

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

And

**Clinical Appraisal Lead
Dr Nicola Cordell MRCGP FFOM**

Revalidation Update July 2016

The purpose of this joint update is to keep members informed on the Faculty's progress on revalidation and the Society's progress on appraisal. In addition, the update aims to suggest steps which will make the appraisal and revalidation process run more smoothly. All future newsletters will be combined communication from both the FOM and SOM as we continue to work together to streamline the appraisal and revalidation process

Progress Update

Since the commencement of revalidation, the Faculty has made a total of 324 revalidation recommendations, 97 of which were made in the last year. However, the pace of revalidation has now slowed down and there are only 16 further revalidation recommendations to be made before the end of 2016.

Together with the Society of Occupational Medicine we are therefore using the opportunity to reflect on our own experiences over the last 3 years and to examine ways in which we can work better and make life easier for you before we embark on the second revalidation cycle late next year. As part of this, you will each receive an email once your portfolio has been reviewed detailing your progress towards revalidation.

In addition, we continue to work with the Society of Occupational Medicine to ensure that collectively we align with the key requirements of the NHS England Medical Appraisal Policy (<https://www.england.nhs.uk/revalidation/appraisers/app-pol/>). This has resulted in the production of the Appraiser's handbook which is distributed with this newsletter.

Audit

In line with the key requirements of the NHS England Appraisal Policy audit of appraisal outputs as well as feedback will be undertaken for each appraiser and a feedback form will be provided to each appraiser as supporting evidence for their appraisal. The audit standards have been developed from the NHS standards, and audit is a practise which the GMC is keen to see adopted to ensure quality of appraisal outputs.

The impact of revalidation

The GMC are keen to understand the impact of revalidation and have sponsored an evaluation by an independent UK-wide collaboration of researchers known as UMbRELLA. The interim findings of their survey can be found at <http://www.gmc-uk.org/about/research/29074.asp>

A separate report, focusing mainly on a survey of Responsible Officers and commissioned by the Department of Health in England, has also been published at http://www.gmc-uk.org/Implementing_revalidation_organisational_changes_and_impacts_FINAL.pdf_66033907.pdf

The findings of both these reports will feed into a review of revalidation commissioned by the GMC from Sir Keith Pearson, which will report at the end of this year

(<http://www.gmc-uk.org/news/27478.asp>). With the vast majority of doctors having now been through the process of their first revalidation, their aim is to identify ways in which it can be improved for the future.

Confidentiality of supporting information

It is timely for all of us to reflect on the importance of confidentiality in the supporting information contained in appraisal portfolios. The GMC and NHS England both published guidance at the start of revalidation to guide doctors in this area (http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf 41326960.pdf 48283876.pdf and <http://www.gmc-uk.org/static/documents/content/RST1.pdf>).

Whilst it is clear that all patient identifiable references should be removed, it is less clear about the names of members of audit groups, the authors of compliments etc. Given the non-clinical context of many occupational physician's practice, I have specifically asked the question of NHS England and, the subject was also discussed at last month's Responsible Officer Network meeting in London.

Their view was that any patient identifiable information should be removed and any colleague identifiable information when it is seen to be sensitive or directly relating to the doctor's work e.g. complaints, performance concerns, individual audit results etc.

However, the question about whether all names should be removed from minutes of meetings was discussed separately. Often the names and job titles in minutes are in the public domain and listed on web sites, so redacting the latter was felt to be unnecessary unless there is a direct link to something in the minutes which is sensitive. However, with regards to minutes of meetings in general, they did question whether or not it was appropriate to include the complete minutes of meetings. After consideration, they felt it would be more appropriate to have an extract with relevant associated reflection instead.

As a general rule of thumb, they recommended applying the 'Daily Mail' rule. In other words, is there anything or anyway that a reporter might be able to source confidential discussions by piecing other information together. Even apparently anonymous information can create an obvious link, e.g. the Ms X the paediatric neurosurgeon, might still be providing too much information.

Indemnity

You will have read that with effect from 30th November 2015, it is now a statutory requirement for doctors who work in the UK to have appropriate insurance or indemnity for the full scope of their practice (<http://www.gmc-uk.org/publications/28368.asp>).

We have therefore updated the Appraisee Clinical Governance Questions to reflect this and the first question on the form now requires all doctors to state 'yes' or 'no' to the question 'Do you have adequate indemnity in place to cover all aspects of your scope of practice?'

Continuing Professional Development

As you will be aware, the Faculty no longer issues CPD certificates but these can be downloaded from your PReP CPD portfolio using the Activity Types Summary Report under the Supporting Information tab. You can set the date range from 1st April to 31st March by applying a filter. The Certificate of Continuing Professional Development can then be saved in Adobe pdf format and uploaded to your PReP appraisal portfolio.

Training

We are keen to recruit new appraisers and we would be keen to hear recommendations for new appraisers from any current appraiser, who feels that one of their appraisees would be suitable in this role. Refresher and new appraiser training will be held in Belfast on 8th Sep 2016, and in Birmingham on 03rd Nov 2016. Please apply through the SOM website, <https://www.som.org.uk/members/doctors-appraisal/appraiser-application/>

Advanced Training

We are looking for experienced trainers who would be open to supporting appraisees who need some additional support and possible coaching due to personal or professional challenges. Advanced training in coaching skills will be provided and although no additional remuneration would be paid, the role can bring its own rewards in supporting our profession in this manner. Anyone interested and wanting further information should contact the Clinical Appraisal Lead at cal@som.org.uk. Advance training skills in appraisal will take place in Birmingham on 02nd of Nov 2016.

Appraisees

In order to support appraisees, an appraise handbook is also under development and the SOM is currently looking at ways that they can help support appraisees in preparation prior to their appraisal. Any suggestions for support which would be helpful, should be sent to the SOM professional development coordinator at michelle.silk@som.org.uk.

Appraisal anniversaries

In last July's update, some of you will recall that we asked for doctors to try and bring their appraisal dates forward to try and reduce the very large number of appraisals due towards the end of each calendar year.

Thank you to those of you who have already helped by doing this. However, the appraisals are still very unevenly distributed across the year and this produces a significant challenge to both the Society and Faculty. We will therefore be making small adjustments to some doctors' appraisal anniversary dates to try and spread the appraisals out. We will contact those of you affected and I very much hope that you will continue work with us to improve the process of appraisal and revalidation.

Gentle reminder

The PReP revalidation management system is neatly separated into different headings (CPD, quality improvement, significant events, etc.). Most items of evidence that you wish to upload will be specific to one or at most two headings. Please may we request that you use the headings judiciously and avoid uploading all evidence under all headings.

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 should you have any concerns or wish to discuss any aspect of the process.