Revalidation ready

This additional module has been added to the MOAT modules in order to update appraisers who have already completed the training and to ensure that new users understand appraisal in the context of revalidation.

The process of revalidation

Revalidation in Wales began in late 2012 in common with the rest of the UK. It is anticipated that in the first 15 months (called year zero by the GMC - January 2013 – end March 2014) that 20% of doctors in Wales will go through the revalidation process. All types of doctors across Wales will be represented in this first tranche and each of the Designated Bodies are expected to make at least one revalidation recommendation.

In Wales the Designated Bodies are the 7 Health Boards (HBs), Public Health Wales (PHW), Velindre NHS Trust, DVLA, Wales Deanery, Welsh Government and 3 Independent Hospitals. Each designated body has a Responsible Officer (RO). In the NHS institutions the RO is the Medical Director of the organisation. The RO has direct responsibility for the revalidation process within the organisation and is the person that will make a revalidation recommendation to the GMC.

Revalidation is intended to be a five-year cycle of a positive affirmation of a doctor’s fitness to practice. However in Wales during the first 3 years of revalidation virtually all doctors will have been through the process. The intended time table is:-

January 2013 – end March 2014 – 20% of doctors randomly selected from those that have declared that they have sufficient supporting information to meet revalidation requirements

April 2014 – end March 2015 – 40% of doctors randomly selected from the remainder

April 2015 – end March 2016 – the remaining 40%

There will of course be some slippage in the numbers with doctors retiring, moving or out of practice due to illness, maternity leave, sabbatical or working overseas.

The RO will have access to a Doctor's personal and professional details (the old form 1) scope of practice (the old form 2) and the appraisal summary and PDP (the old form 4). This will be automated if the doctor is using the MARS on-line system, however for many in the first few years this could be paper-based. The RO will also have information available from Clinical Governance systems and will also know of any local or GMC performance procedures.
Using this information the RO will need to decide what recommendation to give to the GMC, there are 3 options:

- They may make a positive recommendation that the doctor is up to date, fit to practise and should be revalidated
- They may request a deferral because they need more information to make a recommendation about the doctor. This might happen if the doctor has taken a break from their practice (for example, maternity or sick leave)
- They may notify the GMC that the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation

The GMC will then make the final revalidation decision. The GMC have a secure section of their website (GMC connect) through which this process will be managed electronically.

**GMC and Royal Colleges**

The GMC has published a single set of supporting information for [appraisal and revalidation](https://www.gmc-uk.org). This refers to, and is supplemented by, specialty guidance from the [Royal Colleges and Faculties](https://www.rcgp.org.uk).

The GMC does not require College membership for revalidation and neither does it expect every doctor to follow College guidance. The doctor needs to meet the GMC requirements and may achieve this in a different way. Doctors who follow College guidance should meet or surpass the GMC requirements.

**The role of appraisal in revalidation**

Appraisal is central to the revalidation process. Doctors will bring their supporting information to be discussed with a peer. The doctor and the appraiser will need to reach agreement on the information supplied. Once that agreement is made the appraiser will be able to validate the information as suitable.

Medical appraisal is a formative process and, as such, progress toward revalidation should be encouraged. If an individual is missing important aspects of supporting information, it may be wise to include that as a PDP entry for the subsequent year. The appraiser should be fully conversant with the expectations of the revalidation process in order to support the doctor in collecting sufficient information.
What is enough?

All medical appraisers should be familiar with the GMC’s document *Supporting Information for Appraisal and Revalidation*.

This document sets out the scope of information required and the frequency it needs to be represented and discussed at appraisal. Under each description of supporting information is a section that gives further guidance on what should be discussed at appraisal.

To satisfy GMC requirements each doctor will need to represent all six strands of supporting information in their appraisal documentation. Obviously volume is not enough on its own. A set of *quality indicators* has been devised to guide both doctors and appraisers in ensuring the quality of that supporting information is sufficient.

The quality indicators are not a slavish set of rules, rather they should be used in a formative way to guide improvement in the way that supporting information is presented.

Whole practice appraisal

As doctors many of us use our professional qualifications in multiple roles. The GMC expect doctors to revalidate in all of these roles. For instance as an appraiser you will need to present information that you are performing well in your role. The Wales Revalidation and Appraisal Implementation Group have suggested a process by which this can be achieved. This link; [http://revalidation.walesdeanery.org/index.php/what-does-revalidation-mean-for-me](http://revalidation.walesdeanery.org/index.php/what-does-revalidation-mean-for-me) takes you to a page explaining the process and the linked documents give further details.

Responsibility of appraisers and limitations of that responsibility

An appraiser acting within the boundaries of *good medical practice* and representing the appraisal discussion honestly and truthfully should hold no liability for information that is wrong or untruthful.

The appraiser, accepting the output of another appraisal or performance management procedure, where a fellow professional (usually a doctor) has appraised the performance of another, cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review.

In the case of multiple role appraisal the lead appraiser therefore, has the responsibility to report that the appraisal/performance review has occurred but should not (normally) be expected to read or comment on areas of practice outside their remit as an appraiser in the role that they are undertaking. The liability for errors in that external process would lie with the author of the summary, or the doctor themself.

Appraisers would normally be covered for liability by their employing organisation.

Exercise

**Familiarise** yourself with the GMC’s document *Supporting Information for Appraisal and Revalidation*.

Read the Quality Indicators document: [https://medical.marswales.org/library/viewfile?library_id=71&lc=](https://medical.marswales.org/library/viewfile?library_id=71&lc=)
Reflect on your own appraisal skills

- Do I understand the context of appraisal in revalidation?
- Do I understand the revalidation process as it applies locally?
- Am I confident that I know “what is enough”?
- Do I understand the concept of whole practice appraisal?
- Can I utilise my appraisal skills to support doctors through the revalidation process?

Practice for difficult situations

A doctor presents you with an appraisal folder that contains a quality improvement activity. It is simply a snapshot of current practice with the conclusion “this is broadly in line with national statistics”.

- How would you approach this in discussion?
- What would your aims be for the end of the appraisal discussion?
- How would you deal with the situation if the doctor feels this is good enough?