

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



Revalidation Update July 2015

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.

3rd Floor, New Derwent House
69-73 Theobald's Road
London
WC1X 8TA

t: 020 7242 8698
f: 020 3116 6900
e: fom@fom.ac.uk
www.fom@fom.ac.uk

Registered Charity No 1139516
Scottish Charity No SC040060
Registered in England No 07461063
VAT Registration No 798 6604 62

Progress Update

The pace of revalidation continues as we progress through 2015. At the end of June 2015, 341 doctors had a prescribed connection with the Faculty of Occupational Medicine and we have made 237 revalidation recommendations with a further 79 anticipated by the end of the year. A total of 24 deferral recommendations have been made, somewhat lower than the national average in secondary care.

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 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.

Mandatory training

Some of you are puzzled by the section in PReP which asks if you have completed mandatory training in the last year. This item is present because the PReP platform is used by many other designated bodies many of whom have specific annual training requirements. The Faculty does not of course employ the doctors for whom it is responsible and cannot therefore specify any mandatory training. However, you may wish to consider whether there are some core skills you wish to refresh annually or at least periodically.

Such training may include:

- CPR refresher
- Safeguarding (you may wish to look at the joint Faculty of Occupational Medicine and Royal College of Paediatrics and Child Health [guidelines](#))
- Equality and Diversity training (free short courses are available [online](#))

Multi-source feedback

Colleague and patient feedback is required at least once in every revalidation cycle and you will recall that I mentioned in January 2015 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.

The GMC Patient and Colleague forms were subject to an exhaustive process of development and subsequently piloted and assessed with regard to their validity. A similar process, albeit on a smaller scale, was undertaken by the Faculty in the development of its [colleague questionnaire](#) and this can be accessed through CFEP, who administer the process. A link to the CFEP site can be found on the revalidation page of the Faculty web site.

Occupational medicine is a broad specialty and the scope of practice of doctors revalidating through the Faculty is extremely wide-ranging. As a result, the GMC colleague and patient questionnaires or indeed the Faculty colleague questionnaire may not be entirely appropriate for your individual practice. I am therefore pleased to let you know of a new suite of [patient and colleague questionnaires](#) which are now available. These have been developed and piloted by EOPH (Education for Occupational and Public Health) and further details will be publicised through the FOM newsletter in the coming weeks.

To maintain validity, minimum numbers of questionnaires are suggested by the GMC.: 15 colleague and 34 patient questionnaires. If your practice does not allow you to collate this number of questionnaires e.g. very limited patient contact, then this is acceptable. You will need to make the reasons for this clear when preparing for your appraisal and within your reflections on the findings from the MSF exercise.

Reflection

Effective reflection is critical for all elements of the appraisal portfolio. This includes your CPD activities, significant events, compliments and complaints as well as colleague and patient feedback and quality improvement activities.

Reflection however is a skill which needs to be developed and practised and many of us find it difficult. The Faculty has therefore published some [Tips on Writing Effective Reflective Notes](#); this is based on guides already produced by the Faculty of Public Health, Royal College of Anaesthetists and Academy of Medical Royal Colleges.

Gentle reminders

CPD and Quality Improvement: the PReP platform is clearly laid out to enable documents to be uploaded in the appropriate sections. However, there appears to be some confusion between Continuing Professional Development (CPD) and Quality Improvement (QI). The two are distinctly different and explained in the [preparing for revalidation](#) guide.

Whilst a quality improvement activity may attract CPD points and therefore be included under both headings in PReP, attendance at a CPD event or personal reading is not a quality improvement activity and should not be included under that section in PReP.

Closing appraisals: NHS England monitors our performance quarterly and we are required to report to them the number of appraisals which have not been closed within 28 days of the appraisal date. For an appraisal to be closed, the appraisee must upload the Faculty Appraisee Clinical Governance Questions, the appraiser must submit the Faculty's Appraiser Statutory Questions and the appraisee and appraiser must agree a PDP and complete the appraisal output. Failure to do this attracts attention from NHS England and I would be most grateful if all doctors could endeavour to close their appraisals within the 28 day maximum.

Annual appraisals: The second half of the year is traditionally a busy time for the appraisers with a large number of appraisals due in October and November. The GMC allow doctors to undertake their annual appraisal up to 3 months early and we would encourage you to try and bring your appraisal date forward to avoid scheduling difficulties and the possibility of late appraisals, if this affects you.

Revalidation: Finally, we are currently working through the busiest period for making revalidation recommendations and, on average, we are making 3 or 4 recommendations each week. Please may I therefore request that you submit your complete 'revalidation ready' portfolio 4-6 weeks before your revalidation date in order that we can undertake the necessary steps in the Faculty ahead of your revalidation date?

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.