



## Occupational Medicine Revalidation FAQ

The following questions are based on those that have already been asked of the Faculty and that are specific to occupational medicine. The majority of queries received to date have been of a more general nature and these are covered in the GMC's comprehensive FAQ, which can be accessed at: [http://www.gmc-uk.org/news/docs/GMC\\_Revalidation\\_FAQs\\_June%202009.pdf](http://www.gmc-uk.org/news/docs/GMC_Revalidation_FAQs_June%202009.pdf).

General practitioners who provide some OH sessions should refer to the RCGP Guide to the Revalidation of General Practitioners which has information specifically for revalidation of GPs with a special interest (GPwSI) at:

[http://www.rcgp.org.uk/PDF/PDS\\_Guide\\_to\\_Revalidation\\_for\\_GPs.pdf](http://www.rcgp.org.uk/PDF/PDS_Guide_to_Revalidation_for_GPs.pdf)

Information on the FOM CPD scheme can be found at:

<http://www.facocmed.ac.uk/cpd/cpdfom.jsp>. The CPD guidance is being revised to improve the ability of the scheme to support revalidation.

Any questions that still remain after consulting these guides and are not answered by the specialty specific FAQ below should be addressed to [professionaldevelopment@facocmed.ac.uk](mailto:professionaldevelopment@facocmed.ac.uk) and will be added.

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**I work in the NHS/Armed Forces/for a large OH service provider/Civil Service. I already undertake annual appraisal and comply with the Faculty CPD scheme. What additional hurdles will I have to jump for revalidation?**

Your revalidation should be relatively straight forward. You will have an annual appraisal within your own established, quality assured appraisal system by another occupational physician trained in appraisal. If your appraisal is to be done to the DH standard <sup>1</sup> it will require supporting information from your working environment that will include Multi-Source Feedback (MSF) to provide comment from colleagues and, if you have clinical responsibilities, patient feedback, audit and evidence of compliance with healthcare governance policies (though not necessarily every year). The final details of the Responsible Officer (RO) scheme are still being refined by the Department of Health but it is likely that your organisation will appoint its own RO. The Faculty has offered to support DH and the GMC in deciding which employers of occupational physicians have adequate clinical governance systems to support revalidation and therefore are suitable for appointing their own RO. A positive recommendation is likely to be linked to successful accreditation under the Faculty's Standards for Occupational Health Services in the United Kingdom ([http://www.facocmed.ac.uk/library/docs/cons\\_standards\\_draft.pdf](http://www.facocmed.ac.uk/library/docs/cons_standards_draft.pdf)).

**I work for a small provider of OH services/in independent practice. The role of the Responsible Officer is obviously key to making revalidation work yet the only information I have seen so far suggests that I will have to develop a link to the RO of my local PCT. It is unlikely that a PCT RO will have much understanding of the OH role. Is there an alternative?**

Individual doctors are required to establish a link with a single RO. The final details of the Responsible Officer (RO) scheme are still being refined by the Department of Health. The FOM has expressed reservations about the PCT RO proposal as we feel that it would not serve the interests of our members, would be an additional and unwelcome burden on PCTs and produce extra work for the Faculty in answering queries from PCT ROs. We have proposed an alternative scheme whereby the Faculty will appoint its own RO(s) who will be selected and trained in accordance with DH criteria and available to members on a commercial basis. The proposal has been accepted in principle by DH and we are working with them to develop the detail.

**I am a GP who does regular OH sessions. Will I need to revalidate through the FOM for that element of my work?**

No. Because the majority of your time is working in general practice you will revalidate through the RCGP. Your single appraisal should cover all aspects of your work as a doctor, including the

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<sup>1</sup> Guidance on assuring the quality of appraisal can be found at [http://www.revalidationsupport.nhs.uk/Assuring\\_the\\_Quality\\_of\\_Medical\\_Appraisal\\_for\\_Revalidation.pdf](http://www.revalidationsupport.nhs.uk/Assuring_the_Quality_of_Medical_Appraisal_for_Revalidation.pdf)

OH, but you will require only one recommendation for revalidation. You will be expected to demonstrate that you have gained CPD credits in OM in proportion to the time that you practice it. You should refer to the appropriate section of the RCGP Guide to the Revalidation of General Practitioners for further information.

**As a GP with a special interest in OH I expect to complete relevant CPD. Do I have to submit evidence of that to the FOM CPD scheme for revalidation purposes?**

No. All your CPD should be submitted through the RCGP continuing professional development learning credits system. The amount you dedicate to OM should be proportional to the time you spend in its practice.

**I am a retired GP providing part time OH services to a range of local companies. How will I revalidate?**

There is still some work to be done by the GMC on how the GP and Specialist Registers will be made fit for purpose in the context of Revalidation. The current thinking is that, even though you may not be on the specialist register in OM, you will still be expected by the GMC to practice in accordance with the Faculty's standards. You will need to provide evidence of annual appraisal through a quality assured scheme such as that offered by the Society of Occupational Medicine (<https://www.som.org.uk/QAAS.513.0.html>). You will need to register with the Faculty's CPD programme (<http://www.facocmed.ac.uk/cpd/cpdfom.jsp>). As a non-member there is a fee for this service. Finally you will need to establish a link with a Responsible Officer (see above).

**When will revalidation be introduced for occupational physicians?**

The GMC's stated position is that the introduction of revalidation will be phased and will only start when the systems needed to support it are ready and fit from purpose. Planning in the Faculty is well advanced though much of the detail has still to be finalised and we are in the hands of other bodies, particularly DH and the GMC over some key elements. We intend to begin pilots using volunteers during 2010, with a target of being ready for the introduction of revalidation from April 2011. The final decision on a start date will be subject to the GMC confirming that our procedures are fit for purpose.