

# Appraisal and revalidation – guidance for consultants preparing for relicensing and specialist recertification

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The aim of revalidation is to reassure the public regarding the safety and quality of the care that patients receive and to provide evidence that doctors are up to date and fit to practise.<sup>1</sup> Through the process of regulation, revalidation will also highlight those doctors whose practice is not of a sufficiently high standard. Both the Secretary of State<sup>2</sup> and the Chief Medical Officer (CMO),<sup>3</sup> however, have emphasised that a key purpose of revalidation should be to support the continuing improvement in quality of care for the overwhelming majority of doctors who practise medicine to a high standard. The General Medical Council (GMC) also identified these two principles, describing revalidation as ‘one element of the quality framework which aims to address two distinct but complementary purposes – ensuring patient safety and improving the quality of patient care.’<sup>4,5</sup>

The definition, purpose and process of revalidation has changed throughout the last decade in response to a number of factors including the emergence of damaging high profile cases within the NHS,<sup>6</sup> legislative amendments, and a failing public confidence in the medical profession’s ability to self-regulate.<sup>7</sup> The introduction of revalidation in the UK can also be linked to the implementation of more rigorous standards in medical professional regulation abroad, for example the development of the Canadian Medical Education Directions for Specialists (CanMEDS) system and the Practice Improvement Modules (PIMs) assessment in the US.<sup>8–10</sup> In the UK, the principles of *Good medical practice* became the foundation for annual appraisal, and revalidation was identified as the next step in the regulation of doctors.<sup>11</sup>

Following the publication of the Shipman Inquiry’s fifth report,<sup>12</sup> the GMC postponed the implementation of revalidation until the completion of a review by the CMO. This review was published in July 2006 and underwent a four-month process of public consultation. In February 2007, the Department of Health published *Trust, assurance and safety* based on the recommendations and responses to the CMO’s report. Key changes outlined in both reports are related to the division of revalidation into relicensing and recertification, changes in clinical

governance processes and increasing the link between appraisal and relicensing.<sup>2,3</sup>

Doctors on the GMC’s medical register will require a license to practise. Relicensing will fall within the remit of the GMC. Relicensing has been described as a proactive process of affirming a doctor’s license to practise and will require the doctor to take part in satisfactory annual appraisals, to complete a multi-source feedback questionnaire, and to show evidence that any concerns previously identified about their conduct or practice have been resolved.<sup>2</sup>

Recertification is linked to specialist and general practitioner registers and it will fall to the royal colleges to evaluate and certify doctors in their medical specialty against specialty standards. Colleges will be required to provide a positive statement of assurance to the GMC for the recertification of an individual doctor. Potential sources of evidence identified for recertification include appraisal, clinical audit, simulator tests, knowledge tests, patient surveys, continuing professional development and observation of practice.<sup>2</sup>

Local clinical governance will be a significant part of the route to revalidation for the vast majority of doctors working in the NHS and many of the larger private sector hospitals.<sup>3</sup> Participation in annual appraisal is compulsory for all doctors<sup>13</sup> and by linking revalidation to annual appraisal, the GMC<sup>14</sup> and CMO<sup>3</sup> have been able to incorporate clinical governance structures into the regulatory cycle. Although it will be used for two different purposes, the information collected by doctors for their annual appraisal will also largely form the basis of evidence for revalidation.

Consultant appraisal as originally implemented was a local process designed to provide feedback on a doctor’s performance, to identify further development needs (with the generation of a personal development plan) and also provided an opportunity to review progress over a number of years.<sup>15–17</sup> Annual appraisal within the NHS was designed to be supportive, formative and developmental and not an assessment of competence – a doctor could not pass or fail an appraisal.<sup>18</sup> In contrast, revalidation is a regulatory, summative assessment of an individual doctor’s performance and the outcome is either a

pass or fail.<sup>2,3</sup> If appraisal is to be effective, robust and consistent it is important that the clinical governance framework within which it operates is appropriately designed for its increased role within the regulatory system.

In order to support Members and Fellows in preparing for appraisal and revalidation, the Clinical Standards Department at the Royal College of Physicians, in collaboration with other key individuals, has developed a series of guidance booklets which will be circulated to Fellows and Members. They will cover:

- consultant appraisal
- multi-source feedback (360-degree assessment)
- patient surveys
- continuing professional development
- complaints
- untoward incidents.

A future series of booklets based around specialist recertification is planned and will complement this initial set. These will be based on the assessment methods outlined in the white paper as well as those identified in a number of specialty-specific workshops completed by the Clinical Standards Department in collaboration with specialist societies over the last 18 months. The forthcoming booklets will focus on evidence for recertification. Examples of the topics that may be included can be found in Susan Burge's article about one specialty's approach to recertification (pp 232–4).<sup>19</sup> The College's aim is to develop a range of assessments, from which different specialties will select those methods which are most appropriate for recertification. The development of specialist standards and practical tools will help physicians to create a portfolio of evidence and enable the College to meet its new responsibility to provide a positive statement of assurance to the GMC in support of recertification.

## References

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