

Revalidation: an RCP perspective

Ian Starke and Helen Brownridge

What is revalidation?

Revalidation is the process by which doctors will demonstrate that they are up to date and fit to practise, and that they are doing so in accordance with the relevant professional standards. From 2012, revalidation will be required for all doctors who hold a licence to practise.

Doctors will undergo annual appraisals and will be revalidated once every five years. Each practising doctor will relate to a responsible officer (RO), who will be the senior medical officer in every organisation that employs doctors.¹ The RO will make a recommendation for revalidation to the General Medical Council (GMC) based on:

- the outcome of the annual appraisals – which will include consideration of peer and patient feedback, audit and complaints
- the absence or resolution of any concerns
- compliance with local clinical governance processes
- demonstration of professional practice according to agreed specialist standards.

The GMC will have final responsibility for making the decision about a doctor's revalidation, based on this recommendation.

The revalidation process

The GMC has developed its statement of principles, *Good Medical Practice*, into a revised framework for appraisal and assessment, known as the GMP framework.² This will form a core module within every appraisal and is divided into four domains, each with three attributes.

The Royal College of Physicians (RCP) has worked closely with its specialist associations to agree specialist standards for physicians, in the Physician Specialty Framework, on which the College consulted in 2009. In this framework, the supporting information that should be brought to the annual appraisals over a five-year period (not every year) has been mapped against each of the GMP attributes. The framework is accompanied by a checklist, which summarises the information expected.

As long as physicians are collecting information consistently over the five-year period then the process should not involve large amounts of additional work, and everything will be in place for them to be revalidated at the end of the cycle. Physicians should be able to collect supporting information, reflect on their practice and identify areas for improvement as they go along.

Ian Starke, medical director, Revalidation; **Helen Brownridge**, programme coordinator, Revalidation
Royal College of Physicians, London

All the medical royal colleges and faculties have developed similar specialist frameworks, which have been the subject of a recent consultation by the GMC and further simplification of the Physician Specialist Framework is planned.³

Revalidation will require further development of the appraisal process. The Revalidation Support Team (RST) in England has proposed a system of strengthened medical appraisal (SMA) that has also been the subject of recent consultation.⁴ Physicians will be appraised by a suitably trained appraiser, normally another physician. The new appraisal process will consider the entire professional practice of the individual doctor, and the supporting information will need to reflect that practice.

How the RCP has been involved

Pilot studies in secondary care – Mersey region

The RCP coordinated the first pilot of the generic GMP framework and SMA in the Mersey region in 2008–9, which provided information about the potential benefits and challenges of the new system. The RCP is now coordinating one of the 10 national revalidation 'pathfinder pilots'. These pilots will test the specialty frameworks of all participating colleges, the role of the RO and methods of quality assurance.

Revalidation e-system

The RCP is working with 14 other colleges and faculties to develop a specialist e-system for revalidation. This is a management system for specialist supporting information, which will feed into future national electronic appraisal systems.

Multi-source feedback

The RCP has developed and validated a peer multi-source feedback (MSF) tool and a patient questionnaire for physicians and other specialties.⁵ This has been widely used, and has proved reliable and simple. It is believed that these tools meet the GMC's recommendations.³ An expanded MSF is now being developed, which includes specialty-specific questions.

Personal clinical audit tool

The Academy of Medical Royal Colleges (AoMRC) is supporting the RCP to develop a clinical audit tool that will be focused on encouraging users to undertake an effective, high quality audit according to nationally agreed quality standards.

Continuing professional development

Significant further development of the RCP's continuing professional development (CPD) system has been carried out including the inclusion of learning objectives within the diary, a structured reflection, and a more detailed annual report appropriate for appraisal.

The RCP's key roles in revalidation

Defining specialty standards

The RCP continues to work with its specialty associations to develop specialty-specific guidance on appropriate supporting information.

Providing specialist advice

The RCP will be a key source of support and advice to individual physicians, to their appraisers and to ROs. It is proposed that regional advisers will provide this advice locally, supported by specialist advisers. The RCP and its specialties are considering how to support initial remediation and enhanced training where necessary.

Quality assurance

The RCP is working with the GMC and the AoMRC to develop an agreed model for the quality assurance of revalidation.

Specialist appraisal training

The RCP is working with the Revalidation Support Team (England) and other colleges to develop appraisal training and guidance for revalidation and will continue to use its established expertise in appraisal training to provide this for those who require it.

Challenges and next steps

The recent announcement that the revalidation pilots have been extended for a further year until 2012 is welcomed by the RCP, which supports the government's commitment to an affordable,

effective and proportionate process. This additional time will allow some important questions to be answered.

- The time and financial implications have yet to be defined – it is intended that the pathfinder pilots will provide this information, which will be key to protecting supporting professional activities (SPAs) from erosion.
- The appraisal and revalidation processes for those with portfolio job plans, including academic medicine, education, medical management, need to be explored.
- The relationships between the ROs and the specialties must be clearly defined.
- Trust information systems will need development to provide the information that doctors need.
- The processes for appeal, support and remediation of doctors must be defined and costed – effective local processes will reduce the need for referral to the National Clinical Assessment Service or the GMC.

The period of piloting must be used to ensure the readiness of the medical profession and the health service, and to provide clarity on the benefits and costs of revalidation. The RCP believes that the primary benefit will be to ensure and enhance the quality of care that doctors provide for their patients and the public.

References

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**Address for correspondence: Dr I Starke,
Royal College of Physicians, 11 St Andrews Place,
Regent's Park, London NW1 4LE.
Email: ian.starke@rcplondon.ac.uk**