

**From the Responsible Officer  
Dr David Flower MD FRCP FFOM FAcOEM**



## **Revalidation Update January 2016**

***The purpose of this update is to keep members informed on the Faculty's progress on revalidation and to suggest steps which will make the revalidation process run more smoothly.***

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### **Progress Update**

As 2015 progressed, the number of doctors who had a prescribed connection with the Faculty continued to increase and now exceeds 350 which is comparable in size with a large NHS Trust. By the end of December 2015, we had made 295 revalidation and 32 deferral recommendations. The pace continues in the early part of 2016 with a further 24 doctors due to revalidate in the first 3 months of 2016.

For those of you who are still working towards revalidation, it is recommended that you take time to ensure that your portfolio is complete and that all the necessary supporting information is uploaded to PReP ahead of your pre-revalidation appraisal. If you are not scheduled to have another appraisal before revalidation and are unsure whether your portfolio is 'revalidation ready', you may find it helpful to contact the Faculty at [ro@fom.ac.uk](mailto:ro@fom.ac.uk) to get an update.

For those of you who have already received a revalidation recommendation, the requirement for annual strengthened medical appraisal continues and your help in making sure you schedule your appraisal in good time will be much appreciated by the Society of Occupational Medicine's appraisers.

### **Important appointment**

You will all be aware that Dr Nikki Cordell has been appointed as the Lead Appraiser by the Society of Occupational Medicine. We have already started to work together and, as part of her role, Nikki attended the Faculty's Designated Body Governance Subcommittee meeting just before Christmas. The committee, chaired by Hugh Robertson of the TUC, provides oversight on behalf of the Executive Committee in respect of the Faculty's role in revalidation and supports me in my obligations under the Responsible Officer (RO) Regulations. It is therefore an important committee and the Lead Appraiser's participation ensures that all aspects of appraisal and revalidation are fully recognised.

Our thanks however also go to Dr Eva D'Souza who has fulfilled the role since revalidation started in 2012. She worked tirelessly during that time as we developed an effective and seamless process of appraisal and revalidation across the Society and Faculty.

### **Multi-source feedback**

Given the wide variation in occupational medicine practice in doctors revalidating through the Faculty, colleague and patient feedback continues to present some challenges. As you will be aware, *GMC conformant feedback* is required at least once in every revalidation cycle and you will recall that I mentioned in both the January and July

updates last year, the importance of checking the GMC expectations regarding the validity of the questionnaires to be used and also the methods of administration, collection and analysis.

There are a now a number feedback tools which fully meet the GMC requirements and these include:

- The GMC patient questionnaire and Faculty's modified GMC colleague questionnaire available through CFEP. A link to the CFEP site can be found on the revalidation page of the Faculty web site at <http://www.fom.ac.uk/professional-development/revalidation/what-is-revalidation/elements-of-revalidation/multi-source-feedback>.
- The EOPH (Education for Occupational and Public Health) suite of patient and colleague questionnaires has just completed its piloting and validation and will shortly be available through a link on both the Society and Faculty of Occupational Medicine's web sites. Alternatively, they can be accessed directly at <http://eoph.org/services/e-360/>
- Finally, there are a number of tools developed by third party providers (e.g. Equiniti, Edgumbe etc) which have been used by some of you during your first revalidation cycle and if you are happy with the these, then there is no reason to change for the next revalidation cycle unless you wish to

To maintain validity, minimum numbers of questionnaires are specified by the developer (e.g. for the GMC questionnaire you should submit 15 colleague and 34 patient questionnaires). If your practice does not allow you to collect this number of questionnaires e.g. limited patient contact, then subject to the agreement of your appraiser and the Faculty, this will be acceptable. However, you will need to make the reasons clear when preparing for your appraisal and within your reflections on the feedback.

### **End to end quality assurance review of Faculty Revalidation Processes**

You will recall that whilst recognising the External Quality Assurance of the SOM appraisal scheme by CHKS, we engaged an independent organisation, tle miad to undertake an end-to-end quality assurance review of the appraisal and revalidation process. This took place during the first half of 2015 and was very encouraging with regard to the quality and governance of our internal processes. However, there were a number of findings and we are collaborating with the SOM to develop an action plan which will form part of our 2016 work plan.

As most doctors move into their second revalidation cycle, one of the important areas for us to concentrate on is to ensure that appraisal and revalidation is more than just a 'tick box' exercise and to ensure that it provides a platform for personal professional development. Dr David Fox as CPD lead, is also a member of the Faculty's Designated Body Governance Sub-committee in recognition of the importance of CPD in the appraisal and revalidation cycle. He is currently reviewing the FOM's CPD strategy and whether the traditional external/internal/personal CPD categorisation is still appropriate. He is also considering if the current annual credit/points approach is still a valid approach. Further information will follow once he has completed his reviews.

In addition, Nikki Cordell and I are already in discussion about the possibility of running some joint educational events for appraisees and appraisers over the coming months. We are also looking at the possibility of setting up focus groups to establish additional support and to enable you to participate in and contribute to the development of the appraisal and revalidation process.

## **Continuing Professional Development**

It is important to ensure that you upload your CPD activities into PReP together with your reflection in order to obtain CPD points and recognition for the activities you have undertaken.

The GMC have developed a very useful app which can be loaded on to both Apple and Android phones and tablets and enables you to complete a record of your learning on your phone. The completed form can be saved as a pdf document and uploaded into PReP when you are next at your computer.

Further information can be found on the GMC website at [http://www.gmc-uk.org/education/continuing\\_professional\\_development/27539.asp](http://www.gmc-uk.org/education/continuing_professional_development/27539.asp).

## **Governance questions**

As the Faculty does not employ the doctors for whom it is responsible for revalidation, we have no direct knowledge of your organisation's governance framework and, as you will be aware, we therefore require the completion of governance questionnaires from both the appraisee and appraiser before closing off the annual appraisal.

The current system using Word documents has led to a number of doctors forgetting to upload the forms and as a result, the appraisee document is being converted into a web form allowing the information to be collected by the SOM when an appraisee applies for their appraisal.

The appraiser form will remain as a Word document. This will be sent to all appraisers and returned to the SOM on completion of the appraisal. The information from both forms will be extracted and passed on to the Faculty for uploading into PReP.

We hope this will streamline the process and reduce unnecessary delays in closing the appraisal portfolio.

## **Gentle reminders**

Reflection is one of the important elements of strengthened medical appraisal and is critical for all elements of the appraisal portfolio including your CPD activities, significant events, compliments and complaints as well as colleague and patient feedback and quality improvement activities. It is now 3 years since the introduction of revalidation and appraisers are actively looking for meaningful reflection on all your activities. As highlighted in the July 2015 update, reflection is a skill which needs to be developed and practised and one that many of us find difficult. The Faculty has therefore published some Tips on Writing Effective Reflective Notes which is available on the website at <http://www.fom.ac.uk/wp-content/uploads/FOM-Tips-on-Writing-Effective-Reflective-Notes-July-2015.pdf>. This is based on guides already produced by the Faculty of Public Health, Royal College of Anaesthetists and Academy of Medical Royal Colleges.

## **Contact us**

Finally, if you are experiencing problems with PReP or are concerned you may not be able to provide the necessary supporting evidence in time for your revalidation, please do not hesitate to contact us at [ro@fom.ac.uk](mailto:ro@fom.ac.uk) should you have any concerns or wish to discuss any aspect of the process.