

Revalidation Guidance for SAS grade doctors

December 2008

Revalidation

The CMO report, 'Medical revalidation – principles and next steps' was published in July 2008 and sets out how revalidation will be implemented across the UK. The component parts of the revalidation system are to be put in place in the next 12 to 18 months. Discussions are still ongoing about the mechanisms for revalidation. This guidance sets out the likely assessment methods and how SAS doctors can meet the likely requirements of revalidation.

The SASC agrees with the principle of revalidation and recognises that SAS doctors have a reasonable duty to prove to patients that they are safe to practice. However, it believes that any revalidation process must be workable in practice and must not be an inappropriate burden on doctors or employers, in terms of effort, time and expense.

Relicensure

All doctors wishing to practise in the UK will require a licence to practise, which will be issued by the General Medical Council (GMC) and will need to be renewed every five years. The process of relicensure will enable a doctor to renew their license and will be based on:

- standards of practice set by the GMC and based on its '*Good Medical Practice*' guide
- a revised system of NHS annual appraisal
- any concerns known to the doctor's medical director or responsible officer

To take forward this work, the GMC issued a consultation on translating Good Medical Practice into a framework for assessment and appraisal. Based on that, it seems likely that generic principles for revalidation will be introduced by the GMC. These principles can be broken down into four domains, each point of which refers to a referenced paragraph of its guide:

- knowledge, skills and performance
- safety and quality
- communication, partnership and team work
- maintaining trust

Relicensing will rely primarily on information derived from a revised and strengthened form of annual appraisal, which will usually include, amongst other things, evidence from periodic multi-source feedback from patients, peers and colleagues.

It is likely that a portfolio of evidence will be needed, including:

- Confirmation of participation in CPD
- Results of appropriately tailored Multi-Source Feedback (MSF)
- Outcomes-based assessment of performance
- Robust audit data
- Peer review of departments (and not individuals)

Practical advice

Confirmation of participation in CPD

- Log any CPD and training activity undertaken since the last appraisal and keep portfolio up-to-date. (This will aid progression through the new grades and for CESR applications).
- Collect evidence from any courses attended including copies of any certificates awarded.
- Document any teaching and research activity along with any work done for the wider NHS.
- Evidence should be linked to job plans.

Results of appropriately tailored multi-source feedback (MSF) or '360 degree Feedback'

360 degree appraisal is built into progression on the new Specialty Doctor and Associate Specialist contracts, although progression cannot be denied if the employer has not made the process available. We expect more and more trusts to use this form of appraisal.

- The GMC has confirmed that the relicensure process will build on the processes already taking place. As such, doctors should collect available material from recent or future patient surveys (most valuable where peer-based comparison is available) and log relevant colleague correspondence and feedback.
- Log and document details of complaints along with any relevant explanations and resolution.
- Similarly, any accolades or letters of appreciation should be listed and documented where possible.

Outcomes-based assessment of performance

The SASC believes that the job planning and appraisal processes could form part of an outcomes-based assessment of performance. To this end:

- Review your annual Personal Development Plan (PDP) and identify which elements have been achieved.
- Where areas of the PDP are incomplete, identify and record reasons why along with any possible solutions.

Clinical audit data

- Collect any available clinical audit data related to you and your department from the relevant source (Clinical audit lead, medical director etc). Increasingly such data will be published on sites such as NHS Choices.
- Take steps to ensure that where audit data is being collected on your behalf, potentially for assessment of performance, that the data is valid, accurately reflects your clinical responsibility and evidence based.

Peer review of departments (not individuals)

- Evidence of any peer-reviews (e.g. Royal College assessments, relevant Healthcare Commission reports, significant event analysis etc.) should be documented and evidenced where possible.
- The SASC believes the wide range of opportunities available for peer evaluation - case discussions, handover ward rounds, audit meetings etc - could also provide a more suitable alternative to the simulator tests proposed in the white paper 'Trust, assurance and Safety'. Therefore, where possible, records or logs should be kept of significant evaluations.

The SASC is determined to represent the views of SAS doctors effectively as this area develops. SASC will also aim to develop advice and support to aid smoothing this process for SAS doctors and, through the wider BMA, all doctors.

Useful links

SASC appraisal guidance (member only):

http://www.bma.org.uk/images/SASCAppraisalGuidance1108_tcm41-179581.pdf

Using job planning and appraisal to satisfy revalidation (member only):

<http://www.bma.org.uk/ap.nsf/Content/Usingjobplanning0408?>

BMA principles on revalidation

<http://www.bma.org.uk/ap.nsf/Content/revalidationstatement0708?>

RCP's 'Hospital Activity – a guide for clinicians'

<http://hiu.rcplondon.ac.uk/ilab.asp>

Department of Health White Paper - '*Trust, Assurance and Safety*'

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

CMO report, '*Medical revalidation – principles and next steps*'

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430