GMC that the revalidation process is **fair, equitable and objective.**

What do GPs need to do in 2009/10 to Prepare for Revalidation?

GPs who currently use the NHS Appraisal Toolkit are advised to continue to do so. GPs who don't are advised to start using the Toolkit where possible. The e-portfolio will also become available in 2009/10.

GPs are advised to provide the following!:

A description of all the professional roles undertaken

GPs need to have an appraisal during 2009/10. Most GPs participate in the required amount of education BUT they need to become disciplined at recording this, reflecting on it and recording any change that has been implemented. They need to maximise the use of current education before looking to undertake more.

Agreeing a personal development plan (PDP) for 2010/11 with the Appraiser is essential

The system of credits should become clearer but until it does it is important GPs record the time spent on learning and the details of what was done. The credits can always be worked out later.

GPs should use the first year to record at least one personal significant event and discuss this with colleagues. Remember to record the reflection and action.

Provide a statement of probity, health care, evidence of appropriate insurance or identity cover.

If GPs perform an extended role then they should start collecting additional evidence for those.

Clinical audit need not be complicated, it may be useful to

look at examples that others have done and GPs should set themselves the task of completing one during the next year.

Provide personal thoughts, comments and reflections on all materials submitted for appraisal.

Work with your Appraiser and ask for help, clarification or more information if you need it.

Appendix 1 - Paperwork you should include for the Appraisal year 2009-2010

Must be included for your appraisal to take place

Form 3
Last year's form 4
Last year's Personal Development Plan (PDP) and reflection on its completion

Suggested evidence (May become compulsory for revalidation and is very helpful for your appraisal)

Good Clinical Care

Evidence of reflective practice
Consider:
Reflective learning diary
Referral Rates or prescribing data
Audit
Audit and personal reflection (Practice audits, or Purely personal)
Audit reflection sheet
Significant Event Audit and reflection
One structured case review
Practice Significant Event Audit
Review and reflection on last years PDP

Maintaining Good Medical Practice

It is not possible to record each individual piece of learning that you are involved in – many are narrative or informal, however ensure that you begin to record some examples.

Evidence of learning and changes made
Reflection/Structured Reflective Template (SRTs)
– NOT just a list of educational meetings attended
For further information on SRTs go to <http://www.essexequip>.

[nhs.uk/content.asp?page_id=185](https://www.nhs.uk/content.asp?page_id=185)

Patient Unmet Needs & Doctors Educational Needs

Personal Learning Diary

Optional but a good example of reflective learning

Relationships with Patients

Results of latest survey and reflection plus SRT (included)

Complaints data, or declaration of no complaints

Complaints protocol

Chaperone

Practice leaflet/website

Consent policy

Evidence of learning in the context of patient relationships

Working with Colleagues

Any multi source feedback or 360 degree appraisal (optional)

Records of practice meetings (include evidence of action points)



North & South Essex LMCs Ltd

5 Whitelands, Terling Road
Hatfield Peverel, CM3 2AG
Tel: 01245 383430 - Fax: 01245 383439
Email: info@essexlmc.org.uk
Web: <http://www.essexlmc.org.uk>

Registered Office: Unit 5, Whitelands, Terling Road, Hatfield Peverel, CM3 2AG
Registered as a Company Limited by Guarantee in England and Wales - Registered Number 06398483



EQUIP/Essex Appraisal Steering Group

The Education Centre
8 Collingwood Road
Witham, CM8 2TT
Tel: 01376 302121 - Fax: 01376 503815
Web: <http://www.essexequip.nhs.uk>