

Revalidation: specialist elements

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What is Revalidation?

‘Revalidation is a process where doctors will be required to “periodically *demonstrate* their continued fitness to practise ... and for specialist doctors, to *demonstrate* that they meet the standards that apply to their particular medical specialty (DH 2007: 6). If demonstration fails then an *evaluation* (GMC guidance relating to Medical Act, 2002) of evidence would be required, progressing to *assessment* if it is deemed necessary’.

It is important to remember that

- **The vast majority of doctors are practicing medicine to a high standard**
- **The purpose of revalidation and medical regulation is not solely to identify doctors whose performance is not of a sufficiently high standard**
- **Revalidation should be a process that will support continuous quality improvement in standards and practice for both doctors and patients alike**

Revalidation = Relicensing + Recertification

Recertification:

- Recognises the ability to act as a 'specialist'
- Needs also to support those doctors not on Specialist/GP register and not in training
- Positive affirmation by appropriate College/Faculty to the GMC
- The Colleges have a central role in setting standards for recertification and designing methods by which doctors will be evaluated.
- The GMC to agree the proposed standards and methods of evaluation because of its responsibility for the integrity of the register.

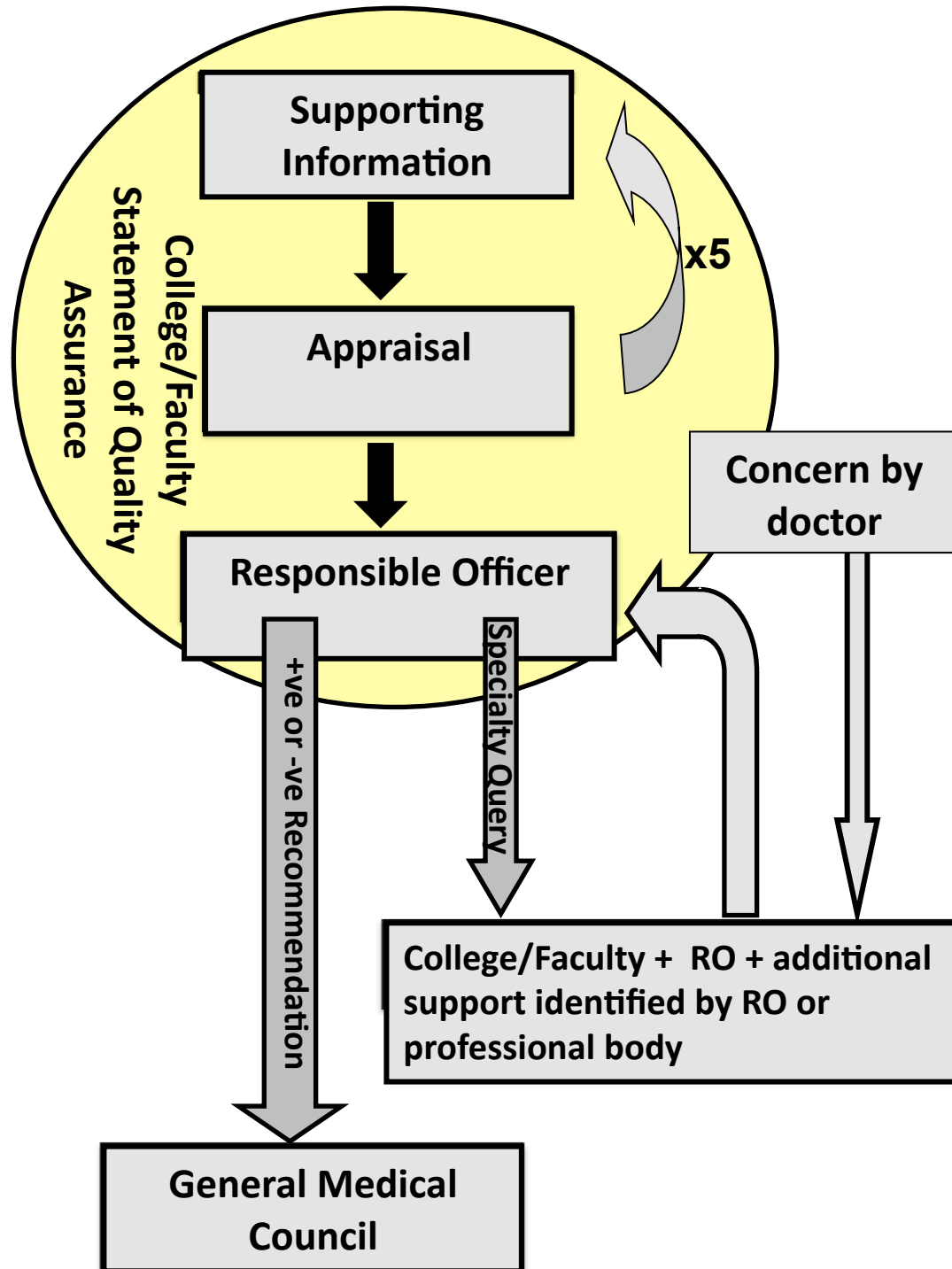
Evidence or Supporting Information in Appraisal and Revalidation

- Revalidation is one set of processes with two outcomes.
- Evidence for revalidation must be based on what a doctor actually does in practice.
- For most doctors, relicensing and recertification will draw upon similar evidence.
- Evidence for revalidation to be largely generated from within the workplace and brought together locally through appraisal. Appraisal will be the means of binding the two strands of relicensing and recertification into one process.
- The revalidation process must be capable of delivering a single recommendation on revalidation to the GMC (covering both relicensing and recertification).

GMC: Revalidation Model

- GMC have worked with the Colleges to define a model of the revalidation process
- Important to find a balance between the local and specialty elements of the process
- Period of 12 months and much consultation has led to a model ...

The GMC / Academy Model



College Input 1: defining standards, developing and validating specialty tools and providing specialty guidance for appraisers

College Input 2: providing specialty support and advice where specialist queries are raised as they arise and wherever appropriate

College Input 3: quality assurance of the outputs of the appraisal and revalidation process through an audit of recommendations

Work streams

- CPD
- MSF
- Remediation
- E-Portfolio
- Non-clinical work
- Specialty standards documentation
- Clinical audit

GMC: Core Standards for Appraisal

- Standards Framework developed based on Good Medical Practice
- To be included in all medical appraisal systems across the UK
- Four domains to form the basis of 12 generic attributes:
 - Knowledge, skills and performance
 - Safety and quality
 - Communication, partnership and teamwork
 - Maintaining trust

Specialist Standards

- All specialties developed standards, methods and supporting information using the GMC framework
- Academy cross-specialty work group developing standards and supporting information for non-clinical work
 - Medical Education and Training
 - Clinical Leadership and Medical Management
 - Medical Research
 - Specialist Expertise (e.g. expert witness)
- Progress
 - Draft frameworks completed for all specialties including non-clinical work
 - Consultation on frameworks throughout the summer
 - Further consultation with the GMC in early 2010
 - Piloting begins in 2010

Piloting

- Pilots are for testing ideas and processes which will be revised and amended following evaluation – we do not have a finished product
- Specialist elements will need to be able to integrate with the healthcare and appraisal systems in all 4 countries in the UK
- Specialist elements will need to be accessible to all doctors including those working in industry and private practice
- Need to investigate whether proposed processes are feasible, manageable and acceptable to the profession and provide reassurance to the public

Specialist Focus in Pilots ...

- Processes and systems for the collection of specialist supporting information to demonstrate practice at appraisal and for revalidation
- The integration of core and specialist standards and information in appraisal
- The integration of non-clinical work elements into appraisal and whole practice appraisal
- How best to provide specialist guidance/training for appraisers and ROs
- Processes for providing local specialist support for appraisers and/or ROs
- Variation across different specialties and environments (e.g. primary/secondary care; non-NHS)
- Remediation processes to support doctors
- Quality Assurance
- Resources, Costs and Benefits