BHIVA AUTUMN CONFERENCE 2012

Including CHIVA Parallel Sessions



Dr Mark FitzGerald

Musgrove Park Hospital, Taunton

COMPETING INTEREST OF FINANCIAL VALUE > £1,000:	
Speaker Name	Statement
Mark FitzGeald	None
Date	22 September 2012

Revalidation Update October 2012 Dr Mark FitzGerald BASHH Revalidation Lead 2008-12

Dr Immy Ahmed
BASHH Revalidation Lead 2012Dr Ian Starke
RCP Revalidation Lead

- Rationale
- Timetable
- Outcomes; remediation
- Process; appraisals
- Components; supporting information
- What to do now
- Further information

PURPOSE

 To assure patients and the public, employers and other healthcare professionals that licensed doctors remain up to date and practising to the appropriate professional standards.

Trust (in professionals) "has to be underpinned by objective assurance"

Trust, Assurance and Safety: the Regulation of Healthcare Professionals in the 21st Century Dept of Health 2007

"Public opinion research found that almost half of those asked thought that doctors were already subject to regular assessments, with 1 in 5 believing that this happened annually"

Revalidation: the way ahead GMC 2010

"Discussion has been going on for over 10 years... We therefore decided to undertake a brief enquiry into the reasons for slow progress"

The Health Committee of the House of Commons Feb 2012

"We trust that the Secretary of State for Health will ensure that there is no further delay in revalidating doctors` licences"

Joint statement, 9 UK patient organisations July 2012

Timetable

- GMC concludes revalidation is ready 28
 September 2012
- Secretary of State for Health agrees to commencement of legislation October 2012

Timetable

- By early 2013: RO's, CMO's, Chair of GMC
- April 2013 March 2014 20% of licensed doctors; then 20% annually
- End March 2016: almost all revalidated
 First revalidation notices issued by GMC in December 2012

Implementation of revalidation NHS RST May 2012

Mechanism of Revalidation

- Regular appraisals over 5 years (continuing evaluation of performance in the workplace)
- Responsible Officer
 (senior doctor accountable for QA of appraisal and governance in employing organisation)
 makes recommendation on revalidation
- GMC decides to revalidate

Purposes of Revalidation

- Reassure public
- Support/affirmation for doctors
- Generally improve quality
- Identify potentially dangerous doctors

Remediation

"little attention has been given to the issue of how to deal with doctors whose practice gives cause for concern....important weakness in the current proposals which the GMC needs to address" Health committee of the House of Commons Feb 2012 Report of the Steering Group on Remediation DoH 2011 **Tackling Concerns Locally** DoH 2009

Remediation: issues

- Where does PDP stop and remediation start?
- Who has responsibility and competence to do it?
- Is the problem skills or behaviours?
- When is the process complete and successful?
- When is a doctor not remediable?
- Disciplinary procedures used but not appropriate
- 1,000 cases ongoing at any one time
- Funding

Academy of Medical Royal Colleges Remediation Working Group Report 28 Sept 2012

aomrc.org.uk/publications/reports

Basis of Appraisal

Good Medical Practice (GMC 2006)

Framework for Appraisal and Revalidation (GMC 2011)

- 4 Domains, each described by 3 attributes:
- 1. Knowledge, skills, performance
- 2. Safety and quality
- 3. Communication, partnership and teamwork
- 4. Maintaining trust

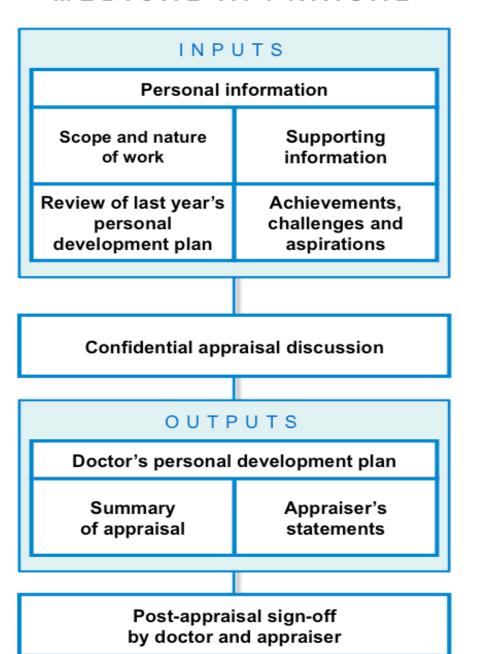
Medical Appraisal Guide

March 2012 NHS Revalidation Support Team

Enables

- Doctors to understand what they need to do to prepare and participate in appraisal
- Appraisers and designated bodies to ensure that appraisal is carried out consistently and to a high standard

MEDICAL APPRAISAL



Supporting Information for Appraisal and Revalidation

GMC March 2012, RCP June 2012

- Continuing Professional Development
- Quality improvement activity
- Significant events
- Feedback from colleagues, patients
- Review of complaints and compliments

"what you think the supporting information says about your practice and how you intend to develop and modify it as a result"

Quality Improvement Activity

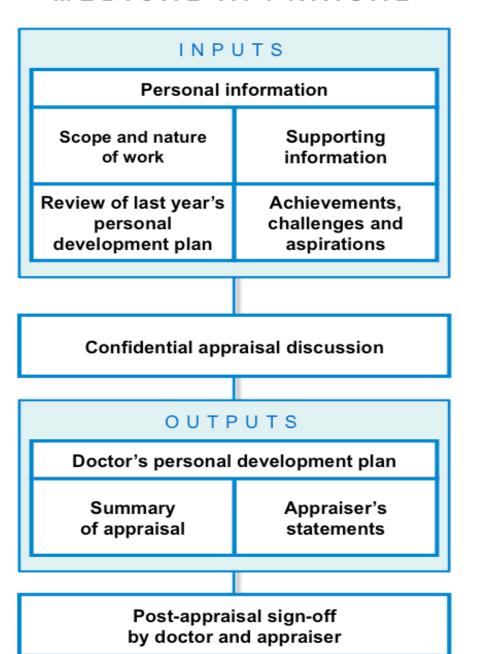
- 1.Clinical audit
- 2. Review of clinical outcomes
- 3. Case review or discussion
- 4. Effectiveness of teaching programmes
- 5.Impact of health policy or management practice
- Show your active participation, reflect on it, take action
- Team based information acceptable, if you reflect on your own practice

Colleague feedback and Patient feedback

- Information about your work through the eyes of those you work with or treat
- Intended to help your further development
- Systematic use of questionnaires complying with GMC guidance
- At least once per 5 year revalidation cycle

Guidance on colleague and patient questionnaires GMC April 2011

MEDICAL APPRAISAL



The Appraiser's Statements

- 1. Appraisal has taken place covering whole of work and reflecting *GMP*
- 2. Appropriate supporting information presented
- 3. Progress against last year's PDP
- 4. New PDP agreed
- 5. No concerns about doctor's fitness to practice

RST Medical Appraisal Guide March2012

Mechanism of Revalidation

- Regular appraisals over 5 years no cause for concern
- Responsible Officer
 makes recommendation on revalidation
- GMC decides to revalidate

RCP - PREPARING FOR REVALIDATION

- Set up your <u>GMC online account</u> and confirm your <u>designated body</u>. Check that all details are up to date and correct.
- Identify/confirm your appraiser and familiarise yourself with any local changes or processes.
- Have an appraisal see <u>GMC guidance on meeting requirements</u>.
- Undertake a colleague (MSF) and patient feedback exercise.
- Review your appraisal documentation from the last few years to identify where there are gaps.
- Familiarise yourself with the <u>Supporting information for appraisal and revalidation: guidance for physicians</u>, and check that relevant supporting information is in your files (eg courses attended, CPD certificates, compliments, complaints).
- Check what aspects of your personal development plan (PDP) have been achieved and what have not; if there are uncompleted elements, identify reasons for this and record them.
- Review and document any changes to your job plan or professional work and confirm that you have undertaken some CPD in those areas.
- Collect information in support of any other clinical work you may have undertaken (eg independent practice).
- Collect information in support of any non-clinical work you may have undertaken (eg management, education, research, work for the wider NHS).

Advice on revalidation

- Information and guidance available through the RCP website:
 - www.rcplondon.ac.uk/revalidation
- Or contact the RCP revalidation helpdesk directly: revalidation@rcplondon.ac.uk
- gmc-uk.org/doctors/revalidation
 - >pdf:meeting our requirements in the first cycle
- bashh.org
 - >education and careers >revalidation