

**From the Responsible Officer
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and

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Revalidation and Appraisal Update July 2017

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 in December 2012, the Faculty has made a total of 336 revalidation recommendations. As the first revalidation cycle draws to a close, there are only 8 further revalidation recommendations to be made before the end of this cycle.

Both the FOM and SOM have continued to work closely together to ensure that the process of appraisal and revalidation not only satisfies the regulators requirements but also provides professional development for each of us. To that end, we have completely revised the appraiser training and this is now delivered jointly by the FOM Responsible Officer and SOM Lead Appraiser.

As I mentioned last year, each of you now receives an email once the RO has reviewed your portfolio which details your progress towards revalidation. While these emails may lack an individual touch, they do provide clarity on the outstanding items that will be required before the RO is able to make a revalidation recommendation.

Annual appraisals

In previous years, NHS England guidance permitted doctors to have their appraisal within a 9 – 15 month window provided it was undertaken within the appraisal year (1st April to 31st March the following year). As processes have developed, NHS England now expect doctors to be given a fixed appraisal due date and for the annual appraisal to take place within the allocated appraisal month or in the three months before the appraisal due date.

As before, all the outputs of the appraisal should be agreed and signed-off by the appraiser and appraisee within 28 days of the appraisal meeting.

You should all be aware of your appraisal anniversary month but if you are in doubt it can be found in the 'Appraisal / Revalidation' widget on your home page in PReP.

Governance

With effect from 30th November 2015, it has been 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>).

You will have noted that the FOM's Appraiser Clinical Governance Questions have been updated and the first question requires all appraisers to answer yes/no in response to 'Do you have adequate indemnity in place to cover all aspects of your scope of practice?'

It is therefore important for you to think clearly about your full scope of practice including both paid and unpaid roles, and for all of these to be included in your PReP appraisal input form. Do not forget any occasional or part-time roles you may have such as an SOM appraiser, FOM examiner, training supervisor, completion of a DVLA D4 medical form when you have not seen a GP report, work in the Republic of Ireland (ROI), etc. etc.

In addition, if you participate in any formal annual performance review for any of your activities you should include this in your appraisal portfolio together with any other supporting information relating to the role with reflection.

Remember your appraisal must cover your full scope of practice to provide the RO with confidence that you remain 'up to date and fit to practice' across all elements of your practice when making a revalidation recommendation.

Significant events

A number of doctors have expressed confusion by the different interpretations of 'Significant Events' in the appraisal input form. The GMC have clarified that their definition of a significant event is a serious, or critical, incident in which you were named or personally involved, and in which serious harm could have, or did, come to a patient. Only incidents which reach the GMC level of harm need to be recorded as significant events in PReP.

Quality improvement activities

Similarly, the interpretation of 'quality improvement' has caused some anxiety with appraisees. While a formal two-cycle clinical audit may be possible for some doctors, it is not the most appropriate tool for many occupational physicians.

The most important principle is that you review the quality of what you do and evaluate changes that you make. This may be through quality assurance reviews of notes and reports, case discussions, peer review/audit groups, development and review of policies, etc. resulting in a demonstrable change in your practice. In such cases it will be necessary to show commitment to these activities over two or more years in each revalidation cycle but such activities are often much more appropriate and meaningful for practising occupational physicians.

What next

At the start of revalidation, NHS England indicated that they planned to audit all designated bodies. The FOM's visit is still awaited however, we did undertake an independent quality assurance review in 2015 and the efforts of the SOM to standardise the appraisal format and ensure that the appraisal outputs fully satisfy NHS England standards, will stand us in good stead when NHS England do audit our systems and processes.

You will all be aware that the GMC commissioned Sir Keith Pearson to undertake a review of revalidation and that his report entitled 'Taking revalidation forward' was published in January 2017 (<http://www.gmc-uk.org/publications/30475.asp>). His overall conclusion is that revalidation has settled well and has already delivered significant benefits ensuring that annual whole practice appraisal is now taking place. He considers that regular, supported reflection upon specified types of information, including feedback from patients and colleagues, is starting to drive changes in doctors' practice. He also concludes that revalidation has strengthened clinical governance within healthcare organisations, helping them to identify poorly performing doctors and support them to improve.

Revised GMC guidance on confidentiality

You will be aware from the FOM newsletter that the GMC have revised their guidance on confidentiality and full details can be found at http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

The FOM's own guidance, Ethics Guidance for Occupational Health Practice is currently under review and will be updated in due course.

Advanced Training

We continue to look 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.

Contact us

Finally, as the second cycle of revalidation approaches, please do not hesitate to contact us at ro@fom.ac.uk 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.