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# Specialist requirements for Revalidation

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## Part 1

# The process of getting standards written



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## Starting point

- GMC produced a standards framework for appraisal under four domains:
  - Knowledge Skills and Performance
  - Safety and Quality
  - Communication, Partnership and Teamwork
  - Maintaining Trust
- Colleges tasked with developing **specialist standards**



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# The surgical specialty

Royal College of Surgeons of **England**

Royal College of Surgeons of **Edinburgh**

Royal College of Physicians and Surgeons of **Glasgow**

Royal College of Surgeons of **Ireland**

## Federation of Surgical Speciality Associations

**ASGBI**

**SCTS**

**SBNS**

**BAPRAS**

**BAPS**

**ENT UK**

**BOA**

**BAUS**

**BAOMS**



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# Pan-specialty Project Board

- Recertification Project Board of specialty associations established 2007
- Supported by Royal College of Surgeons to:
- *“To produce the plan/framework for the development of the standards (including CPD), assessment methods and outcomes on which to establish recertification.”*



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## Part 2

# What's in the standards



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## Step 1: Are the standards right?

- Left GMC standards as they are
- Added surgery specific standards where necessary



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# Sample standard

## Domain 1, Attribute 1

### *Maintain your professional performance*

The GMC said:

- Maintain knowledge of the law and other regulation relevant to practice
- Keep knowledge and skills up to date
- Participate in professional development activities
- Take part in regular and systematic audit



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## Sample standard

**Domain 1, Attribute 1**

***Maintain your professional performance***

**Surgery** said surgeons on the specialist register **also** need to:

- Take part in available national registries and audits
- Participate in review of practice meetings



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## Step 2: What supporting information?

In addition to those identified by the GMC...

- What is the most relevant?
- What is possible to collect?
- What is proportionate to collect?
- What is the most important?



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## Categories

- **General (for all doctors)**  
Anything mandated by the GMC
  - **Core**  
All surgeons should normally produce this supporting information
  - **Additional**  
To ensure there is enough information
- All attributes are covered if all General and Core supporting information is produced**



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## General (for all doctors)

- GMC Number, Evidence of a Licence and Medical Qualifications
- Description of Practice and voluntary roles
- Appraisal for each year
- Description of Indemnity
- **Personal Development Plan (PDP) for each year**
- Statements of Concerns, Probity and Health
- Registration with a GP
- **Multi-Source Feedback**
- **Patient Surveys**
- **CPD**
  
- **As already described**



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## Core

- **Outcomes**  
(method and measurement determined by specialty association)
- **Complaints and Compliments**
- **Audit of practice**  
(eg. non-operative work, the process of care)
- **Morbidity and Mortality meetings**  
(also known as audit meetings or review of practice meetings)



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## Additional

### Logbook

- Patient Information or Explanation
- Example copies of formal reports or statements
- Local Clinical Governance  
(any relevant documentation is acceptable)



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## Outcomes

- Different sources of supporting information for different surgeons:
  - National Audit
  - Hospital Episode Statistics (HES) or similar
  - Local Audits
  - Peer Review
- Specialty associations determine:
  - Best sources of supporting information
  - Best indicators (not always mortality!)



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## Outcomes

- Outcomes will be one source of evidence for recertification – a tile in a mosaic
  - Concerns about data especially HES
- BUT
- Impetus for change
  - Profession's opportunity to tell the NHS how to do it



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## Example of outcome information requirements

Sub-specialty area	Key Procedure(s)	To be assessed by
<b>General Surgery (Vascular)</b>	<ul style="list-style-type: none"> <li>•Carotid</li> <li>•AAA</li> <li>•Lower limb revascularisation</li> </ul>	National audit
<b>General Surgery (Vascular)</b>	<ul style="list-style-type: none"> <li>•Varicose veins</li> </ul>	<b>HES (or other local collection)</b> <ul style="list-style-type: none"> <li>•Length of stay</li> <li>•Non-elective readmission</li> <li>•In-hospital mortality</li> <li>•Re-operation/ re-intervention</li> </ul> <b>PROMS</b>



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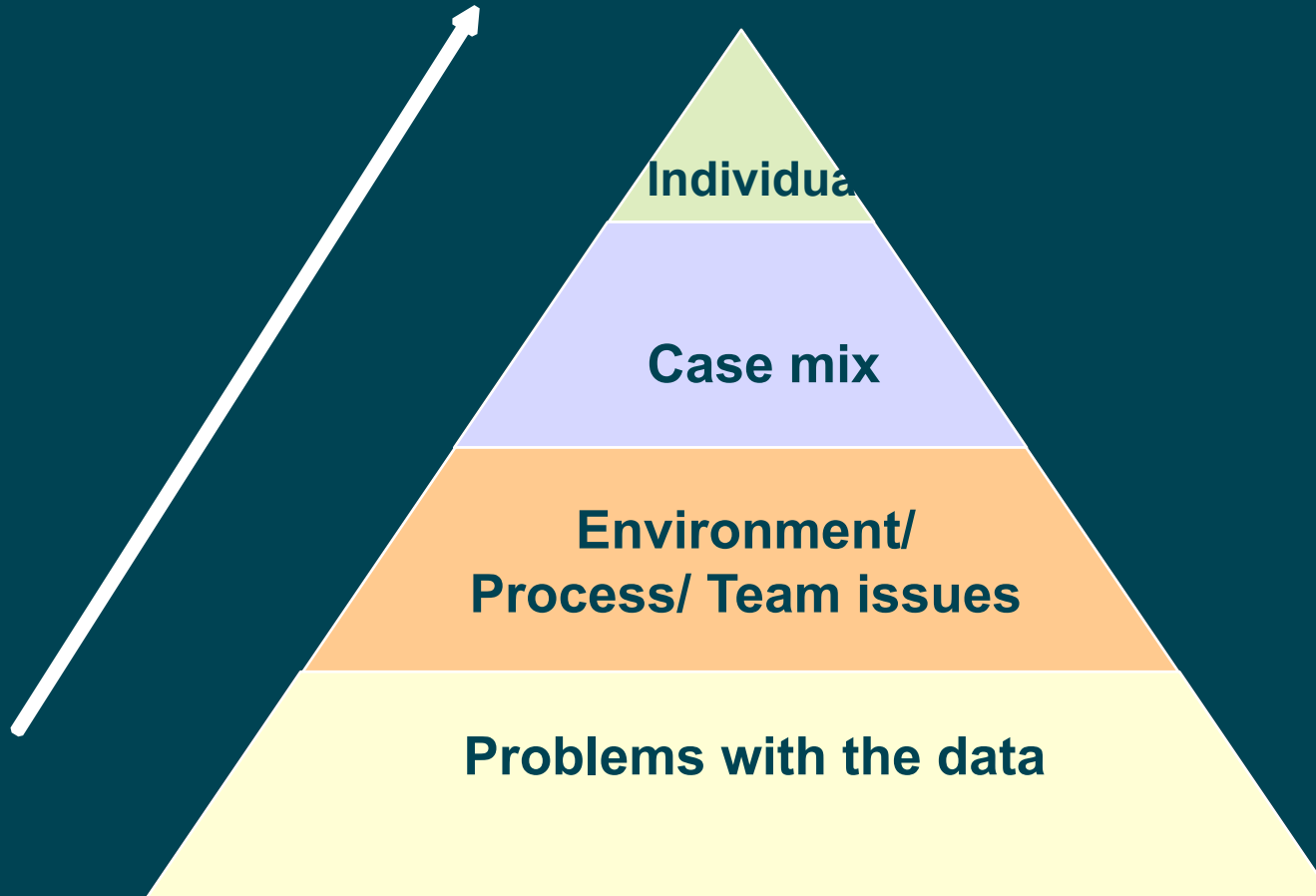
## Example of outcome information requirements

Sub-specialty area	Key Procedure(s)	To be assessed by
<b>Neurosurgery - Core</b>	<ul style="list-style-type: none"> <li>•Cranial Trauma</li> <li>•Spontaneous intracranial haemorrhage</li> <li>•Hydrocephalus</li> <li>•Spinal trauma</li> <li>•Malignant spinal cord and cauda equine compression</li> <li>•All core neurosurgery</li> </ul>	<b>Separate analysis for emergency and elective.</b> <b>HES (or other local collection)</b> <ul style="list-style-type: none"> <li>•28 day mortality</li> <li>•28 day re-operation</li> <li>•28 day readmission</li> <li>•Length of stay</li> <li>•Discharge destination</li> </ul>



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# Outcomes – when concerns are raised



Registered charity no 212808



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# What's next



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## Approval and testing

- GMC consideration
- Revisions as necessary
- Part of GMC's major consultation on revalidation
- Piloting:
  - Simplified set of supporting information
  - Collaborating on NHS Revalidation Support Team pilots
  - Surgery specific pilots to complement



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## Continuous renewal

- Surgery does not stand still:
  - New techniques
  - New procedures
  - Improvements in practice
  - Improvements in processes
- Need for a mechanism to review, refine and strengthen



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## Conclusions

- **The standards are as flexible as possible.**  
Local circumstances must be taken into account.
- **Virtually all surgeons not in training are specialists**  
These standards apply to all surgeons not in training.  
Not just recertification but revalidation standards.
- **Setting the standards is only the first step**  
Colleges also need to be involved in supporting doctors and their employers and the quality assurance of the revalidation system.