

Guidance on Revalidation - overview

Version 2 August 2011



Contents

1.	What is revalidation?	3
2.	Aims of revalidation	3
3.	How revalidation will work - overview	4
3.1	When will revalidation start?	5
3.2	Is revalidation UK-wide?	5
3.3	Who will revalidation affect?	5
4.	Paediatric specialty requirements for revalidation	6
4.1	What are the specialty supporting information requirements?	5
4.2	Specialty advice and guidance for appraisees and appraisers	7
4.3	Development of the specialty and subspecialty standards	7
5.	Medical appraisal	8
6.	Responsible Officer role	9
7.	Quality assurance	10
8.	Remediation	10
9	Further reading	10
10.	References	11

Executive Summary

This revalidation guidance for paediatricians sets out the current process for meeting revalidation requirements. This guidance should be read in conjunction with the RCPCH guidance on supporting information for revalidation¹. In summary:

1. All doctors on the GMC register must revalidate (section 1 and 3.3);
2. Revalidation will ensure doctors are fit to practise (section 2 and 4.1);
3. Revalidation is a structured process running over five years (section 3);
4. The Responsible Officer will make a recommendation to the GMC for doctors in their organisations (sections 3 and 6);
5. The GMC will make the final decision about revalidation (sections 3 and 6);
6. A system of remediation will be available (section 8);
7. Revalidation will commence in late 2012 when pilots have been completed and evaluated (section 3.1);
8. There will be a phased approach to introduction (section 3.1);
9. Revalidation will be based on the doctor's whole practice (section 4.1);
10. The GMC has set the core requirements for revalidation. Paediatricians will revalidate against these requirements suitably modified by the RCPCH from those set by the GMC (see section 4.1);
11. Paediatricians will demonstrate achievement of requirements with supporting information (section 4.1).
12. Core information for a revalidation cycle includes (section 4.1):
 - Scope of work describing whole practice
 - Probity statements
 - Health statements
 - 5 signed appraisal forms
 - 5 Personal Development Plans (PDP) and review of previous PDPs
 - Evidence of 250 CPD credits spread over 5 years
 - Evidence of quality improvement activities e.g. clinical audits, review of clinical outcomes, review of clinical cases or other quality improvement activities related to management or research posts as applicable over 5 years
 - Significant/critical events and incident reviews over 5 years
 - 1 peer multisource feedback (MSF) minimum in 5 years
 - 1 patient feedback minimum in 5 years
 - Feedback from e.g. clinical supervision, teaching
 - Review and resolution of formal complaints

1. What is revalidation?

Revalidation is the process by which doctors will demonstrate to the General Medical Council (GMC) that they are up to date, fit to practise and complying with the relevant principles and values of Good Medical Practice (GMP) as set out in the GMC's GMP framework for appraisal and revalidation² through collection of supporting information.

Since autumn 2009 anyone practising medicine or undertaking professional activities of a doctor in the UK must be registered with the GMC, and hold a licence to practise.

Doctors must show that they meet the requirements set by the GMC and relevant medical colleges and faculties relevant to the doctor's practice in a single process.

2. Aims of revalidation

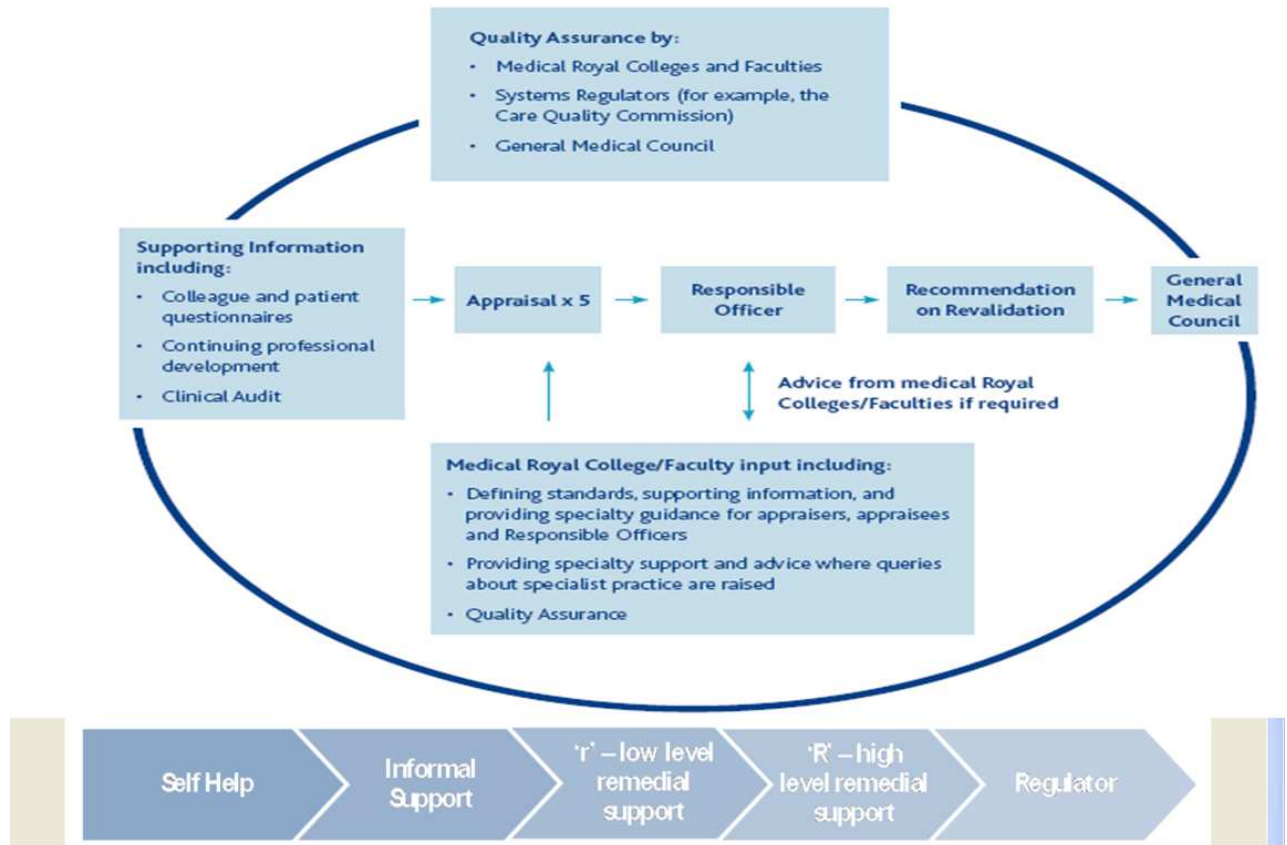
The Chief Medical Officer of England identified 3 main aims of revalidation:

- confirm that licensed doctors practise in accordance with the GMC's generic requirements
- confirm that doctors on the GMC's specialist register or GP register continue to meet the requirements appropriate for their specialty; and
- identify for further investigation, and remediation, poor practice where local systems are not robust enough to do this or do not exist.

The revalidation process should engender confidence in patients, the public and the profession. Revalidation should aim to improve standards of medical care. It should be a simple process, using information that is already being collected in work. There should be equity across all specialties. The process should identify doctors whose practice falls below an acceptable standard. This early warning should allow remedial action to be taken.

3. How revalidation will work - overview

The GMC model of revalidation published in its consultation³ is the basis for the figure below.



Paediatricians will collect supporting information e.g. CPD, audit, colleague feedback, which will be discussed at annual appraisal (see section 4 & 5) to see whether it fulfils the GMC and college requirements.

At the end of a revalidation cycle, normally every five years, the Responsible Officer (see section 6) will review a summary of the five appraisals and supporting information collated. Based on this information, the Responsible Officer will make a decision about whether to recommend the doctor for revalidation to the GMC.

The Responsible Officer may consult with the relevant colleges or faculties or other appropriate body for general clarification prior to making a recommendation but the final recommendation decision rests with the Responsible Officer.

The GMC will make the final decision to revalidate the doctor.

Doctors can seek clarification from their colleges about their supporting information requirements.

To ensure effective processes, recommendations and decisions are made, the GMC, colleges and faculties and system regulators will quality assure revalidation.

3.1 When will revalidation start?

The first revalidations will take place from late 2012⁴ following completion of extensive piloting. To facilitate introduction of revalidation some doctors will be asked to revalidate with less than five years' worth of supporting information in the first phase.

The GMC will work with organisations to plan the first revalidations ensuring that organisations and their governance systems are ready.

3.2 Is revalidation UK-wide?

Revalidation will be introduced UK-wide. GMC and specialty requirements for revalidation will be consistent across the UK. Responsible Officer remits, revalidation IT systems and local processes may differ between the four countries.

3.3 Whom will revalidation affect?

Revalidation will affect all doctors who have a GMC license to practice. This includes all paediatricians.

Consultants, specialty, staff and associate specialist grades (SSASGs) will gather supporting information (see section 4) as appropriate to their job plans and roles to discuss at appraisals.

Doctors in paediatric postgraduate training will revalidate via their deaneries using information produced for their Annual Review of Competence Progression (ARCP) or equivalent process.

4. Paediatric specialty requirements for revalidation

4.1. What are the specialty supporting information requirements?

The specialty supporting information requirements¹ have been produced by colleges and faculties in conjunction with the Academy of Medical Royal Colleges. The requirements are the same for all doctors, but additional advice for paediatricians is included in the paediatric version. The supporting information encompasses keeping up to date, quality of practice review and communication and relationships with patients, carers and colleagues.

The supporting information requirements are based on the generic supporting information⁵ defined by the GMC.

The supporting information falls under four broad headings:

- General information - providing context about what you do in all aspects of your work;
- Keeping up to date - maintaining and enhancing the quality of your professional work;
- Review of your practice - evaluating the quality of your professional work
- Feedback on your practice - how others perceive the quality of your professional work.

Specific supporting information which should be collected by paediatricians for revalidation and discussed at appraisal at least once in each five year cycle includes:

- Scope of work describing whole practice for each year
- Five signed appraisal forms each year during a revalidation cycle
- New Personal Development Plan (PDP) and review of previous year's PDP
- Probity statements
- Health statements
- Evidence of 250 CPD credits over five years
- Involvement in quality improvement activities e.g. clinical audits, review of clinical outcomes, review of clinical cases over five years or other quality improvement activities related to management or research posts as applicable
- Significant/critical events and incident reviews as relevant
- Multisource feedback (MSF)⁶ survey from colleagues and review at least once in five years
- Patient feedback (PF)⁶ survey and review at least once in five years
- Feedback from e.g. clinical supervision, teaching
- Review and resolution of formal complaints/concerns as relevant

Refer to the latest guidance on supporting information for revalidation for paediatrics on the College website at <http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation/revalidation> for further details.

The requirements are designed to:

- Provide guidance to paediatricians on types of supporting information to be brought to appraisal to show compliance with GMC appraisal and revalidation expectations;

- Provide guidance for appraisers in assessing the specialist practice of appraisees;
- Assist the Responsible Officer in determining the revalidation recommendation for an individual doctor.

Paediatricians should already be collecting this type of information in preparation for appraisal and the rollout of revalidation.

When collecting supporting information for discussion at appraisal, paediatricians should consider the following key principles:

- Not all supporting information needs to be provided at every appraisal;
- Gathering the full range of supporting information across five years should be sufficient to meet all requirements of the GMP framework for appraisal and revalidation⁵;
- All information submitted for review at appraisal must be anonymised in relation to patients' and their families' details and those of other colleagues, members of staff, students and trainees;
- Quality is more important than quantity;
- The supporting information is core but other information may be required if the doctor has insufficient core information, as discussed with an appraiser;
- Optional information may also be included if the doctor wishes to provide additional information to support practice.

4.2 Specialty advice and guidance for appraisees and appraisers

The RCPCH provides a central advice service through its revalidation committee and general queries about the paediatric supporting information should be sent to the revalidation team at the RCPCH on revalidation@rcpch.ac.uk

The GMC has also produced a detailed Frequently Asked Questions document on revalidation at:

http://www.gmc-uk.org/doctors/revalidation/faq_revalidation.asp

4.3 Development of the specialty and subspecialty standards

The RCPCH Revalidation Development Committee (RDC) developed the revised specialty supporting information in conjunction with the Academy of Medical Royal Colleges, based on the revised GMC supporting information guidance.

This latest supporting information has also been reviewed by RCPCH subspecialty groups, CSACs, Executive Committee and Council.

The specialty standards are not mapped directly against paediatric postgraduate training curricula due to the level of detail and complexity of competences and assessment standards within the curricula. Pilot work in 2010-2012 will ensure that all supporting information can be used and assessed to a consistent and agreed standard.

5. Medical Appraisal

A revised process of appraisal, previously referred to as ‘strengthened appraisal’, is the annual process by which the GMP framework for appraisal and revalidation² and GMC/specialty supporting information guidance will be implemented. The revised appraisal will continue to focus on a doctor’s personal and professional development needs in the role and therefore a formative discussion and creation of a personal development plan will take place. Appraisers and appraisees will also discuss the supporting information collected by the appraisee to demonstrate how a doctor is adhering to the GMP framework for appraisal and revalidation.

Appraisers will be interested in what was done with the information and appraisees’ reflections on that information, not just that the information was collected. For example, how an appraisee implemented an audit action plan and made any changes following a re-audit, rather than the number of audits that occurred.

By providing all supporting of information over a revalidation cycle appraisees should, through reflection and discussion at appraisal, demonstrate their practice against all attributes (see table 1) in the GMP framework for appraisal and revalidation. It is not necessary to structure the appraisal formally around the framework, or to map supporting information directly against each attribute. However, some doctors may prefer to do this and some appraisers may find it useful to structure the appraisal interview in this way.

Revised guidance⁷ on how to conduct an appraisal and competences required of appraisers is being produced by the Revalidation Support Team and will undergo further testing in 2011-12.

The RCPCH recommends that paediatricians should be appraised by another paediatrician and where possible the appraiser should also be from the same sub-specialty. However it is recognised that in some circumstances (for example small units, small sub-specialties) this may not be possible. Appraisers should be appropriately trained according to national guidelines. The RCPCH is also considering appraisal training as part of its work in revalidation.

Table 1: Domains and attributes of the GMP framework for revalidation and appraisal

Domain 1 – Knowledge, skills and performance	Domain 3- Communication, Partnership and Teamwork
--	---

<p>Attribute 1.1 - Maintain your professional performance</p> <p>Attribute 1.2 - Apply knowledge and experience to practice</p> <p>Attribute 1.3 - Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible</p>	<p>Attribute 3.1 - Communicate effectively</p> <p>Attribute 3.2 - Work constructively with colleagues and delegate effectively</p> <p>Attribute 3.3 - Establish and maintain partnerships with patients</p>
Domain 2 - Safety and Quality	Domain 4 - Maintaining Trust
<p>Attribute 2.1 - Contribute to and comply with systems to protect patients</p> <p>Attribute 2.2 - Respond to risks to safety</p> <p>Attribute 2.3 - Protect patients and colleagues from any risk posed by your health</p>	<p>Attribute 4.1 - Show respect for patients</p> <p>Attribute 4.2 - Treat patients and colleagues fairly and without discrimination</p> <p>Attribute 4.3 - Act with honesty and integrity</p>

6. Responsible Officer role

The Responsible Officer is a senior, licensed doctor in an organisation who will have statutory responsibility for evaluating whether a doctor is fit to practise and for making a recommendation to the GMC about whether the doctor should be revalidated.

The Responsible Officer will make a recommendation based on a summary of information discussed at annual appraisals, supplemented by information from clinical governance systems. The Responsible Officer may seek general guidance from colleges and faculties in relation to specialty requirements.

For most doctors, the Responsible Officer role is likely to be filled by the current Medical Director in their organisation. For trainees, the Postgraduate Dean will act as Responsible Officer. Doctors should ensure that they know who their Responsible Officer is as soon as possible and by mid 2012 at the latest as they will be essential to making a revalidation recommendation.

Doctors unsure of who their Responsible Officer is should consult relevant GMC or Department of Health guidance. Guidance on and for Responsible Officers is available from the UK Departments of Health across the UK and the Revalidation Support Team - see section 9 - and a guide for medical leaders has also been issued⁸.

7. Quality assurance

Discussion is still underway between the GMC, Departments of Health, Academy of Medical Royal Colleges, colleges and faculties and other stakeholders to determine the specific role of colleges and faculties in the quality assurance stages of revalidation. Plans are due to be finalised by early 2012.

8. Remediation

This may range from self-help to assisted and monitored re-training. This is an area that is under discussion and development between the GMC, Departments of Health, Academy of Medical Royal Colleges, colleges and faculties, National Clinical Assessment Service (NCAS) and other stakeholders and information will be included here when available. See Figure 1 in Section 3 for initial thinking of the possible phases of remediation.

Colleges and faculties will not be empowered to intervene in individual cases.

9. Further reading

1. General Medical Council revalidation website section at <http://www.gmc-uk.org/doctors/revalidation.asp>
2. RCPCH revalidation website section at <http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation/revalidation>
3. Revalidation Support Team website section at <http://www.revalidationsupport.nhs.uk/>
4. Department of Health England website at www.dh.gov.uk/en/Managingyourorganisation/Responsibleofficers/index.htm
5. Scottish Government revalidation website at <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/paper/Revalidation>
6. Department of Health, Social Services and Public Safety revalidation website at http://www.dhsspsni.gov.uk/index/hss/ahp-confidence_in_care.htm
7. Welsh Assembly revalidation website at <http://wales.gov.uk/topics/health/nhswales/about/nhsworkforce/rev/?lang=en>

10. References

1. Royal College of Paediatrics and Child Health/AoMRC (2011) Guidance on Supporting Information for Revalidation for Paediatrics. Available at <http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation/revalidation>. (Accessed August 2011)
2. General Medical Council (2011) GMP framework for appraisal and assessment. Available at http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp (Accessed August 2011)
3. General Medical Council (2010) Revalidation: The way ahead. Consultation document. Available at <http://www.gmc-uk.org/doctors/licensing/5786.asp> (Accessed 14 April 2010)
4. General Medical Council (2010) Revalidation: a Statement of Intent. Available at [http://www.gmc-uk.org/Revalidation_A_Statement_of_Intent_October_2010_Final_version_web_version .pdf_35982397.pdf](http://www.gmc-uk.org/Revalidation_A_Statement_of_Intent_October_2010_Final_version_web_version.pdf_35982397.pdf) (Accessed 11 November 2010)
5. General Medical Council (2011) Supporting Information for revalidation. Available at http://www.gmc-uk.org/doctors/revalidation/supporting_information.asp (Accessed August 2011)
6. General Medical Council (2011) Guidance on Colleague and Patient Questionnaires. http://www.gmc-uk.org/Colleague_and_patient_questionnaires.pdf_41683779.pdf (Accessed 15 April 2011)
7. Revalidation Support Team (2011) The Medical Appraisal Guide. Available at http://www.revalidationsupport.nhs.uk/medical_appraisal_guide_1.asp (Accessed 1 August 2011)
8. General Medical Council, Department of Health, NHS Employers, Revalidation Support Team (2011) Preparing for the introduction of medical revalidation: a guide for NHS leaders in England. Available at [http://www.gmc-uk.org/Revalidation_guide_for_NHS_leaders_July_13_2011 .pdf_42622587.pdf](http://www.gmc-uk.org/Revalidation_guide_for_NHS_leaders_July_13_2011_.pdf_42622587.pdf) (Accessed 2 August 2011)

Guidance on Revalidation - overview
Version 2 August 2011

© 2011 Royal College of Paediatrics and Child Health

Published by:
Royal College of Paediatrics and Child Health
5-11 Theobalds Road
London WC1X 8SH
Tel: 0207 092 6000
Fax: 0207 092 6001
Email: enquiries@rcpch.ac.uk
Web: www.rcpch.ac.uk

The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales (1057744) and in Scotland (SC038299)