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REVALIDATION STEERING GROUP

Royal College of Anaesthetists
Monday 16th February 2009

Apologies were received from: George Youngson (RCSEd); Jacky Hanson (CEM); Jim Miller (RCPSG); Tahir Mahmood (RCOG); Alistair Thomson (RCPCH); Richard Smith (RCOphth); Steve George (FPH); Linda de Cossart (RCSEng); Stella Macaskill (RCPath); Charlie McLaughlin (RCoA)

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1. Presentation from NHS Revalidation Support Team

Dr Maurice Conlon and Dr Martin Shelley from the NHS Revalidation Support Team (RST) opened the meeting with a presentation on the RST and their role in the development and implementation of appraisal and revalidation. The RST were formerly the Appraisal Stream of the NHS Clinical Governance National Support Team.

Clinical Governance

- The primary purpose of the RST is to support the NHS in England to prepare for revalidation. The group will also provide support to the Independent sector for this process.
- The role of Responsible Officers will be to oversee clinical governance processes are in place and fit for purpose for revalidation. The NHS will need to review and improve its existing clinical governance systems with a refocus on measuring quality.
- Revalidation will require a large realignment of appraisal; local governance systems and quality measurement
- Remediation support will be required to support revalidation

Appraisal Evidence

- The initial main project of the RST is to develop enhanced appraisal that will incorporate the GMCqs standards framework based on Good Medical Practice. The project will also consider how to quality assure appraisal and the types of evidence that would be required for presentation and discussion at appraisal.
- Building on their earlier work with the CGNST, the RST is currently working on refashioning the Leicester Statement of Appraisal Evidence into something that is appropriate for revalidation including developing a toolkit for organisations to check that their appraisal and clinical governance systems are ready for revalidation.
- Within the Leicester Statement, there are three strands of evidence for appraisal:
    - Essential Personal Evidence . this material can be produced by an doctor even if they practise in isolation
    - Essential Organisational Evidence . this is material that the Employer should be able to provide
    - Additional (non-compulsory) Evidence . this include material that doctors may include to demonstrate excellence.
- The RST outlined what they see as the 4 main sources of evidence for appraisal
    - Performance Evidence . this could include structured case review; audit; complaints and health and probity; each with a written review

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owledge and skills) . this evidence is largely in the form of

SF with a written review
t Surveys with a written review

- It was suggested that Colleges and Faculties would be most interested and involved in defining evidence within the Knowledge and Skills type of evidence, but also potentially in the Performance section. Colleges/Faculties need to define what it is the service can measure to demonstrate specialist performance.
- The key tasks of stakeholders in revalidation were outlined:
    - Employers . need to develop systems that will generate organisational level evidence
    - Colleges/Faculties . define CPD
    - Doctors . collect essential personal evidence
- The RST are in the process of developing an electronic platform for appraisal and it is possible that the Colleges/Faculties may be able to add to this platform by defining specialist elements for revalidation

Questions and Discussion

Dr Hulf thanked Dr Conlon (RST) for his presentation and asked the group for questions. She also stated that the Colleges and Faculties have been working for a number of months mapping their specialist standards, methods and supporting information to the 4 domains in the GMC standards framework for appraisal and revalidation.

Prof Knight (RCPSG) noted that there was a degree of parallel and potentially conflicting work being undertaken by the RST and the Academy. He stressed that it is important that the two groups keep one another informed of their work to ensure a consistent development and delivery of revalidation. Finally, he suggested that if significant events information was to form part of the evidence for revalidation, hard standards would need to accompany the evidence. Dr Conlon replied that the purpose of the Leicester statement was to define the evidence for appraisal and it highlighted the review of two significant events per year. He also stated that the RST was a conduit for communication between the NHS and the Profession.

Dr Conlon (RST) also confirmed that the RST are an England only organisation, however they recognise the need to develop a consistent approach that will be applicable to a moving workforce. The RST were planning to meet with the Departments of Health in Wales, Scotland and Northern Ireland to discuss possible collaboration.

Dr Adam (RCR) asked for clarification that the RST seemed to be suggesting that the only role of the Colleges and Faculties for revalidation is to develop standards for CPD? Dr Conlon (RST) agreed that was the case, although he did also recognise that Colleges and Faculties may want to provide additional evidence for specialist practice.

Dr Conlon (RST) also stated that the RST was considering standards for quality assuring revalidation and that it will be the GMCs role to undertake any quality assurance. He further suggested that Quality Assurance could include self-monitoring by the employer and external peer review which could include representatives from the GMC and the Colleges and Faculties. Dr Shelley (RST) stated that the Colleges and Faculties should set specialty standards and they will need the RST to check that the standards are being used properly. He also noted that systems regulators and other organisations will also have a role.

Dr Shelley (RST) stated that the Department of Health will take the decision about the format of any electronic platforms or architecture to support revalidation. He reported that the RST had completed a preliminary review of current IT to consider what further development might be required. *[Post meeting note: this report has now been circulated to all College/Faculty revalidation leads].* He further noted that any electronic architecture for revalidation would need to be accessible to the individual

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aculties and the GMC. There are a substantial number of
raisal toolkit and it is yet to be decided if this system would
l revalidation, although it will be piloted to test for
ne Colleges/Faculties to be cautious about investing in IT systems for revalidation as whatever they develop may be outdated or incompatible with whatever is eventually used.

Dr Mahmood (RCOG) thanked the RST for their presentation and noted the value of many of the forms of evidence presented, including MSF, CPD and other clinical indicators. Mr Clarke (DH Eng) noted that there was still no overarching governance arrangements for revalidation as yet but that processes were underway to have them established. He stated that from the point of view of the Department of Health of England governance arrangements would include the GMC Revalidation Programme Board to make strategic decisions and the Delivery Boards for each country which would oversee a range of projects. Within England, he stated that the Department's role in delivering revalidation would be through the RST and its work with Trusts, SHAs and Regulators.

Dr Starke (RCPL) noted that the Colleges/Faculties had been working through a series of models developed by the Academy and GMC and that this work was beginning to come together. He emphasised that appraisal is a key element in the success of the process and Colleges/Faculties will need to be convinced that appraisal is working, robust and consistent. He further stated that Colleges/Faculties would want to be involved in any quality assurance activity. Dr Starke (RCPL) stated that CPD cannot be the only method or way to assess speciality skills and knowledge but that there are other methods/tools and these may need IT systems to support them.

Mr Smith (RCOphth) stated that one of the main deficiencies of appraisal is evaluating the technical aspects of a doctor's work. He emphasised the importance of involving Colleges and Faculties in not only setting standards, but also in the validation of data/information provided by doctors in support of their practice. Mr Smith (RCOphth) noted that Connecting For Health has moved to focus on developing interoperability and communication standards for IT systems rather than trying to build a centralised IT solution and he wondered whether this would also be a sensible approach for revalidation? Dr Conlon (RST) replied that there was the need for a potential discussion between the service, Colleges and the individual doctors about data measurement and IT.

Prof Youngson (RCSEd) asked for clarification of the role of the RST in the 4 country delivery boards. Mr Clarke (DH Eng) replied that the RST were the delivery group for the Department of Health of England and that the England Delivery Board will report to the GMC Revalidation Programme Board.

Ms Wood (Patient Rep) asked what patient or public input was there in the work of the RST and the systems they are developing for revalidation including anything on MSF and Patient Surveys? Dr Conlon (RST) replied that everything the RST is doing is dependent on the work of others. He stated that there was no specific patient involvement in their work but that every element of revalidation they feed into will have patient representation.

2. Amendments to Minutes of ARDG Meeting on 30th September

There were no amendments to the minutes of the previous meeting on 30th September 2008.

3. Matters Arising

Specialist and GP Registers

Dr Bews (FPM) asked if there had been any consideration given to those doctors who are on the specialist register in one specialty but actually do most or all of their practice in another specialty?

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ociated with the specialist and GP registers were discussed
ember. She noted that entry onto the specialist and GP
alidation is about the current work of the doctor, albeit in 5
ed that GPs and especially those with a specialist interest
may also need to be considered in this process. Dr Shaw (AoMRC) reported that the specialist and GP registers was one of two areas that the Academy would be working with the GMC on throughout 2009. The other main area of collaborative work would continue to be modelling revalidation.

Action: All Colleges and Faculties interested in issues associated with the registers should contact KS with their queries or feedback

4. GMC Update

Mr Marchant (GMC) reported that the Chairman of the new GMC Revalidation Programme Board had been appointed and would be announced in the next day or two. *[Post Meeting Note: the new chairman is Sir Michael Pitt. He is chair of the Southwest SHA and also undertook the recent independent review on the flooding emergency in 2007].* The GMC Revalidation Programme Board would be constituted over the next month or so with the first meeting planned for February. Mr Marchant (GMC) stated that the legislation required for issuing licenses was completed in November and the GMC would be consulting on draft regulations and supporting guidance in January with the issuing of licenses due to begin in Autumn 09. He also noted that the recent GMC roadshows where the revalidation models were presented had gone very well with some useful feedback.

5. College and Faculty Progress Update

Dr Hulf thanked those Colleges and Faculties who had submitted a recent update on their progress. She also asked those Colleges and Faculties who were yet to submit their updates to send them in to Dr Shaw (AoMRC) as soon as possible so that they could be distributed with the minutes of this meeting.

Dr Starke (RCPL) reported that the RCPL was about to begin an appraisal pilot project with the GMC and the RST in the Mersey Deanery. He stated it was a pilot of an appraisal process based on the GMC framework throughout Trusts in Mersey. The pilot will involve physicians as well as non-physicians, so he wanted to alert the group to the pilot and hoped that it would have the support of the other Colleges and Faculties. One section of the pilot is looking at the appraisal process designed by the RST but it is also open to other elements within appraisal. Dr Hulf asked if the pilot would only cover NHS organisations as the findings would be valuable across the UK. Dr Starke (RCPL) confirmed that it was a pilot of Acute NHS Trusts only. Dr Sparrow (RCGP) also noted that the RCGP was undertaking some work on the quality assurance of appraisal for general practice early in the new year.

6. Academy Revalidation Work Groups Update

CPD

Dr Starke (RCPL) reported that the DOCPD group has developed a template with a series of headings common to all CPD systems that has been sent to the Colleges/Faculties to populate so that they have information about existing systems and areas where there is commonality. He also noted that the group intends to develop some core statements for each of the main headings for use in revalidation.

Non-Clinical Work

has finalised its draft list of non-clinical activities and was
l performance evaluation frameworks for these activities as

Remediation

Professor Scotland (NCAS) stated that there was no need to make revalidation more complicated than it needed to be. He was worried that the Colleges/Faculties were trying to build a single process when it will be necessary to have some variation. He reported that the Remediation work group decided not to focus on the complexity or process of revalidation but instead to consider how an independent remediation process can support revalidation including what support is already available and what may need to be developed for the future.

E-Portfolio

Dr Hulf noted that Colleges/Faculties will need to have some electronic development to support their members and fellows prepare for revalidation. She stated that interoperability was key if an IT solution was to be successful and the information presented at appraisal may only be a *summary* of the overall information collected by doctors on their day to day practice.

MSF

Ms Wood (Patient Rep) reported that the MSF group would need to consider its role in relation to the RST. She also noted that this group was to meet later that week and was in the process of drafting a series of principles and criteria for the use of MSF in revalidation in collaboration with the GMC.

Specialist Standards

Dr Hulf reported that the Standards Editorial group met for the first time that morning to consider the College/Faculty drafts of specialist standards, methods and supporting information. She noted that the group had received drafts from the majority of Colleges and Faculties. Dr Hulf stated that there was a long discussion on the format of the standards and that the group agreed that all specialties need to present the standards in a similar format. The group agreed to continue to use the term ±supporting informationqinstead of ±evidenceqfor the information that a doctor will collect to demonstrate their practice for revalidation. She reported that the ±Evaluationqcolumn in the previous template was met with a mixed response with a number of specialties having difficulty completing this section of the document. The conclusion of the group was to combine the ±Evaluationqcolumn with the ±Supporting Informationqcolumn to become ±Supporting Information and Evaluationq Dr Hulf also stated that all Colleges/Faculties would be asked to add an additional page at the back of the template which would list the sources and relevant documents used in defining the specialty standards, methods and supporting information. In addition, a generic preamble would be drafted by the editorial group for the beginning of the joint specialty standards document with the aim that it would also serve as guidance for patients about revalidation. Dr Hulf noted that the document would be consulted on and published electronically by Spring 09.

Prof Youngson (RCSEd) stated that surgical specialties are in a better position than many other specialties to define who and how supporting information will be evaluated. He noted that while there is a need for consistency in the presentation of the standards, there will also need to be flexibility to allow for specialty differences.

7. Modelling Revalidation

Dr Hulf noted that there has been a lot of discussion and consultation with various groups about the models for revalidation including the GMC roadshows and NHS Employers. She reported that there had been a spectrum of support for all three models by the Colleges/Faculties and that the feedback

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new hybrid model. It was hoped that the proposed hybrid ementation of revalidation but was also flexible enough to UK countries. Mr Clarke (DH Eng) stated that it was good to elopment and largely supported by the Colleges/Faculties. He also emphasised the importance of a consistent approach within all 4 countries.

Dr George (FPH) queried whether the new hybrid model needed to more explicitly explain where and how the Colleges/Faculties would be providing a positive statement of assurance to the GMC about a doctors specialist practice? Dr Hulf thought that the process may be represented in the ±no queriesq element of the model.

Prof Youngson (RCSEd) suggested that there needed to be more clarity about the quality assurance elements of the process and the % audit. He also asked if there was an option where revalidation could be pushed forward so that it occurs in a shorter time frame than 5 years? Mr Marchant (GMC) replied that the new legislation allows the GMC to revalidate at various intervals and it is not tied down to a 5 yearly process. He also noted that if there are any emerging concerns about the practice of a doctor that these should be dealt with immediately rather than waiting for the next revalidation cycle. Professor Scotland (NCAS) agreed stating that a doctor would need to be referred to NCAS no longer than one third into their revalidation cycle if they were to receive the appropriate amount of remedial support to see them through the next revalidation cycle. He also felt that it is artificial to separate relicensing and recertification as the same supporting information will likely be used for both elements.

Professor Narula (RCSEng) stated that the hybrid model was getting close to a workable process and the percentage of doctors who would require remediation is likely to be small. He noted that there will need to be some standards developed on how the employer will manage the Local Responsible Officer process. Dr Sandle (RCPath) stated that the hybrid models works well as a road map. He reported that the RCPath were concerned about who will fill each of the roles in the process and in particular how it will work if the LRO is not of the same specialty and they seek directorate rather than collegiate advice on specialty practice. Dr Hulf suggested that Colleges/Faculties need to consider how they could provide regional professional advice and input into the process at the local level. She further proposed that the Academy talks to the RST and employers in all 4 countries about how the Colleges/Faculties can best support the process locally. Dr Mynors-Wallis (RCPsych) also suggested that the Colleges/Faculties could be involved in the training and accrediting of appraisers to support quality assurance.

Dr Sparrow (RCGP) queried the inclusion of a 20% audit of all portfolios as part of quality assurance every year. He noted that this would represent a large amount of work and resources in general practice. Dr Shaw (AoMRC) noted that the 20% figure was selected as it was significantly more than the current 5% used for CPD, however the figure was not set in stone. Dr MacGregor (DH Scotland) suggested that the model be amended to say an audit of a proportion of folders rather than a specific figure. Mr Smith (RCOpth) stated that he was sympathetic to the need to sample portfolios in the larger Colleges but that he was concerned that if all portfolios were not look at, there would be a lot of doctors that are not sampled for a long time and how are the Colleges going to be assured of the quality of their practice? Professor Scotland (NCAS) stated that it was the process and not the people that will be sampled and quality assured through random auditing.

Ms Tait (RCPEd) noted that if a doctor is to be more rigorously evaluated for some reason, this may need to include an external evaluation of the context within which they work. Dr Hulf agreed that the work on the revalidation process also links to the parallel work on service accreditation of the environments within which doctorsqwork. Professor Youngson (RCSEd) noted that in the past SACs from the Colleges included the quality assurance of evidence and perhaps a model for revalidation could be adapted from this process?

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nodel needed to be amended to show the College/Faculty
nd supporting information for revalidation. Dr Starke (RCPL)
o far and there was a need for some written explanatory

Dr Hulf reported that the model would still be presented at any future GMC roadshows and the Revalidation Programme Board planned for the new year. She agreed that the Academy would work with the GMC to develop some explanatory notes to accompany the model. She proposed further consultation with the Colleges/Faculties on the quality assurance elements of the process and also how it might work in non-NHS environments. Finally, she agreed to keep the Colleges updated on any further progress regarding service accreditation.

Action: Academy and GMC to draft some explanatory notes to accompany the model. All to send in their queries or feedback regarding the quality assurance elements of the process.

8. Any Other Business

There was no other business.

9. Future Meetings

Thursday 16th April: 10:30-13:00
Wednesday 9th September: 10:30-13:00

10. Meeting Attendees

AoMRC	Judith Hulf (Chair)	Kirstyn Shaw	Yvonne Livesey
	Barbara Wood	Clare Settle	
RCoA	Charlie McLaughlan	Keith Myerson	
CEM	Jacky Hanson		
RCGP	Nigel Sparrow	Caroline Turnbull	
RCOG	Charnit Dhillon	Tahir Mahmood	
FOccMed	Rob Thornton	Nicky Coates	
RCOphth	Kathy Evans	Richard Smith	
RCPCH	Rollo Clifford	Rosalind Topping	
RCPath	Stella Macaskill	Lance Sandle	
FPM	Susan Bews	Kathryn Swanston	
RCP Edinburgh	Elaine Tait		
RCP London	Ian Starke	Anna Gully	Winnie Wade
RCPSG	Paul Knight	James Miller	
RCPsych	Robert Jackson	Laurence Mynors-Wallis	
FPH	Steve George	Elin Sandberg	
RCR	Victoria Preston	Jane Adam	
RCS Edinburgh	George Youngson		
RCS London	Tony Narula	David Hanson	
Surgical Forum	James Steers		
General Medical Council	Richard Marchant	Will Blair	

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	ngay	
	ke	Sue Nowak
	cGregor	
British Association of Medical Managers	Stuart Haines	
NHS Confederation / Employers		
National Clinical Assessment Service	Alastair Scotland	

dates on Revalidation Progress 2008

CPD

80% of fellows have registered for online administration. The CPD online for Emergency Medicine consists of a computerised system whereby doctors are able to complete their CPD diaries under Good Medical Practice categories. Certificate, word documents and self assessment forms can be uploaded, providing evidence confirming that CPD has been completed by that individual, which is appropriate for their job plan and PDP. All CPD events require approval. The forms for conferences and courses are on the Emergency Medicine website. The Director of CPD audits 5% of the CPD returns

The CPD study days have been developed this year and the feedback from participants has been enthusiastic. The CPD study days, the CPD workshops and days at the conferences and the CPD at RSM meetings are mapped against the Emergency Medicine curriculum. This ensures key topics of the curriculum are covered. The spring conference from 2009 onwards will be a series CPD study days.

The College of Emergency is leading the effectiveness of CPD study. Further to the interim report at the end of June, the GMC have given the final payment. Interviewing and shadowing are continuing and are nearly completed. The data will be analysed and written up over the next 4 months.

E learning - The EnlightenMe e learning project has CPD for consultants available on the website through BMJ learning. These provide self assessments. E learning knowledge hub is being developed.

CEM specialist standards using GMC domains - We have a third draft which has been submitted. After discussion at council the document will go to the regions and fellows.

E Portfolio - The College of Emergency Medicine has been concentrating on the trainee's E portfolio and is complete. The consultant's e portfolio is being developed. The Delphi looking at topics/evidence for the E portfolio will feed into this. There is intercollegiate activity with the RCP Federation.

Specialty specific assessment tools - A bid on cognitive assessments has been submitted to the ARDG to look at observing clinicians in the workplace.

MSF - Derek Burke has developed an MSF which is on CEM website and can be used by fellows if they have no MSF in their Trust.

Departmental Accreditiation - This is being developed by the PSC. The format has been outlined and forms devised and are under discussion.

Non-Clinical Group work - Discussion have been about the non-clinical work undertaken and how these can be assessed. We await the ARDG group guidance.

Remediation - We have representation at the NCAS back on track meetings.

Communication with Fellows - The questionnaire report is on the website. A final report was presented at the last E&E and is going to be published in the EMJ.
A Delphi study will be performed to look at topics/evidence to incorporated into an E portfolio, currently statements are being developed.

Models of Revalidation - These have been discussed and a system around the hybrid model has been developed, which is currently being discussed at college Council.

lopment Committee has been reformed to lead on revalidation issues.

Continuing Professional Development

- A review of current procedures for the administration of CPD has been completed with a view to ensuring the current paper based system is fit for revalidation. All members will undergo audit of their returns on a rolling 5 year basis.
- We have decided to procure a system for on-line recording of CPD and after reviewing those used by other colleges/faculties have asked the Federation of Royal Colleges of Physicians to share their system with us. We currently await an estimate of costs. Further development of the CPD system will be done as part of the conversion to an on-line system.

Membership Survey

- A survey of the diverse working practices of Faculty members has been completed and results collated. Analysis is being undertaken by Southampton University.

Revalidation Modelling

- The Faculty has developed its own model of how revalidation might be implemented, based closely on the ARDG/GMC model. Further work is planned to get a better estimate of the likely numbers and hence additional workload and costs to the Faculty.

Responsible Officer

- A Faculty response was submitted to the Responsible Officer consultation. Individual members were also encouraged to submit on-line responses.
- We expect to train and appoint Responsible Officers to cater for the large number of Faculty members who work outside large managed organisations.

Miscellaneous

- ±Good Occupational Medicine Practiceqhas been completed and put on the Faculty website for comment.
- A group has been formed to begin the process of voluntary accreditation of occupational health services in response to the recommendation in Dame Carol Blackq report.
- ±Standards for Revalidation in Occupational Medicineqhas been drafted and submitted to the ARDG. They have also been put on the Faculty website for comment by the membership.

Faculty of Pharmaceutical Medicine

Facultyq Revalidation Committee

The Faculty has a Revalidation Steering Committee and this group has met in person twice during 2008 with much work being undertaken in between these formal meetings. By the end of February 2008 a draft outline recertification model for pharmaceutical medicine had been developed by the Steering Committee and this model, recognising that further detail would be required in due course, was supported by the Faculty Board.

Communication with pharmaceutical physicians

A survey of pharmaceutical physicians was undertaken over the summer of 2008 in order to collect information on the range and areas of practice within the specialty for the purposes of revalidation. This was important because pharmaceutical medicine is a very diverse specialty. Respondents were asked to indicate the proportion of their practice undertaken in each of the following fields: medicines regulation, clinical pharmacology, statistics and data management, clinical development, healthcare marketplace and drug safety surveillance. The results from the survey will be helpful as a process for recertification is developed as they provide data on the degree of diversity of pharmaceutical

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ful for the award of a grant from the Academy to support the of almost 60% was achieved and summary of the results was cus groups will be held during 2009 in order to gather further of pharmaceutical physicians.

In November 2008 the Faculty held a Revalidation Seminar as part of its Annual Meeting and this event was open to non-members of the Faculty. Approximately 140 attendees were present and, following an introductory presentation from the Faculty President, a representative from the GMC updated attendees on progress towards the introduction of licences to practice and recertification. The seminar concluded with a question and answer session.

Inter-collegiate work

The Faculty is represented on the Academy's Revalidation Development Group and also the E-portfolio and Non-Clinical Work Groups. The Faculty's Director of Continuing Professional Development is a member of the Academy's CPD Group.

Working with other organisations

The Faculty and the General Medical Council have had two meetings during 2008 in order to discuss proposals for the introduction of revalidation in the specialty. The Faculty responded to the Department of Health's consultation on the role of the Responsible Officer and highlighted in particular questions surrounding the introduction of this system within the commercial sector.

Standards for recertification

The Faculty's first draft of standards for recertification are approaching completion.

Appraisal System

The Faculty has in place provisional appraisal forms and guidance. It has been provisionally agreed that the Faculty will develop an appraisal system for those pharmaceutical physicians who are self-employed or those who work in settings where an internal appraisal system will not be possible.

E-portfolio, Multi-source Feedback

Initial work has commenced in these areas and further work will be undertaken in 2009.

Continuing Professional Development

The Faculty's electronic diary for CPD has been in operation for a number of years. The Faculty will be undertaking a review of this system to establish if it will required any adaptations for the purposes of revalidation.

Faculty of Public Health

Faculty's Revalidation Committee

We held regular FPH Revalidation Working Group meetings with appropriate staff and Faculty Officers. This group is also looking to increase the amount of lay involvement.

Consultation with Faculty Members

Completed a consultation exercise with Members and provided ongoing feedback on revalidation activities

Website and Communications

- We launched an area of our website on revalidation for members and public health professionals.
- Also established an on-line network discussion on Revalidation for Faculty Members

Specialty Standards

ctice in light of GMC good medical practice competency

evidence for public health based on the GMP adapted

MSF and E-Portfolio

- Developed a draft MSF tool for Public Health and piloted with trainees. Looking to whether this tool would also be appropriate for consultants undertaking revalidation.
- Piloted e-portfolio for trainees in August 2008 with a view to assessing if the same platform and provider could be used for revalidation

Continuing Professional Development

Successfully completed a strengthened CPD annual audit process, using a 10% random sample. CPD Director and Co-ordinators also decided on areas of work needed to expand CPD programme in light of revalidation to include scoping exercise in light of GMC Good Medical Practice competency framework, enhanced appraisal and the need to examine the effect of CPD on practice including technical considerations.

Royal College of Anaesthetists

There has been considerable progress towards revalidation for the approximately 10000 anaesthetists across the UK who will need to undergo this process. This has fallen into several interlinked themes and each has benefitted from consultation with anaesthetists, departments and specialist societies representing the UK as a whole. We have focussed on two aspects; the identification of appropriate *evidence* to support revalidation and also the means of *evaluating* those who cannot provide clear evidence. We currently believe that the *assessment* remains with the GMC fitness to practice mechanisms.

CPD

- The standards for CPD have been developed as a result of consultation with specialist societies within anaesthesia (a response from societies representing nearly 50% of all practicing anaesthetists . 4900 of 10000). This has defined the core (minimum) CPD activity for all irrespective of where they work. This will have two clear effects . those in practice will know what is required and those performing appraisal will be able to clearly confirm that such activity has been satisfactorily completed over the five year cycle.
- Higher CPD activity is identified for those who will deal with specific clinical activity when on-call, for example obstetric anaesthesia.
- Each specialist society has also identified CPD activity expected of a practitioner who has a special interest as part of their job plan. These provide a template against which evaluation can take place with a high level of professional legitimacy.
- This CPD taxonomy will be published early in 2009
- We are currently investigating how we should provide a suitable platform for the provision, recording and accreditation of CPD activity. This is mapped to the DOCPD standards and also the considerations on the effectiveness of CPD in real life.
- We will be bidding against the AoRMC funds for this development early in 2009

GMC Standards

We have mapped anaesthetic standards against the GMC domains in consultation with practicing anaesthetists. These standards have also been defined for pain medicine and intensive care medicine. The forms of evidence required to demonstrate performance against these standards have been confirmed as have the forms of evaluation that will be necessary should there be insufficient evidence to directly support revalidation. (Piloting of these will take place as identified below.)

MSF

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ndards documentation that are supported by forms of MSF,

ns in use across the UK for anaesthesia to confirm that they are fit
andards. These are largely peer review forms.

- We will approve forms in use that map to these standards rather than trying to generate an anaesthesia specific form
- We are linked to the GMC working group on patient MSF, as anaesthesia is a 'difficult' group for patients to feed back on. This work will continue in the late spring of 2009.

E-portfolio
We are developing the fields necessary for use within an e-portfolio that will serve both Trust relicensing and recertification purposes. This will have to be based within the RCoA and we are working with other Colleges across the UK to provide a generic model that can be modified for the individual college requirements.

Anaesthetic advisors for revalidation:
The support necessary for LROs to safely and consistently manage revalidation outside of their own speciality areas depends on the Colleges providing local expertise from senior respected members of the profession. We are identifying the appropriate mechanism for this and developing the training needed to maintain UK wide standards

Piloting:
We have identified hospital departments across the UK that will ±pre-pilotqour revalidation/recertification process early in 2009. These have the enthusiastic support of their chief executives and these ±pre-pilotsqwill inform our process and ensure that the standard of recertification is uniform across the four administrations. We will test ±readinessqboth at a Trust and also departmental level. Once this has been completed we will move to formal piloting on a larger stage by late spring 2009 Funding for the support of this process will be sought from the AoRMC in early 2009 once the expected costs are identified.

Departmental/ Service accreditation:
The Departmental Portfolio documentation has been revised and trialled by a working group including Clinical Directors during 2008. It will be piloted early in 2009 in about 20 Trusts across the UK and reflecting a range of healthcare facilities. We will be working with the Care Quality Commission and the Academy on this parallel and complimentary work in order that the context and team in which an anaesthetist/ intensive care specialist/ pain medicine specialist works can be defined to support an individualqs revalidation process.

Royal College of General Practitioners

Standards and Consultation

- July 2008 - Publication of the RCGP revision of *Good Medical Practice for General Practitioners.*
- December 2008 - *Revalidation for General Practitioners Consultation Document* released for comment back by 9 January 2009. Consults on both the proposed process for revalidation for all GPs and also on the Criteria, Standards and Evidence.
- December 2008 - *Proposals for Revalidation pilots in the area of Generation of Folders, Alternative and Supplementary Sources* of Information and Assessment of Folders developed for piloting spring 2009

Proposed Revalidation Model Components
The model is contained in the Consultation document and has the following proposed components with delivery expected through a portfolio of evidence:

1. A description of all the professional roles

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ances

icipation in a cycle of five annual appraisals over the five year

or each year agreed with the appraiser

5. A review of the previous year’s PDP
6. Self-accreditation of a minimum of 250 learning credits over the 5 year revalidation cycle, normally at least 50 credits each year. The proposed *Impact and Challenge Credit System* is an integral part of the RCGP’s Revalidation proposals and is currently piloting - evaluation due May 2009. A six monthly *Essential Knowledge Update* of new and changing knowledge relevant to all GPs provided as an eLearning tool and a linked *Essential Knowledge Challenge,* a voluntary assessment for the GP to provide evidence of keeping up to date are piloting and due to go live in April 2009.
7. Two multi-source feedbacks from colleagues, with evidence of reflection, appropriate change and discussion
8. Two patient surveys of their consultations and care during the revalidation cycle
9. A description of any cause for concern a review of any formal complaints
10. A minimum of five significant event audits
11. Audits of care in at least two significant clinical areas
12. Statements of probity, health and use of health care, including registration with a GP in another practice; evidence of appropriate insurance or indemnity cover

Other Components being developed

- Quality Assurance of the appraisal process;
- the ePortfolio;
- MSF and Patient Survey review;
- Prescribing Indicators;
- Clinical Audit;
- Clinical Governance

Royal College of Obstetricians and Gynaecologists

Communication

- Ongoing communication with the College membership via the RCOG newsletter, website and national meetings
- Ongoing engagement with the key specialist societies to ensure the College proposals reflect their views (face to face meetings, as well as electronic communication)
- RCOG Clinical Directors Forum: presentations from the GMC, NHS Revalidation Support Team, Member of the Working Group on the Role of Responsible Officer and the RCOG proposals

CPD

- Revised the CPD Programme to make it is fit for purpose for recertification/ revalidation. A new knowledge-based assessment component to be delivered through our journal *The Obstetrician & Gynaecologist*
- Plan to pilot the new CPD programme in the new year
- Exploring electronic systems for the RCOG CPD participants. Submitting a funding proposal to the ARDG.

Specialty-specific Standards

- Produced Standards for Obstetricians and Gynaecologists, based on the GMC framework

Working Party on Recertification

- Report to be presented to RCOG Council in January 2009.
- Preferred model akin to the GMC’s Model D
- WP piloted several models of MSF questionnaires in several Trusts and agreed on our preferred tool.

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ssessment tools and agreed on a preferred model for

neralists and subspecialists
tional tools for obstetricians and gynaecologists

- Establishment of a Standing Recertification Committee (decision due January 2009)

Royal College of Ophthalmologists

- Regular meetings of the College's Revalidation Group
- Survey of members' attitudes to revalidation
- Appointment of a College Revalidation Lead – a post funded by the College's reserves
- Successful bid to the AoMRC to develop a method for setting case-mix adjusted confidence intervals for complications in cataract surgery - we have appointed the Project Lead and soon hope to appoint the Audit Fellow
- Regular bulletins in the College newsletter
- We are preparing a bid to secure funding to improve our Continuing Professional Development Programme

Royal College of Pathologists

Strategic oversight
The RCPath convened a Revalidation Task Force. It has met twice during the previous 12 months on 6 March 2008 and 24 November 2008. The terms of reference and copies of the notes of the two meetings are available online:
http://www.rcpath.org/index.asp?PageID=1559

Communication
Focus groups consultation took place in May 2008. The summary report is available online:
http://www.rcpath.org/index.asp?PageID=1560
This work informed our approach to tackling revalidation and will be followed up with more detailed membership consultations in 2009.

Regular information updates are made online and in The Bulletin of the Royal College of Pathologists. The President and Director of Professional Standards have written two new articles in response to the themes and criticisms highlighted by the focus group. These will be published in the January 2009 edition and all of the Director of Professional Standards written reports to Council are available in the secure Fellows' area.

Projects

- GMC framework for appraisal and assessment – framework for pathology. A draft pathology version has been prepared by the Task Force in line with the Academy project brief.
- MSF - the RCPath has developed generic multi source feedback (MSF) tool for all pathology specialties. It is based on the principles underpinning SPRAT. The MSF will be piloted on a large group of pathologists during 2009. The pilot project has been awarded revalidation funding by the Academy.
- CPD - The RCPath has secured Academy funding to undertake a review of the existing CPD and undertake changes to ensure that it is fit to meet the challenges of revalidation. This project was awarded funding in October 2008. A national steering group was held on 20 October 2008 to discuss the planned project. It has been necessary to consider how the staffing necessary for this project can be delivered within the existing College structure.
- QA - The Director of Professional Standards and Head of Professional Standards met with the Joint Working Group on Quality Assurance to consider the use of interpretative EQA for revalidation on 17 December 2008.
- High quality clinical audit - The RCPath has developed a system to peer evaluate individual and team clinical audits against RCPath standards for clinical audit. The system was launched in

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…ents are planned in 2009 to ensure the system meets

…ealth

1. The RCPCH established its internal committee in late 2007. The membership includes a range of clinical experts in medical assessment and education, a representative for the devolved countries, college staff and lay representation.

2. The areas of expertise mirror the areas of work covering the key workstreams of the ARDG, i.e. CPD, MSF, e-portfolio, remediation, and technical/non-clinical work groups. It is chaired by the Vice-President for Education; and meets approximately once every two months. The Committee has met on 5 occasions since the beginning of the year.

3. The Committee has concentrated on a number of key areas of work throughout the year including the following:

Area	Status
Developing specialty standards matrix	• Draft circulated and agreed at Committee in November 2008, sent to ARDG December 2008. • Ongoing consultation with RCPCH Specialty Forum and senior officers continues
Communication and consultation	• E-survey developed, run and now closed (November 2008) • Analysis of e-survey in progress • Further consultation methods in planning stage . i.e. focus group(s) for Spring 2009. • Engaged in a number of discussions and presentations at College meetings, committees and other meetings (e.g. of paediatric surgeons) • Regular information channelled through web pages, Presidentą e-bulletin to members and articles in College newsletter and Archives of Diseases in Childhood • Response to consultation on role of Local Responsible officers submitted October/November 2008
Funding applications to Academy	• Funding application to evaluate use and validity of SHEFFPAT as an effective patient consultation tool submitted and proposals agreed in principle • Application for CPD funding to support Revalidation to be submitted December 2008
Staff resources	• Proposal for RCPCH Revalidation Project manager post agreed internally and to be advertised December 2008
CPD	• Working closely with DoCPD to establish revised guidelines for 2009 and the implications for Revalidation.

Royal College of Physicians of London

<u>Establishment of Revalidation Unit</u>

- We have established a Revalidation Executive Group and a Steering Group which includes lay representation
- We continue to work closely with the RCP Edinburgh and the RCPS Glasgow on a common revalidation programme, and are also collaborating with a number of other Colleges and Faculties in specific areas
- Revalidation Leads have been appointed by all our subspecialties, and we are consulting them on a regular basis.

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pecialties

lties during the late summer and autumn to discuss the ysicians in detail. These meetings have considered the y will wish to see brought to annual appraisal and their overall requirements for recertification. The following specialties have been engaged to date

- Clinical Genetics
- Endocrinology
- Rehabilitation Medicine
- Gastroenterology
- Neurophysiology
- Neurology
- Cardiovascular Medicine
- Stroke Medicine
- Geriatric Medicine
- Thoracic Medicine
- Rheumatology
- Palliative Medicine
- Clinical Pharmacology
- Sexual Health and HIV
- Diabetes
- Nephrology
- Haematology
- Dermatology

Each meeting has included a lay representative
A conference with all specialties will be held on December 10th to further develop details of revalidation for all physicians.

We have a regular one page Revalidation Update in the College Commentary and a revalidation page on our College website.

Pilot Projects and Applications for Funding

Together with the RCPSG and the RCPE and others we have developed a bid to support a pilot study that will develop and pilot a range of new %tools+appropriate for specialist recertification and revalidation, followed by a broader pilot of these and other, established, tools in combination.

- Learning in daily practice (point-of-care learning
- Peer observation of clinical skills including teamwork and leadership skills
- Practice Improvement
- On-line knowledge assessment
- Assessment of teaching skills.

Other Collaborative Work

1. We are collaborating with the RCPsych in a project to develop and evaluate the role of case-based discussion in recertification.

2. We will be collaborating with the RCSEngland and the British Cardiovascular Society in a project looking at the use of ischaemic heart disease clinical outcomes in recertification.

3. We continue to collaborate with the College of Emergency Medicine in a project studying the effectiveness of Continuing Professional Development (CPD)

e American Boards of Internal Medicine to pilot a small number
he UK, and have had two workshops in London to take this

Pilot of Revised Appraisal System

We are collaborating with the GMC and the Department of Health in pilot study of the GMCqs Revised Framework for Appraisal within the Secondary Care Trusts in the Mersey region. We will include trained doctors across all Colleges in this study. The Report of the CMOqs Working Party recommends that this framework will form a core element in all appraisals, and we have been funded from the DH through the Revalidation Support Team (RST) for this project.

RCP London and the GMC are interested to establish what relevant supporting information can be easily brought to appraisal and the overall time and resources required. We hope to complete this study by the autumn of 2009.

Revalidation e-portfolio

We have developed a draft specification for a revalidation e-portfolio with colleagues in Edinburgh and Glasgow, and with the RCA and RCPCH as well as a number of our Faculties. Our recommendations were fed back to the Academy e-portfolio Working Group in September.

Continuing Professional Development

The Federation of Royal Colleges of Physicians is working within the Directors of CPD (DoCPD) Group to develop a common framework for CPD systems that will be %fit for purpose+for revalidation.

Service accreditation

A pilot project is being developed with the Department of Health to look at how service quality and individual performance may be brought together using stroke as an example.

Royal College of Physicians of Edinburgh

The Collegeqs work on revalidation is focused on 4 independent but related areas

Individual College activity

- the establishment of a College working party.
- the development of a specific section of the College website on revalidation to raise awareness and act as a consultation mechanism with Fellows and Members.
- the collation of responses to relevant consultations, e.g. responsible officer
- meeting with GMC team to discuss developments.
- convened a meeting of Scottish Specialist (Medical) Societies (jointly with RCPSG) to confirm developments across the UK.
- the development of an outline bid for Academy funds to progress an economic evaluation of the implementation of revalidation in Scotland.
- extensive discussions with RCPE Lay Advisory Committee on public expectations and the proposed models and evidence.
- exploration of self assessment components of College web-based learning material to support maintenance of knowledge.

Membership of the Federation of Royal Colleges of Physicians

- the development of proposals to create relevant assessment and recording tools (jointly with other Colleges of Physicians) . further detail will be within the RCPL feedback and not repeated here.
- consultation with UK Specialist Societies over revalidation proposals
- collaboration on preferred model and specialist standards for physicians
- refinement and development of the Federation CPD system

d advice to GMC and departments of health
nary project work . e.g. E Portfolio, CPD systems and

Membership of Scottish Academy Revalidation Group

- facilitated the establishment of a specific medical revalidation group (jointly with representatives of RCSEd and RCPSG)

Royal College of Physicians and Surgeons of Glasgow

- At present, the College Registrar - Professor Paul Knight - has overall responsibility for revalidation issues. In due course College will set up a clinical professional standards structure which will look after all aspects of revalidation.

- A Working Group (WG), made up of council members and professional managers, works with the Registrar: this WG meets on a bi-monthly basis.

- College is planning a further 'Members Evening' early in the New Year to inform Fellows and Members of the work completed on revalidation to date and to take Q&A; College will continue to hold events such as these as further information becomes available.

- Feedback on GMC/AoMRC models and results from Focus Groups sent to AoMRC in November.

- College is an active participant in the Federation Revalidation E-portfolio/CPD groups and contributes formally and informally on many issues relating to revalidation via its medical, surgical and dental intercollegiate bodies.

- College Registrar continues to represent College on the Surgical Revalidation Group, via the Forum of Surgery.

- College also contributes to the Scottish Medical Revalidation Group, chaired by Prof. Youngson (next meeting 5th December 2008).

- AoMRC-funded SIGN/CPD project continues:

  - First two meetings of all stakeholders of SIGN/CPD project now held (including Dr I Starke, CPD Director of Federation of Royal Colleges of Physicians (and representing this body)).
  - The basic plan is to develop initially two/three guidelines and then to undertake/complete an educational needs analysis before further guidelines are made available for CPD purposes.
  - Short-list as follows:
    - Autism Spectrum Disorder (98)
    - Stroke (108) Published on 16th December 2008
    - Heart Failure (95)
    - Dementia (86)
    - Cancer Pain (106)
    - Headache (107)

  - In selecting the guidelines for e-CPD purposes, it will be important that the chosen guidelines must: appeal to all; help with the burden of disease; be applicable to the main funding body; and have wide engagement.
  - Basic plan: ±e-solutionqwith *clinical scenario* (pre assessment . reading guideline . post assessment continuum).
  - Planned finish date: September 2009.
  - Educational advice now secured and hoping to secure IT/'E' input in January 2009.

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ecertification now sent to AoMRC; this college made a
and content.

Royal College of Psychiatrists

The Royal College of Psychiatrists has drafted specialist standards for re-certification and forwarded a copy to the Academy and the GMC. The draft is currently out for consultation with members and we expect final approval in January, 2009.

Work is continuing on assessment methods, following a wide scale communication exercise with members, patients and carers. Funding has been received to pilot case based discussion for consultants in collaboration with the Royal College of Physicians. Pilot sites have been identified and training is commencing this month. We anticipate completing the project in the Spring of 2009.

We plan to invite College Faculties and Sections to identify knowledge updates which are essential for all psychiatrists practising in their specialty and to develop on-line learning modules around each of these areas. This will link in with the College's on-line CPD activity.

The CPD policy is well established but needs some modifications to make it fit for purpose for revalidation. The policy revision is underway and we expect it to be complete in the second quarter of 2009. We fully expect a link from the CPD system into the e-portfolio which we shall be developing in 2009.

The College intends to establish a system of kite marking key audits and, if funded, establishing an electronic system of data entry to allow benchmarking.
The College has an established tool for consultants which will be developed further to make it fit for revalidation.

Royal College of Radiologists

<u>Committees and Working Parties</u>

- The RCR established the Recertification Committee in May 2007. This serves as an overarching group for both the RCR's Faculties of Clinical Oncology and Clinical Radiology and defines and implements the College's recertification policy. The Committee consists of all Officers, the CPD Leads for each Faculty and the Chairs of the College's two Patients' Liaison Groups and is chaired by Dr Jane Adam, RCR Recertification Lead.
- Each Faculty has also set up a Working Group to develop specialty specific standards and tools for recertification.
- There are regular reports to, and discussion at, the College's two Faculty Boards and to Council in relation to recertification and revalidation.

<u>Consultation with Fellows and members</u>

- Both Faculties held a symposium to gather views on recertification and the optimum RCR approach by considering all recertification tools.
- Regular e-consultation with Fellows and members and updates via the College's *Monthly News* e-bulletin, including topics such as the College's aims and objectives and proposed strategy.

<u>Patient Involvement</u>
All our Recertification Committee and Working Parties include lay/patient representation from both our Faculties and many of the important revalidation issues are discussed by the RCR Patients' Liaison Groups and their comments are fed into RCR policy.

<u>RCR Approach</u>

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framework to help Clinical Oncologists and Clinical
essary evidence which will enable them to achieve
s developed are fit for purpose but also flexible, transferable
portfolio approach was the most practical way of
accomplishing this.

Portfolio Pilot
We decided to carry out a recertification portfolio pilot study with the aim of assessing the feasibility of the portfolio approach. Participants have been asked to complete an anonymised portfolio consisting of four different categories by submitting evidence in each category. The categories are:
1. Multi source feedback (we developed a generic and specialty specific MSF for both our specialties)
2. Evidence of attendance at discrepancy/MDT etc meetings
3. Evidence relevant to the individual's performance in practice
4. CPD certificate.

Participants have also been asked to complete a short questionnaire evaluating the process. At the end of the study, a report will be produced detailing the outcomes and findings of the pilot. It is intended that this final report will include a recommendation as to the viability of the portfolio approach to recertification. The deadline for submissions to the pilot is 1 December 2008 and the submissions will be analysed in mid-December.

We hope that the pilot will inform the production of tools which will help Fellows and members achieve recertification. This is particularly true for category 3 . evidence relevant to the individual=s performance in practice - although we are already commencing work on audit recommendations and standards for peer review.

Bid for Funding
We are currently preparing a bid for funding to the Academy to scope e-learning and e-assessment possibilities for recertification. This would build on the RCR=s previous work in collaboration with the Department of Health on the Radiology Integrated Training Initiative (R-ITI).

Royal College of Surgeons of Edinburgh

This Surgical College, along with our sister organisations, the Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow, has formed a Project Board to deal with a unified approach to Recertification for Surgeons in the United Kingdom. Details of the work of the Project Board will be submitted under separate cover from the Forum Revalidation Development Group. This tri-collegiate group also includes all surgical specialty associations

The Royal College of Surgeons of Edinburgh has been involved in all 3 workstreams of the Pan-Specialty Board (Standards and Assessment, CPD, and Outcome Analysis). Additionally, as a College we have made contributions to the Academy Revalidation Development Group (ARDG) working groups, in the CPD Group, Non-Clinical Professional Group, and e-Portfolio Group.

Recognising that as a College we will have a responsibility for implementation, a College Recertification Implementation Group has been established. The structure within this group resonates with the configuration of the Pan-Specialty Board and also incorporates and contributes to the workstreams of the Academy Revalidation Development Group.

Projects
The RCSEd is preparing its Fellowship for Recertification by publications on Recertification in its quarterly journal . %Surgeons News+ and each edition of this journal has contained peer reviewed contributions on the construction of the Recertification process. Additionally, we have produced a website on Recertification on the home page of the College website (www.rcsed.ac.uk). Bids have been successful in attracting funding so that we can design a component of our College e-portfolio that

ity, both internal and external, and also allow for a reflective ; currently underway at establishing how the well developed e- our Fellows to collect the requisite data for presentation in

Interfaces
The College has contributed to the Scottish Academy Recertification Group . a group that is looking at those aspects of the Recertification process that will be unique to the administration and health service within Scotland and under the same considerations. There have been meetings held with the GMC in Scotland, Surgical Profiles (Department of Health group looking at Outcome Analysis by Specialty) and NCAS in Scotland to address the need for clear pathways when and if remediation is necessary.

The College is investing in a major Conference in January 2009, with invited overseas Speakers on the issue of Outcome Analysis.

E-Survey
An electronic survey was carried out with 800 respondents as to what the preferred ingredients on Recertification content might be. A précis of the results is available on the Recertification pages at www.rcsed.ac.uk

Future Work
The College intends to collaborate with Edinburgh University to design an on-line system whereby learning and testing could be combined such that a product would be available to satisfy the need for any assessment of cognitive expertise.

Royal College of Surgeons of England

Project management of pan-specialty work to set standards on behalf of surgery - All resourced by The Royal College of Surgeons of England

Committees
- Four meetings of the Pan-specialty Project Board
- Set up three Sub-groups to examine specific areas of work:
  - Standards and Assessment
  - Outcomes and Peer Review
  - CPD
- Held 14 Sub-group meetings

Outputs
- Project Board position statement on recertification
- Generic surgical standards and evidence framework
- CPD requirements and recommendations
- Framework for assessing outcomes
- Consolidated package of work for specialty associations to undertake

College work - Resourced by The Royal College of Surgeons of England unless indicated

- Held four focus groups in four locations (Bristol, Sheffield, London, and Manchester) *Funded by Academy*
- E-portfolio development to testing stage
- Developed a bid for the Academy on Outcomes work (further development required to be funded)
  - Detailed study of the quality of routinely collected data in order to deliver an understanding of the deficiencies of routinely collected data and a clear strategy to improve quality, strengthen credibility and increase clinical engagement.

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logy to enable the measurement of outcomes across disease

CPD work

llege can support the CPD of its members and fellows

- Contributed to the work of Academy work groups (MSF; e-Portfolio; Remediation; and Directors of CPD)
- Response to the Chief Medical Officer's report - Medical Revalidation: Principles and Next Steps
- Continuing discussion about implementation within surgery and with external contacts