

Preparation for revalidation needs to begin straight away



Revalidation will be challenging in terms of gathering the appropriate evidence and ensuring that everyone who is involved in the process is prepared, says Dr Honor Merriman

Revalidation for all doctors was proposed in 2001, but a lengthy process of consultation has been needed between the General Medical Council (GMC), the Department of Health, the Royal Medical Colleges, and the Academy of Royal Medical Colleges. The run up to the start of revalidation has been so long that many GPs have reached a stage of 'revalidation fatigue' in which further guidance has been ignored as speculation only. To many GPs, appraisal has become a yearly chore with little in the way of challenge; this was borne out by the GP appraisal quality assurance process in Oxfordshire, where the only part of the process that was not graded as good or excellent by users was the challenge part of the appraisal discussion. However, this state of affairs is about to change rapidly.

Preparing for revalidation

The *RCGP guide to the revalidation of general practitioners* was published in April 2009 and is a key document for GPs wishing to know how to gather evidence for both their appraisal and revalidation.¹ The guide states that the revalidation process will start from 1 April 2010, although it is likely that it will take longer than this for primary care

trusts (PCTs) and health boards to be ready, with responsible officers in place. This means that GPs need to read the RCGP guide now and begin to prepare information for essential items that are new to them (e.g. a colleague or patient feedback).

The experience of many GP appraisers is that most GPs do not send their appraisers all the requisite documentation in advance. A large proportion of GPs are not familiar with using the

NHS appraisal toolkit to upload this information in electronic form.² This is significant because the process of revalidation will require the responsible officer to be able to review this information electronically when deciding if the GP should (or should not) be recommended for revalidation. Although, the RCGP guide states that it is possible to complete a paper portfolio, most PCTs will discourage this format due to the logistics of handing such large volumes of paper for hundreds of GPs.

Evidence required for revalidation

The RCGP guide divides the evidence required for revalidation into 13 evidence areas, with the last area considering additional evidence for areas of extended practice, such as working as a GP with a Special Interest or medical education.¹ The minimum amount of evidence required is shown in Table 1 (p.XX). This is reassuringly similar to the Leicester Statement, the dataset already used by most GPs (see Table 2, p.XX).³ The inclusion of audit and learning credits in the evidence portfolio will stimulate most GPs to find out what is needed and to make a start on an audit of their personal practice this year. Audits of

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Table 1: Evidence required for revalidation, year by year, during the introductory period¹

Evidence	Year 1 (2010/11)	Year 2 (2011/12)	Year 3 (2012/13)	Year 4 (2013/14)	Year 5 (2014/15)
Description of roles	✓	✓	✓	✓	✓
Exceptional circumstances	✓	✓	✓	✓	✓
Evidence of appraisal	One	Two	Three	Four	Five
PDPs	One	Two	Three	Four	Five
Review of PDP		One	Two	Three	Four
Learning credits	50 or CPD	50	100	150	200
MSF from colleagues		Either one MSF or one patient survey	One	One	Two
Patient survey		Either one MSF or one patient survey	One	Two	Two
Review of complaints	✓	✓	✓	✓	✓
Significant event review	One	Two	Three	Four	Five
Conventional audits		One	One	Two	Two
Statement of probity and health	✓	✓	✓	✓	✓

PDP=personal development plan; CPD=continuing professional development

Royal College of General Practitioners. *RCGP guide to the revalidation of general practitioners*. London: RCGP, 2009. Reproduced with kind permission

what the whole practice does are useful as long as what the individual GP does is clear. Revalidation is concerned with the individual GP while practice accreditation is a completely separate process. The RCGP guide gives examples of audits that GPs can carry out.

Information on alternative portfolios for GPs whose experience is not standard is provided in the RCGP guide. This is particularly helpful for GPs working as peripatetic locums and for those who have had career breaks.

Challenges ahead

GPs working regularly in the same practice

Every GP needs to accustom themselves to using the NHS toolkit and to being able to upload all supporting data to the toolkit. There is no certainty that this website will continue indefinitely, but it is

secure and is currently being redesigned so that the evidence component (but not confidential details) may be viewed by the PCT's responsible officer.

The practice should arrange its own patient survey with separate results for each GP, and a colleague survey. There are commercial companies who will do this at a cost, but it is not difficult for a practice to perform a survey with in-house resources. The GMC will soon be publishing its validated surveys for both patients and colleagues, but there are several other surveys that can be used in the meantime so that everyone in the practice becomes used to the process. Any practice that runs their own colleague survey now, and provides evidence of learning from it, will not be penalised because they took action before the validated surveys are published. Examples can be found at www.oxfordprimarycarelearning.org.uk and from PCT and Deanery websites.

GPs in exceptional circumstances

The RCGP guide provides a framework for GPs who have been away from practice to demonstrate competence through the use of knowledge tests and clinical skills assessments.¹ Other tools, which are in development, will allow GPs to demonstrate how well they deliver services from the patient viewpoint and how they interact with their colleagues. It is debatable whether these will be a better guide to how effectively a GP works from day to day than a knowledge test or simulated surgery; however, it is likely that this approach will be welcomed by many GPs who would prefer not to be sitting multiple choice questions to test their medical knowledge when, in practice, they consult internet resources if they are in doubt.

GPs working as peripatetic locums

GPs who work as a locum in a practice for several months will be able to gain data for all parts of the revalidation

process. Locums who work in many different practices and for only a few days at each time will have more difficulty in collecting evidence. In Oxfordshire we have worked with a group of locum GPs to refine the tools needed to gain the necessary data, and can be accessed at: www.oxfordprimarycarelearning.org.uk. There are several web-based resources that consider appraisal from the viewpoint of a sessional GP, including'

- ▶ *Tools for GP appraisal*⁴
- ▶ The National Association of Sessional GPs website⁵
- ▶ NHS Education for Scotland website⁶
- ▶ Cardiff University website (includes ideas on sessional GPs audits and significant event reviews).^{7,8}

Actions for sessional GPs are now the same as GPs working in practices regularly, although they may be harder to carry out. It is worth sessional GPs meeting with each other to obtain and provide help with continuing professional development (CPD) and reflective learning.

GP appraisers and tutors

The evolution of GP appraisal to 'enhanced appraisal' (i.e appraisal fit for revalidation) is already a source of concern to many GP appraisers. Tutors and GP appraisal leads have a role in aiding this process by ensuring that appraisers are confident about the changes. Appraisers need to be able to guide the GPs they meet during the appraisal discussion this year to see what extra evidence needs to be gathered and how this may be most done most appropriately.

Some appraisers have expressed concern about assessing learning credits. Pilot schemes so far have indicated that GPs tend to underestimate the number of credits their efforts would merit. Tutors will need to guide both GPs and their appraisers in showing how the new learning credits system will work. This system is still being piloted so everyone is still getting used to the new concept.

Table 2: Summary checklist of essential evidence for appraisal³

Document agreed at the National Conference on Appraisal held in Leicester in February 2007, co hosted by NCGST and NAPCE		
Item	Requirement	Present (tick)
Completion of new forms 1,2,3	Annual Legible Coherent Provided in good time	
Provision of ongoing PDP, with clear description in Form 3 of degree of attainment	Annual	
Last year's appraisal summary (Form 4)	Annual	
Case review SRT	2 annually	
Data collection/audit with SRT	1 annually	
Significant event SRT	1 annually	
SRT on last year's learning	Annual	
Patient survey SRT	Within past three years	
Complaint SRT(s) or declaration of no complaints	At least one annually	
Multi-source feedback SRT	Within past 3 years	
Full declaration of all other professional roles	Annual	
Other professional roles SRT	Annual	
Probity SRT	Annual	
Health SRT	Annual	
NCGST=NHS Clinical Governance Support Team; NAPCE=National Association of Primary Care Educators; PDP=personal development plan; SRT=structured reflective template		
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As with any process of change some GP appraisers will not feel equal to all that is now needed. Despite every effort made by appraisal leads and tutors, some GP appraisers may now resign, and PCTs will need to consider how to recruit and train new replacements.

Summary

Revalidation brings challenge to GPs, GP appraisers, tutors, and PCTs. To help


with implementation of the process, the following steps should be taken:

- ▶ all GPs need to be able to provide the evidence to support appraisal and revalidation in advance of the appraisal and in an electronic format
- ▶ tutors and appraisal leads need to distribute information to everyone via websites, emails, and meetings to provide guidance and advice on preparing information for revalidation
- ▶ appraisal leads need to ensure that all GP appraisers are able to provide

guidance for every GP they meet this year so that information on supporting revalidation can be provided in the future according to the individual working circumstances of the GP being appraised

- ▶ PCTs need to appoint responsible officers and decide how their local clinical governance mechanism will work to support GP revalidation. A response to a consultation on responsible officers can be found on the Department of Health website⁹
- ▶ PCTs may need to recruit and train GP appraisers able to provide enhanced appraisal.

References

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