

**From the Responsible Officer
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Revalidation Update July 2014

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

Revalidation commenced on 3 December 2012 and in the last 18 months there have been over 40,000 revalidation recommendations made across the medical profession. Around 330 doctors have a prescribed connection with the Faculty of Occupational Medicine and the Responsible Officer (RO) has so far made 78 positive recommendations for revalidation. The Faculty RO has made 7 deferral requests; these do not affect the doctor's licence in any way and can be for a number of reasons – for example a doctor may be on parental leave, sick leave or have taken a short career break or simply not have collected sufficient evidence for the RO to make a revalidation recommendation to the GMC. These figures compare well to the national picture. If a deferral may be necessary, it is important that the RO is informed as soon as possible.

The number of revalidation recommendations required by the GMC increases this year for all designated bodies and the Faculty is no exception. Having been required to make 51 recommendations from April 2013 to March 2014, the number increases to 142 in 2014-2015 and 139 in 2015-2016. We are on schedule with revalidations and are confident that our systems are working satisfactorily. The Faculty Board, Executive and the Revalidation Governance Committee are updated regularly on progress.

Points for improvement

There are however a number of observations which we would like to highlight in order to help revalidating doctors and to avoid difficulties during this and subsequent years.

1. Both the Society and Faculty were concerned in the first year (the twelve months up to December 2013) that a large number of doctors delayed their appraisal until the very end of the year, which created significant resourcing difficulties for both the Society and Faculty. Regrettably, the same pattern is developing again this year with only 22% of this year's appraisals having been completed in the first 6 months. A total of 127 appraisals are currently due in November 2014 alone. This means there is a risk that there could be insufficient appraisers to meet the high demand for appraisals at that time of year, and thus a risk of delays in the appraisal and revalidation process.

The requirement for annual strengthened medical appraisal commenced on 3rd December 2012 and following the first appraisal, subsequent appraisals may be carried out up to 3 months before that anniversary date. This does not mean that doctors are required to have more appraisals, it is still only one in every 12 month cycle, but what it does mean is that it will be easier to arrange a mutually convenient appraisal date and allow for meetings to be more uniformly spread throughout the year. **We suggest you talk with the Society of Occupational Medicine about the scheduling of your 2013-2014 appraisal sooner rather than later if you are likely to be affected by this issue.**

2. The second thing we are noticing is that whilst the overall standard of appraisal information is good, over 75% of appraisal portfolios are incomplete which results in the Faculty having to chase doctors for the missing information and notify their appraisers. The responsibility rests with the appraisee for ensuring that the necessary supporting information is uploaded. We recognise that the PReP process can lead to information being inadvertently omitted and we have requested changes to the system to improve this. The Appraisee clinical governance questions and Appraiser statutory questions are the most frequent missing information items and it is hoped that the required questions will be integrated into PReP in due course. CPD certificates also need to be uploaded each year. Information on how to do this is available through the Help menu within PReP.

Some months ago, we produced an appraiser and appraisee checklist to assist doctors in compiling their PReP portfolio. In case you missed it, the link to the form is:

<http://www.fom.ac.uk/professional-development/revalidation/guidance-and-updates>

We recommend that you look at this both before and after your appraisal to ensure that all the necessary information is present and clearly labelled in your PReP portfolio. **This is especially important for those doctors whose revalidation date is in 2014** as it will not be possible for the RO to make a revalidation recommendation if items are missing. Do factor in that the information is reviewed by the RO 3-6 months before the date of your revalidation so completeness cannot be left to the last minute.

Conclusion

We have come a long way in the last 18 months and the standard of appraisal information is generally good and improving. We are pleased that, even though the Faculty is revalidating the same number of doctors as many Trusts, we have established systems which are working well and which we are constantly seeking to improve. We continue to work closely with the Society to ensure efficient links between appraisal and revalidation.

We value your feedback – if you have suggestions on how to further improve your experience of revalidation, or have queries, please address them to: admin@fom.ac.uk.