



# Preparing for Revalidation

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## Introduction

After what may have seemed like many stops and starts, revalidation was formally introduced on the 3<sup>rd</sup> December, 2012.

We have put together a guide to all doctors relating to our Responsible Officer (RO), Dr David Flower, to help you prepare for revalidation. Doctors not using the Faculty RO are also welcome read this guidance, although some of it may not be relevant and your RO should issue you with your own specific guidance.

Being a designated body, we have to ensure that we adhere to the Medical Profession (Responsible Officers) Regulations 2010 and *Medical Profession (Responsible Officers) (Amendment) Regulations 2013* (collectively referred to as the RO Regulations in this document). Not being a healthcare provider and with our RO being at somewhat 'arms-length' from the doctors who will relate to him, we have taken great care to interpret the RO Regulations in the most pragmatic way that we can.

As your designated body, we want to support you as much as possible through the process and we hope that this guide will be useful, as revalidation proceeds and establishes itself. It is important to note that the onus is on **you** to prepare for revalidation and you should be thinking about this now regardless of when your revalidation date is. Key sections in this guide include the types of supporting information which you will need to gather for revalidation, the recommendation statements our RO will be providing to the GMC, the contract which you will enter into with the Faculty and our schedule of revalidation dates. At the end of the guide, you will also have the opportunity to take part in an e-learning module for revalidation, prepared by NHS South of England.

We hope that this guide will be useful to help you to prepare for revalidation.



## **What is revalidation?**

### **Why revalidate?**

Revalidation is essential if you wish to retain your licence to practise in the UK.

Engagement with the process will:

- Indicate your professionalism to colleagues and the public
- Provide confirmation of your fitness to practise
- Demonstrate to the public that you are up to date



### **What is involved in revalidation?**

Revalidation is the process by which you will be required to demonstrate to the GMC, on a regular basis, that you remain up to date and fit to practise. Revalidation will be based on local evaluation of your performance against national generic and specialty standards approved by the GMC. If the GMC is assured that you are up to date and fit to practise, your licence will be renewed.

You will be expected to participate in annual appraisal and will be required to collect information about your professional practice which demonstrates that you are practising to the appropriate standards. This supporting information will provide the basis for discussion at your annual appraisal. On the basis of the outcome of your appraisals, over a five year cycle, your RO will make a recommendation to the GMC as to whether you meet the criteria for revalidation.

## Supporting information for revalidation

Supporting information is information which you will need to bring to your appraisal to demonstrate that you are up to date and fit to practise. You will need to maintain your supporting information in a portfolio of evidence, which should be populated throughout each appraisal year. 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

### Six types of information to discuss and collect for appraisal

There are six types of supporting information that you will be expected to provide and discuss at your annual appraisal although some need only be presented once in each five year cycle. They are:

- 1) Continuing professional development (evidence of this should be provided annually, for discussion at appraisal)
- 2) Quality improvement activity (the frequency of this depends upon what type of quality improvement activity you undertake and should be discussed with your appraiser)
- 3) Significant events (these should be logged annually, for discussion at appraisal)
- 4) Feedback from colleagues (this should take place at least once during the revalidation cycle and before your first revalidation date)
- 5) Feedback from patients (where applicable, this should also take place at least once during the revalidation cycle and before your first revalidation date)
- 6) Review of complaints and compliments (these should be logged annually, for discussion at appraisal)

By providing all six types of supporting information over the revalidation cycle you should, through reflection and discussion at your appraisal have demonstrated your practice against all the domains and attributes of Good Medical Practice. This will make it easier for your appraiser to complete your appraisal summary, as your appraisal summary is structured around the four domains.

All four domains and 12 attributes are listed in separate guidance, *Good Medical Practice Framework for appraisal and revalidation*, which you should familiarise yourself with:

[http://www.gmc-uk.org/Supporting\\_information100212.pdf\\_47783371.pdf](http://www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf). When gathering your supporting information, you should also refer to the GMC pages: [http://www.gmc-uk.org/doctors/revalidation/revalidation\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp)

It is not necessary to map supporting information directly against each GMC attribute; however some doctors may prefer to do this and some appraisers may find it useful to structure the appraisal interview in this way<sup>1</sup>.



### **It is the quality not the quantity of supporting information which counts**

You should select your supporting information carefully. It is the quality, rather than the quantity which the appraiser and RO will want to see. With the introduction of revalidation, if you have a suitable piece of supporting information relating to your current scope of work from within the last five years, at the discretion of your appraiser, it may be acceptable to include it as supporting information for your appraisal<sup>2</sup>.

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<sup>1</sup> GMC – Supporting information for appraisal and revalidation

<sup>2</sup> [http://www.nlmcontent.nesc.nhs.uk/oxpct/Reval\\_MAG\\_FINAL\\_v1/player.html](http://www.nlmcontent.nesc.nhs.uk/oxpct/Reval_MAG_FINAL_v1/player.html)

## 1) Continuing Professional Development (CPD)

CPD is one element of supporting information for revalidation. The Faculty scheme recommends that you accumulate the Academy of Medical Royal Colleges minimum of 50 CPD points annually or an average of 250 points over a five year cycle. You should ensure that you gain a balance between internal and external CPD activities.

It will be crucial that you undertake CPD which is both relevant and supports your complete scope of practice and most importantly that you take the time to reflect upon and learn from your CPD. The CPD which you choose to undertake should be relevant to achieving the objectives of your Personal Development Plan (PDP). CPD which you record for revalidation should be accompanied by reflective notes.

If you are relating to the Faculty's RO, you will need to use the Faculty CPD scheme<sup>3</sup>. The Faculty's CPD scheme has been updated for revalidation and conforms to the Academy of Medical Royal Colleges framework for CPD<sup>4</sup>. There will be added flexibility of how credits can be accumulated, such as the addition of a new category of CPD for 'Personal Learning'.

For revalidation, your appraiser may want to have access to the whole of your CPD diary, which will contain evidence of your attendance and reflective learning. You should upload your CPD evidence onto the Faculty's revalidation management system, PReP. This will be a repository where you will be required to upload all of your supporting information for revalidation. You can read more details about this later in the paper.



<sup>3</sup> <http://www.fom.ac.uk/professional-development/fom-cpd-scheme>

<sup>4</sup> [http://www.aomrc.org.uk/publications/statements/doc\\_view/9327-10-principles-of-cpd.html](http://www.aomrc.org.uk/publications/statements/doc_view/9327-10-principles-of-cpd.html)

## 2) Quality Improvement Activity

A Quality Improvement Activity for revalidation requires you to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. Where possible, the activity should demonstrate an outcome, or change. If you do not work in clinical practice, you should take part in quality improvement activities which are relevant to your work.

Quality improvement activities could take a variety of forms, for instance:

**Clinical Audit** - or an equivalent quality improvement exercise should measure the care with which an individual doctor has been directly involved. Administrative reviews of case notes alone (as frequently undertaken by contract providers) is in itself principally aligned to quality control and further additional evidence of quality improvement will be required.

**Case Review or discussion** - would take the form of a documented account of interesting or challenging cases that a doctor has discussed with a peer, another specialist or within a multi-disciplinary team.

**Audit and monitor** - the effectiveness of a teaching programme, for instance.

**Evaluate the impact** - and effectiveness of a piece of health policy, or management practice, for instance.

Quality improvement activities should take place at least once every revalidation cycle, however, it would depend on the nature of the activity. For instance, participation in full national clinical audit might be appropriate once per revalidation cycle, whereas a case review would be expected more regularly. The exact frequency of your quality improvement activities should be discussed with your appraiser.

When discussing quality improvement activity at your appraisal, you will need to prove that you have evaluated and reflected on the results of your activity or audit. You should also prove that you have taken appropriate action arising from the outcome of your results. Finally, following the audit or activity, if an improvement has occurred, you should demonstrate that it is being maintained, this may require a repeat of the activity or a re-audit, after an appropriate period of time.

The Society of Occupational Medicine (SOM) has developed practical audit tools to aid occupational physicians, which members can access through the Learning Zone of its

website<sup>5</sup>. Active participation in one of the Health and Work Development Unit (HWDU) national audits is another robust way of demonstrating compliance with the audit requirement for revalidation<sup>6</sup>.

### **3) Significant events**

A significant event is any unintended or unexpected event, which could or did lead to harm of one or more patients<sup>7</sup>.

In preparation for your appraisal, you will be asked to log any significant events which have occurred throughout the year. This should include incidents which did not cause harm but could have done, or where the event should have been prevented. If you have recorded any significant incidents during the year at your appraisal discussion, the focus should be on any learning from errors, developing solutions and implementing any improvements. It is the content of what you learnt from the significant event, rather than the number of them, which will be of importance at appraisal.

### **4) Colleague and Patient Feedback**

For revalidation, there is a requirement for you to undertake a colleague and patient feedback exercise, once during the five year cycle. You will need to ensure that it is completed well in advance of the date that your first revalidation recommendation is due.



<sup>5</sup> [www.som.org.uk](http://www.som.org.uk)

<sup>6</sup> <http://www.rcplondon.ac.uk/rcp/clinical-standards/hwdu>

<sup>7</sup> National Patient Safety Agency, [www.npsa.nhs.uk/nrls/reporting/what-is-a-patient-safety-incident/](http://www.npsa.nhs.uk/nrls/reporting/what-is-a-patient-safety-incident/)

Guidance issued by the Revalidation Support Team (RST) on 'Implementation of Revalidation' outlines that evidence from colleagues and patients must have been undertaken no earlier than five years prior to the first revalidation recommendation and be relevant to your current scope of practice<sup>8</sup>. This means that if you took part in the Faculty's revalidation pilot and you undertook a colleague feedback exercise, this could be used in your first revalidation cycle.

Moving forward, it is likely the GMC will become more prescriptive about how your colleague and patient feedback should be administered and have developed their own colleague and patient questionnaires. For more information, see: [http://www.gmc-uk.org/doctors/revalidation/colleague\\_patient\\_feedback.asp](http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp)

If you need to undergo a colleague and patient feedback exercise, prior to your revalidation date and you are not sure about what tools are available, you can contact the Faculty for further information.

## **5) Review of complaints and compliments**

Any complaints or compliments which you receive throughout the year should be anonymised, logged and reviewed as part of the appraisal process. Your appraiser will be interested in what actions you took as a result of the complaint and any modification to your practice that resulted from it. Discussion at appraisal should highlight areas for further learning, which should then be included in your Personal Development Plan (PDP) and CPD.

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<sup>8</sup> <http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/Documents/RSTrevalimplentprocess0512.pdf>  
(page 7)

## FOM specialty guidance

The Faculty has worked with the Academy of Medical Royal Colleges to produce guidance with regard to the supporting information required for appraisal and revalidation. This guidance expands on the headings provided by the GMC and, where appropriate, provides relevant examples of supporting information which you may wish to use in your revalidation portfolio and present at appraisal.

The document may be found at: <http://www.fom.ac.uk/wp-content/uploads/AoMRC-FOM-Core-Guidance-on-Supporting-Information-for-Revalidation-May13.pdf>



# Appraisal

As already outlined, it is the supporting information which will provide the basis for discussion at your annual appraisal. It is therefore important that you gradually build up your supporting information for appraisal throughout the year. It is essential that you ensure that all patient and colleague identifiable details are carefully removed during the preparation of the portfolio. This is to ensure that you comply with confidentiality requirements.

For revalidation, the GMC has outlined that medical appraisals must be based on Good Medical Practice. In addition, the NHS Revalidation support team (RST) stipulates (through their Organisational Readiness Self Assessment Toolkit – ORSA) that appraisers must be appropriately trained and the schemes should be quality assured. The Medical Appraisal Guide (MAG), compiled by the RST describes how medical appraisal can be carried out effectively; it aims to help doctors understand what they need to do to prepare for and participate in appraisal and it is a useful document to read:

[http://www.revalidationsupport.co.uk/Appraiser/about\\_rst\\_medical\\_app\\_guide.php](http://www.revalidationsupport.co.uk/Appraiser/about_rst_medical_app_guide.php)

With the introduction of revalidation, it is intended that the formative theme of appraisal is retained, but additional judgements will be made about information on performance and also whether your appraiser considers that you are satisfactorily progressing towards revalidation.



For your strengthened medical appraisal for revalidation, you will be required to describe the full scope and nature of the work that you carry out as a doctor. This is to ensure that the appraiser and RO understand the total extent of your work. This should include all roles for which you require a licence to practise, even if this is voluntary work if this work is medically related.

## **Your strengthened medical appraisal for revalidation with the Society of Occupational Medicine**

It is the RO's responsibility to ensure that those doctors for whom they are responsible have access to an appraisal which meets the required standards for revalidation.



The Society of Occupational Medicine (SOM) has a well-established and independently quality approved appraisal scheme which fully meets the requirements for revalidation. All doctors relating to the Faculty RO will be expected to undergo their appraisal for revalidation with the SOM, unless there are exceptional circumstances which will be reviewed on a case by case basis. A fee will apply to cover the Faculty's time required to review an alternative appraisal scheme.

Following the introduction of revalidation, you must undergo an appraisal in the 12 months before 2nd December 2013 and annually thereafter. You should contact the SOM directly to organise your appraisal.

### **Appraisal Inputs**

You will be required to complete an appraisal input form, which will be submitted to your appraiser, prior to your appraisal meeting. This is where you will be asked to describe the scope of your work and provide some commentary on your work over the last year. You will also be required to complete a series of statements on: significant events, health and probity.

### **Appraisal Outputs**

During or after your appraisal discussion, your appraiser will complete an appraisal output form, known as an appraisal summary. Here, the appraiser must record an accurate and concise summary of the appraisal discussion. The content of the summary

must be signed off by both the appraiser and appraisee within 28 days of the appraisal taking place. The appraisal summary will need to be recorded in accordance with the four domains of Good Medical Practice.

At the end of the summary is a section called *Appraiser's statements to the RO*. These consist of five statements that will help inform the RO's revalidation recommendation to the GMC. If an appraiser is unable to confirm one, or more statements, it does not mean that the doctor would not be recommended for revalidation, it simply draws an issue to the attention of the RO.<sup>9</sup> You can view the appraiser statements to the RO at:

<http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/RSTMAGforReval0312.pdf>

(see pages 15 and 16).

## **Personal Development Plan (PDP)**

At each appraisal, you will be expected to bring with you your personal development plan from the previous year and go through with your appraiser how you have been meeting your objectives. You should carefully review your CPD activities and reflect how they helped you to meet the objectives in your PDP. At the end of your appraisal, you should agree a new PDP with your appraiser.

## **Responsible Officer's statements to the GMC**

The RO's recommendation to the GMC reflects their consideration of the information that is available to them about your revalidation, which has been drawn from across your revalidation cycle. This includes the supporting information which you have gathered, along with the outputs from your appraisal.

The RO's recommendation to the GMC will form the basis of the GMC's decision about your revalidation. The recommendation summarises the RO's judgement about whether you are up to date, fit to practise and should continue to hold a licence to practise.

The RO can make one of three recommendations:

- 1) **Positive recommendation** – This is a formal recommendation that a doctor is up to date and fit to practise.

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<sup>9</sup> [http://www.revalidationsupport.co.uk/Appraiser/about\\_rst\\_medical\\_app\\_guide.php](http://www.revalidationsupport.co.uk/Appraiser/about_rst_medical_app_guide.php)

- 2) **Deferral request** – This is a request made by the RO to request more time to submit a recommendation. A deferral request would be used by the RO if the RO agreed the doctor was engaged in the systems and processes that support revalidation but did not feel that there was sufficient evidence and / or supporting information in place upon which to make a positive recommendation. It could also be used if a doctor is participating or engaged in an on-going HR or disciplinary process, the outcome of which would need to be considered prior to the RO making the recommendation.
- 3) **Notifications of non-engagement in revalidation** – This applies when a doctor has not participated in the processes and systems that support revalidation, and would include for instance non-participation in appraisal, CPD, MSF, etc. It is up to the RO to evaluate whether or not there is good reason for a doctor's failure to engage in the processes which support revalidation.

You can read more about recommendation statements which the RO has to make at:

<http://www.gmc-uk.org/doctors/revalidation/13632.asp>

## **Independent doctors using the Faculty RO - contract and costs**

If you work in independent practice or for a non-designated body and the Faculty is your prescribed connection, or are employed by a designated body who relates to the Faculty RO, the Faculty will issue a contract to you that will outline the role and responsibility of the Faculty as the designated body. It will also outline your responsibilities in order to comply with the statutory requirements for revalidation.

Annually, the RO will make a series of checks to identify if you are on track with regard to appraisal and revalidation. The first check will be to ensure that an appraisal has taken place, which was to the required standard and that the appraisal output form has been completed by the appraiser. At your appraisal, your appraiser will also need to review the governance structures in your practice; this does not however mean that you will need to be SEQOHS accredited.

There will be an annual fee, currently set at £240 + VAT, to access the Faculty RO, the revalidation management system, PReP, and to cover the costs of the administration of the revalidation process by the Faculty. The annual billing period will be 1<sup>st</sup> April to the 31<sup>st</sup> March, each year.



## **Designated bodies using the Faculty RO – contract and costs**

Some organisations are designated bodies in accordance with the RO Regulations and a number have elected to relate to our RO, rather than appointing their own.

The Faculty will enter into a contractual arrangement with these designated bodies and their individual doctors which will outline the responsibilities of the Faculty and also the responsibilities of the other designated body.

The Faculty has spent a great deal of time interpreting the RO Regulations. One of the issues which we have had to consider very carefully is how to interpret our responsibilities for the governance structures of the designated bodies relating to our RO. In order to ensure that such governance structures are robust, as required by the RO Regulations and their associated guidance, designated bodies contracting to use the

Faculty RO will be required to be either SEQOHS accredited, or signed up to SEQOHS with the intent of becoming accredited within two years.

There will be an annual fee currently set at £240+VAT per doctor, to access the Faculty RO.

There will also be an annual contractual management fee of £1,500 + VAT, for each designated body, which contracts to use the Faculty RO.

## **Revalidation Management System - PReP**

The Faculty revalidation management system, PReP, has been created by PremierIT. This system allows doctors to iteratively upload their supporting information throughout the year, contains the appraisal input and output forms, generates PDP's, functions as a CPD Diary and more.

It graphically demonstrates how each year's appraisal is proceeding and allows appraisers and the RO easy access to the relevant supporting information and documents on demand. It also assists Faculty staff in monitoring how all of our doctors are progressing, and to provide support where necessary.

Those who contract with the Faculty will be issued login details to PReP together with access to the relevant user guides. One-to-one telephone and e-mail assistance is also available to all PReP users.

## Doctors working overseas

It is important to note that the focus of revalidation is on a doctor's practice in the UK. Those doctors who practise abroad are under no obligation to maintain their licence to practise in the UK and they should carefully consider whether or not they need to whilst they remain abroad.

When practising abroad, it is possible for a doctor to relinquish their licence to practise in the UK whilst at the same time maintain their registration with the GMC. If a doctor is to return to work in the UK, it is possible to re-apply for a licence to practise.. You can learn more about the process at: [http://www.gmc-uk.org/doctors/registration\\_applications/apply\\_for\\_licence\\_p1.asp?p=9](http://www.gmc-uk.org/doctors/registration_applications/apply_for_licence_p1.asp?p=9)

If you work abroad and you wish to maintain your licence to practise in the UK, you will need to consider whether or not you can comply with all of the requirements and gather all of the appropriate supporting information. All supporting information, including reports for colleague and patient feedback will need to be in English. Any documents which are translated must be done so by a certified and independent translator. We will ask all those doctors working abroad and relating to our RO to prove how they intend to fulfil the requirements for revalidation and the RO will make a judgement as to whether or not the proposal would be acceptable.

The GMC can give further guidance on doctors working overseas, for further advice, you should call: +44 (0) 161 923 6277.



## Schedule of revalidation dates

Revalidation formally began on the 3<sup>rd</sup> December, 2012 and the RO will need to make a revalidation recommendation about a doctor's fitness to practise to the GMC once during a five year cycle. For the first revalidation cycle, the GMC want the majority of revalidation recommendations made to them by March 2016.

The GMC will inform doctors of their first revalidation date. However, it is important to remember that, regardless of your revalidation date, you should still ensure that you undergo an annual appraisal and maintain your supporting information and CPD.

## The Timing of RO Recommendations

The GMC expects to receive a recommendation about a doctor's revalidation once every five years.

Normally, (although the process has been slightly different with the introduction of revalidation), the following steps would occur:

- Nine months before the revalidation date, the GMC will ask the doctor to confirm their revalidation details, via GMC online.
- Four months prior to the revalidation date, the GMC will inform the doctor of the date by which they would expect to receive a recommendation about their revalidation. The RO would also be notified. **Please remember this is a 'revalidation by' date not a 'revalidation on' date.**
- The RO would have to submit their recommendation **on or prior to** the revalidation date issued by the GMC.
- After receiving the recommendation, the GMC would consider the recommendation and make a decision about the doctor's revalidation.
- The GMC will notify the doctor and the RO when their decision has been made.

The GMC states in their protocol to ROs about making revalidation recommendations that if a doctor is not engaging with the process, the RO can inform the GMC of this at any point, as long as the criteria for non-engagement have been met<sup>10</sup>.

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<sup>10</sup> <http://www.gmc-uk.org/doctors/revalidation/13632.asp>

## Further information

- NHS South of England has developed a useful e-learning presentation, which will also help you to prepare for revalidation, you can access it at: <http://www.nlmcontent.nesc.nhs.uk/oxpct/Reval%20MAG%20FINAL%20v1/player.html>
- The GMC has a dedicated revalidation helpline: 0161 923 6277, or email [revalidation@gmc-uk.org](mailto:revalidation@gmc-uk.org)
- GMC revalidation webpages: <http://www.gmc-uk.org/doctors/revalidation.asp>
- Revalidation Support Team website: <http://www.revalidationsupport.nhs.uk/index.php>
- Faculty's revalidation webpages: <http://www.fom.ac.uk/professional-development/revalidation>

