

Revalidation

- ◆ Revalidation will become a reality towards the end of 2012
- ◆ Responsible Officers will decide whether or not you are revalidated
- ◆ The decision for revalidation will be based on your annual appraisals
- ◆ Revalidation will occur every five years.
- ◆ Requirements for revalidation are set out in the GMC's Good Medical Practice document (GMC, 2006). – see summary Table below

What information will you need to collect?

General information about you and your professional work

This includes your personal details, a description of your whole practice including information about your private practice, a record of annual appraisals, personal development plans, a statement as to your probity and a statement that your health has not posed a risk to patients. Such information should not prove difficult to provide. NHS Trusts/Health Boards should be able to generate information on your clinical activity and possibly provide a break down of the type of clinical cases you see particularly if you run a sub-specialty service.

Keeping up to date

By keeping a Continuous Professional Development (CPD) diary as recommended by the RCP and meeting the annual requirements, this information should be easy to provide.

Review of practice

To provide evidence that you review and evaluate your work, information on what is termed “quality improvement activities” is needed. This could be audit, case review or case discussion (see below)

Audit

You are expected to provide evidence that you have participated in at least one complete audit cycle, which should include a re-audit, in every five-year revalidation cycle. The audit needs to be considered high quality and could be either a national, regional, local or personal audit.

◆ The RCP has developed a tool to support an audit of medical record keeping against agreed standards (RCP, 2008). Whilst an audit of medical record keeping is recommended this should be in addition too, rather than the sole audit in the revalidation cycle. Evidence of your role in an audit, the action taken and your reflections in response to the findings will need to be documented.

◆ The RCP has developed a personal clinical audit tool (p-CAT) to provide guidance on what constitutes a high quality audit. Information on national audits that you might like to participate in can be obtained from Health Quality Improvement Partnership (HQIP).

Clinical outcomes

This type of information is not readily available for most neurologists.

Case reviews or discussions

Case reviews can be used if you are unable to provide clinical outcomes or even high quality audit data. If you are to use case reviews to document quality improvement at least two case reviews per year are required. So, if you present a case at a local clinical meeting, something neurologists often do, this can be used to provide evidence of a quality improvement exercise.

Clinical incidents

You must provide details of any major clinical incidents that you have been directly involved with since the last appraisal. As this information should have been recorded, your NHS employer will have the details. If you are self-employed you are required to keep personal records of such events. If you have not been involved in a major clinical incident a self-declaration statement is required stating this.

Feedback on professional practice

At least one colleague multi-source feedback (MSF) and one patient or carers MSF needs to be provided within each five-year cycle. For those involved in clinical supervision and teaching similar feedback is also required within each five year cycle. Working for the NHS, it is your employers' responsibility to provide the tools, organize the logistics and provide the analysis of the findings. The RCP has developed colleague and patient questionnaires that meet the requirements for MSF (see attachment).

Details of all formal complaints received since your last appraisal must also be included as well as documentation of your reflections and any learning points that were identified. Information on compliments you have received can also be included in your appraisal folder.

Summary

Whilst collecting the documentation for appraisal seems at first daunting it is very achievable and should not present too many difficulties.

References

GMC (2006). *Good Medical Practice*.

HQIP. Available at: <http://www.hqip.org.uk/national-clinical-audit-registries/>.

RCP. *Multisource feedback (MSF) - Colleague and Patient Questionnaires*.

[Online]. Available at: <http://www.rcplondon.ac.uk/resources/clinical-resources/revalidation-practice/multi-source-feedback-msf-colleague-and-patient-q>. [Last accessed 29.8.2011].

RCP. (2008). *A Clinician's Guide to Record Keeping Standards: Generic Medical Record Keeping Standards*. [Online]. Available at:

<http://www.rcplondon.ac.uk/sites/default/files/generic-medical-record-keeping-standards-2009.pdf>.

RCP (2011). *Draft Guidance for Physicians on Supporting Information for Revalidation*.

Table. The GMC's 'Twelve Attributes' of Good Medical Practice

Domain 1 – Knowledge, skills and performance

- a. Maintain your professional performance
- b. Apply knowledge and experience to practice
- c. Keep clear, accurate and legible records

Domain 2 – Safety and Quality

- a. Put into effect systems to protect patients and improve care
- b. Respond to risks to safety
- c. Protect patients from any risk posed by your health

Domain 3 - Communication, Partnership and Teamwork

- a. Communicate effectively
- b. Work constructively with colleagues and delegate effectively
- c. Establish and maintain partnerships with patients

Domain 4 - Maintaining Trust

- a. Show respect for patients
- b. Treat patients and colleagues fairly and without discrimination
- c. Act with honesty and integrity

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