



## Revalidation update August 2008

### Introduction

Following the publication of the CMO's Paper Medical Revalidation – Principles and next Steps on 21st Jul; the ongoing work of the Academy Revalidation Development Group (ARDG); and a meeting between the GMC and the Faculty, some of the previous uncertainty around revalidation is becoming clearer.

Several principles are now well defined:

- it will address only the doctor's current area of practice;
- the standard for retention on the specialist register is the same as the standard for entry;
- it will be one process, with one recommendation, and little to separate relicensing and recertification for those on the specialist or GP registers;
- licenses will be issued by the GMC from Autumn 09;
- revalidation will be introduced incrementally as processes are developed over the next two years;
- the GMC framework for revalidation, mapped to *Good Medical Practice*, should be used as the basis for standards;
- it should be seen primarily as supportive, focused on raising standards, not a disciplinary mechanism to deal with the small proportion of doctors who may cause concern;
- it must include remediation and rehabilitation as essential elements of the process for the very few who struggle to revalidate, giving them help wherever possible;
- it should be a continuing process, not an event every five years, so that problems can be identified and resolved quickly and effectively;
- it should avoid bureaucracy, add value and provide a reasonable level of reassurance to colleagues, employers, patients and the public;
- it will apply to all doctors not in training (Colleges/Faculties are expected to support practitioners not on the specialist register.);
- doctors practising in more than one discipline will have only one revalidation recommendation through their primary College/Faculty.

### Responsible Officers

One key area of uncertainty surrounds the appointment, role and relationships of 'Responsible Officers'. DH has published an extensive consultation paper which seeks responses on a range of issues. The FOM/SOM will coordinate a formal response but individuals are encouraged to make their own comments. The consultation paper and accompanying questionnaire can be found at [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_086443](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_086443).

The consultation closes on 24th October.

In summary, there are various options suggested for the location of ROs. It is likely that acute trusts, PCTs, and other large organisations like the MOD will be able to appoint their own RO. Smaller bodies may be

able to pool resources and the Faculty is discussing with the SOM the option of a SOM RO scheme, similar to the Quality Assured Appraisal Scheme (QAAS), which the SOM already provides.

### **Standards for Revalidation**

The GMC has developed a new framework for standards for appraisal. It is based on *Good Medical Practice* with additional content on clinical governance and infection control. It can be found on the GMC web site t [http://www.gmc-uk.org/about/reform/Framework%204%203%20\(post%20Council%20May%2008\).pdf](http://www.gmc-uk.org/about/reform/Framework%204%203%20(post%20Council%20May%2008).pdf). The Faculty will work with the SOM to use the framework to develop specific standards for occupational medicine using as a basis the 2003 FOM/SOM publication *Standards in Occupational Medical Practice: Guidance for Appraisal*.

### **Models for Revalidation**

The GMC has suggested 3 possible models for revalidation which differ in the degree to which Colleges/Faculties are directly involved in the process. The Faculty is developing its own tailored variation to provide the robustness which the GMC requires while keeping to a minimum the additional burden on individual members. It is hoped to be able to pilot the model within the next 12 months.

### **CPD**

The Faculty is conducting a review of CPD procedures and forms, partly to streamline the audit process, but also to take into account revalidation requirements. One option is to make CPD recording available on-line, something already in place in most other Colleges/Faculties.

Currently 20% of annual CPD returns are subject to audit on a random basis. That will be changed so that all who use the scheme are offered one audit in every five year cycle.

One element missing from the current CPD scheme, which we need to consider introducing, is reflective learning. Other Colleges/Faculties will only award CPD points to individuals if they can show evidence of reflection.

Anyone wishing to comment on the above or contribute to the revalidation debate generally is invited to email [professionaldevelopment@facocmed.ac.uk](mailto:professionaldevelopment@facocmed.ac.uk).

### **Questionnaire Survey**

As part of the consultation with the Faculty's membership, a survey to establish the range of activities in which members are involved is distributed with this update. The survey will help direct the activity that is taking place to develop revalidation and I strongly encourage you to support it.

Rob Thornton  
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