Update on medical revalidation and appraisal

1 Revalidation is the process by which all licensed doctors must demonstrate every five years that they are up to date and fit to practise. In order to revalidate all doctors must take part in an annual appraisal. At appraisal they must discuss their practice and performance with their appraiser and use written supporting information to demonstrate that they continue to meet the attributes for competent practice set out in the General medical Council's core guidance "Good Medical Practice".

2 The GMC has now produced a "Good Medical Practice Framework" that sets out the broad areas that should be covered in appraisal and on which recommendations to revalidate the doctor will be based. Doctors should use this Framework to –

- Reflect on their practice and their approach to medicine
- Reflect on the supporting information they have gathered and what the information demonstrates about their practice.
- Identify areas of practice where they could make improvements or could undertake further development
- Demonstrate that they are up to date and fit to practise.

3 The Framework consists of four domains which cover the spectrum of medical practice.

i) knowledge, skills and performance
ii) safety and quality
iii) communication, partnership and teamwork
iv) maintaining trust

4 Supporting information for appraisal

Doctors will be expected to include six types of supporting information and discuss these in their appraisal.

- continuing professional development
- quality improvement activity
- significant events
- feedback from colleagues
- feedback from patients (if applicable)
- review of complaints and compliments

Appraisers will be expected to encourage appraisees to reflect on the information and on the quality of their practice. For example, for significant events, the appraiser will be interested in how the doctor responds to such an event, and any changes they make to their work as a result, rather than the number of significant events that occur. Royal Colleges and specialty associations are expected to provide updated guidance in the near future on appropriate data to collect and present in appraisal.

4.1 CPD

Good Medical Practice requires doctors to keep their knowledge and skills up to date and encourages them to take part in educational activities that maintain and further develop their competence and performance. CPD is not an end in itself. It should reflect the scope of a doctor's practice and be associated with reflection on whether doctors are working to the relevant standards. CPD should focus on outcomes and outputs, rather than on inputs, and should lead to appropriate development of a doctor's practice. CPD should link with clinical governance processes and participation in appropriate national and local audit.

4.2 Quality Improvement Activities

These include effective participation in audit, review of clinical outcomes compared with benchmarks, case reviews, evaluation of teaching effectiveness and management activities. Royal Colleges and Faculties will provide guidance on specialty-based national databases that include robust and validated quality measures.

4.3 Significant events

A significant event or critical incident is any unintended or unexpected event which could or did lead to harm of one or more patients. These should be discussed at appraisal with a particular emphasis on those that have led to a significant change in practice or demonstrate learning.

4.4 Colleague and patient feedback

A multi-source feedback from colleagues (and patients where relevant) should be done at least once in every five year revalidation cycle. The responses should be seen by the appraisee before appraisal and appraisers should seek to find what actions a doctor took as a result of receiving the feedback. The GMC will soon publish guidance on the principles for multi-source feedback.

4.5 Review of complaints and compliments

Complaints should be seen as another type of feedback, enabling doctors and organisations to review and further develop their practice and to make patient-centred improvements. Appraisers should focus on any changes in practice that doctors have made as a result of any complaints or compliments received.

5 External support for revalidation

The GMC is the body that will actually revalidate doctors. It is intended that the system goes live in autumn 2012, although the spread by grade of doctor, specialty and geography has not yet been finalised and will partly depend on the results of pilots still in progress.

The Revalidation Support Team at the DH is responsible for guiding and assisting organisations to prepare for revalidation. The RST currently interfaces with the SHAs. A questionnaire survey on readiness for revalidation was carried out in 2010 and is due to be repeated in April 2011 to enable organisations to assess their preparedness for revalidation.

Legislation in Parliament led to the instruction to healthcare organisations to appoint Responsible Officers (ROs) for revalidation from Jaunary 2011. Each doctor must relate to only one RO, and if they have any NHS practice this will be the RO in their main NHS place of work. The exceptions are training grade doctors for whom the RO will be the Postgraduate Dean.

The RO's duty is to make a recommendation to the GMC regarding whether or not each doctor should be revalidated once every five years, based on the information gleaned from regular annual appraisals. If there is insufficient information from appraisal for the RO to make a positive recommendation, then it is possible that the GMC may assess the doctor's practice itself. Thus it is really important that all doctors take part actively in meaningful appraisal each year.

6 Regional support

Dr Andy Mitchell, Medical Director at NHS London, is the overarching RO for London and all London ROs report to him. Dr Mitchell will be responsible for making a recommendation about revalidation for each RO in London.

NHS London has run a Revalidation Project Group over the last year, involving representatives of acute, mental health and primary care trusts, London Deanery, Human Resources and the GMC. Through this group RO Networks have been established across London: -

- 1 for PCTs/sectors
- 1 for mental health trusts
- 1 for each acute sector
- 1 for the independent sector

A draft appraisal policy for London trusts has been written based on contributions from members of the RO Networks and a HR working Group, and will be circulated to all trusts in London soon.

London Deanery has organised a series of training days for consultant appraisers in order to ensure the requirements of new strengthened appraisal are understood and implemented. Information about these has already been circulated and consultant appraisers advised to contact Eloho Orukele, the Medical Staffing Manager to book in for one of these training events.

A web-page has been set up on Synapse, the Deanery website, containing all relevant information for ROs and the same information is on the NHS London website.

In April 2011 the London revalidation project group will end and be replaced by a Responsible Officer Board. Ongoing responsibilities include communication with the RO Networks, ensuring organisations complete the revalidation self-assessment questionnaire and set in place appropriate action plans consequently, and providing RO training. The Revalidation Support Team has determined the curriculum for this mandatory training and is funding it via the SHAs this year.

7 Arrangements at the Whittington

A Revalidation Working Group has been in place since early 2010 involving a small group of medical leads, the Medical Staffing Manager and the Director of Medical Education and chaired by the Medical Director. This group has implemented an action plan based on the 2010 revalidation self-assessment questionnaire. Actions have included:

- agreeing a job description for consultant appraisers
- appointing 27 consultant appraisers
- producing and implementing a business plan for an additional medical staffing officer to support appraisal, job planning and revalidation
- surveying appraisees on the quality of their appraisal and feeding back to appraisers
- auditing the quality of the content of Form 4s and feeding back to appraisers
- delivering consultant appraiser training
- identifying a lead from among our SASG doctors and inviting him to join the Group
- producing and implementing a business case to pilot multisource feedback for 30 consultants in 2010/11

The Whittington Hospital Trust Board has appointed the Medical Director, Celia Ingham Clark as the RO for the Whittington.

In the 2010/11 consultant appraisal round more than 98% of consultants will have completed their annual appraisal by 1 April 2011 (excluding those on maternity and long-term leave). These appraisals include a review of the past year's Personal Development Plan, a Form 4 completed by the appraiser and a new PDp for the year ahead. All these forms are sent to the Medical Director who issues appropriate appraisal certification back to the consultants.

All consultants are expected to take their PDP to their job plan review, and correspondingly to use job plan reviews to inform their appraisal and next PDP.

8 Going forward

The revalidation self-assessment questionnaire (ORSA) will be used to develop a new action plan to optimise the Whittington's readiness for revalidation. Priorities for the year ahead are likely to include-

- ensuring both appraises and appraisers have appropriate training and development
- further audit of the quality of appraisal (appraisee survey and Form 4 content) with feedback to the doctors concerned
- providing good performance information, especially from Datix, for doctors appraisal
- ensuring all non-consultant, non-training grade doctors have annual appraisal and Personal Development Plans.