

## REVALIDATION STANDARDS EDITORIAL GROUP

Royal College of Anaesthetists

Monday 16<sup>th</sup> February 2009

Apologies were received from: Jacky Hanson (CEM); Richard Smith (RCOphth); Linda de Cossart (RCSEng); Richard Marchant

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### 1. Follow-up from Revalidation Steering Group Session on Specialty Standards and Supporting Evidence Frameworks

1. *Terminology* . the group agreed a common terminology for a range of grouped methods and evidence that will be used as the overall framework and then illustrated with examples of good practice by each specialty.
2. *Supporting information for re-licensure* . a list of common or generic supporting information was identified for re-licensure for inclusion by all doctors for their revalidation
3. *Consolidating evidence thematically* . the group identified 8 themes or groupings of supporting information that could be used to demonstrate practice for revalidation
4. *Final checklist* . the group will remind the specialties to include a final checklist following their framework.
5. *List of Sources* . the group will remind the specialties that they should provide a list of specialty sources for their frameworks

### 2. Generic Supporting Information for all doctors for Revalidation

- GMC Number
- License to Practice
- Description of Practice . including title; role; responsibilities and activities throughout the 5 years since last revalidation
- Description of Indemnity
- Statement of Concerns (if any) and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Immunisation records as required
- Registration with the GP (in a practice other than where you work if a GP)
- Enhanced Annual Appraisal

### 3. Grouped Specialty Sources of Information

All of the methods and supporting information identified by the specialties in their frameworks were reviewed and grouped into the following themes. These themes were then mapped to the 12 attributes contained in the GMC Standards Framework (see Appendix A). The Colleges and Faculties will be asked to review their existing drafts:

- Cut and paste their list of supporting information into these thematic groups within each of the specialty frameworks including providing more specialty specific detail if it is written too generically.
- Consider the supporting information identified for each attribute by the other Colleges and Faculties and whether or not some of it may be useful for their specialty.
- In the event that a College of Faculty has not provided any supporting information under one or more of the themes included in each attribute, they will be asked to either populate it with a type of supporting information or provide an explanation as to why they do not feel that it is appropriate for their specialty.
- Add in a list of supporting information checklist for appraisers and appraisees.
- Add in a list of sources for their specialty.

#### 1. **Peer Feedback**

- a. Multi-source Feedback
- b. Peer Review
- c. Teaching Evaluations
- d. References and Letters

#### 2. **Patient Feedback**

- a. Patient Surveys
- b. Complaints and Compliments
- c. Patient Education or Explanation

#### 3. **Training**

- a. Specialty Certificates and courses
- b. Trust and HR courses

#### 4. **Development**

- a. CPD
- b. E-Learning
- c. On-Line KBA

#### 5. **Clinical Governance**

- a. Compliance with Local Clinical Governance Policies and Protocols
- b. Complaints / Compliments
- c. MDT Meetings
- d. Department Patient Safety Scores
- e. Departmental Infectious Disease Reports
- f. Departmental Rota Documentation
- g. Locum and Trainee Induction Documentation
- h. Risk and Workplace Assessments and Reports
- i. Contribution to NPSA and confidential enquiries

**6. Audit**

- a. Clinical Audit
- b. Case Notes / Letters
- c. Discharge
- d. Registries

**7. Clinical Practice**

- a. Outcomes
- b. Logbooks
- c. Guidelines
- d. Publications/Reports
- e. Checklists
- f. Work Based or Skills Assessments

**8. Practice Review**

- a. Morbidity and Mortality Meetings
- b. Critical events audit
- c. CBD
- d. Incidents

**4. Any Other Business**

None

**5. Future Meetings**

- April 16th, 13:30-15:00 at the RCoA followed by lunch
- June 16th, 14:00-15:30 at the RCoA followed by lunch

**6. Meeting Attendees**

<b>AoMRC</b>	Judith Hulf (Chair)
	Kirstyn Shaw
<b>Patient and Lay Representative</b>	Suzanne Shale
<b>RCGP</b>	Mike Pringle
<b>FOccMed</b>	Rob Thornton
<b>Physicians</b>	Paul Knight
<b>RCPsych</b>	Laurence Mynors-Wallis

# APPENDIX A: STANDARDS AND EVIDENCE FOR REVALIDATION

## Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
Maintain your professional performance	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Maintain knowledge of the law and other regulation relevant to practice (13)</li> <li>■ Keep knowledge and skills up to date (13)</li> <li>■ Participate in professional development and educational activities (12)</li> <li>■ Take part in regular and systematic audit (14)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Training and Education</b></p> <p><b>Development</b></p> <p><b>Audit</b></p> <p><b>Clinical Practice</b></p>
Apply knowledge and experience to practice	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Recognise and work within the limits of your competence (3a)</li> </ul> <p><b>Doctors with management, teaching or research roles</b></p> <ul style="list-style-type: none"> <li>■ Follow appropriate national research governance guidelines (71)</li> <li>■ Apply the skills, attitudes and practice of a competent teacher/trainer (16)</li> <li>■ Work effectively as a manager (MfD 12, 17)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Adequately assess the patient's conditions (2a)</li> <li>■ Provide or arrange advice, investigations or treatment where necessary (2b)</li> <li>■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b)</li> <li>■ Provide effective treatments based on the best available evidence (3c)</li> <li>■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d)</li> <li>■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55)</li> <li>■ Support patients in caring for themselves (21e)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Patient Feedback (if appropriate)</b></p> <p><b>Development</b></p> <p><b>Clinical Governance</b></p> <p><b>Audit</b></p> <p><b>Clinical Practice</b></p> <p><b>Practice Review</b></p>
Keep clear, accurate and legible records	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Keep clear, accurate and legible records (3f)</li> <li>■ Make records at the same time as the events you are recording or as soon as possible afterwards ( 3f)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Patient Feedback</b></p> <p><b>Audit</b></p> <p><b>Practice Review</b></p>

## Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
Put into effect systems to protect patients and improve care	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e)</li> <li>■ Take part in systems of quality assurance and quality improvement (14)</li> <li>■ Comply with risk management and clinical governance procedures</li> <li>■ Co-operate with legitimate requests for information from organisations monitoring public health (14i)</li> <li>■ Provide information for confidential inquiries, significant event reporting (14g)</li> </ul> <p><b>Doctors with management roles</b></p> <ul style="list-style-type: none"> <li>■ Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised. (17)</li> <li>■ Ensure systems are in place for colleagues to raise concerns about risks to patients (45)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Report suspected adverse drug reactions (14h)</li> <li>■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48)</li> </ul>	<p><b>Patient Feedback</b></p> <p><b>Clinical Governance</b></p> <p><b>Audit</b></p> <p><b>Practice Review</b></p>
Respond to risks to safety	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Report risks in the health care environment to your employing or contracting bodies. (6)</li> <li>■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28)</li> <li>■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Respond promptly to risks posed by patients</li> <li>■ Follow infection control procedures and regulations</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Training and Education</b></p> <p><b>Clinical Governance</b></p> <p><b>Practice Review</b></p>
Protect patients and colleagues from any risk posed by your health	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Make arrangements for accessing independent medical advice when necessary. (77)</li> <li>■ Be immunised against common serious communicable diseases where vaccines are available (78)</li> </ul>	<p><b>Peer Feedback</b></p>

### Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
Communicate effectively	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Communicate effectively with colleagues within and outside the team (41b)</li> <li>■ Explain to patients when something has gone wrong (30)</li> </ul> <p><b>Doctors with management roles</b></p> <ul style="list-style-type: none"> <li>■ Encourage colleagues to contribute to discussions and to communicate effectively with each other (MfD 50)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Listen to patients and respect their views about their health (22 a 27a).</li> <li>■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27)</li> <li>■ Respond to patients questions (22c, 27 b)</li> <li>■ Keep patients informed about the progress of their care (22c)</li> <li>■ Treat those close to the patient considerately. (29)</li> <li>■ Pass on information to colleagues involved in, or taking over, your patients care (40, 51-53)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Patient Feedback</b></p> <p><b>Development</b></p> <p><b>Clinical Governance</b></p> <p><b>Practice Review</b></p>
Work constructively with colleagues and delegate effectively	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Treat colleagues fairly and with respect (46)</li> <li>■ Support colleagues who have problems with their performance, conduct or health (41d)</li> <li>■ Act as a positive role model for colleagues (41)</li> <li>■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54)</li> </ul> <p><b>Doctors with management roles</b></p> <ul style="list-style-type: none"> <li>■ Provide effective leadership ( MfD 50)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Clinical Governance</b></p> <p><b>Practice Review</b></p>
Establish and maintain partnerships with patients	<p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f)</li> <li>■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research (36)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Patient Feedback</b></p> <p><b>Clinical Governance</b></p>

## Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
Show respect for patients	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Implement and comply with systems to protect patient confidentiality. (37)</li> </ul> <p><b>Doctors with research roles</b></p> <ul style="list-style-type: none"> <li>■ Respect the rights of patients participating in research. (Research 2, 5)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d)</li> <li>■ Treat each patient fairly and as an individual (38-39, 21 c)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Patient Feedback</b></p> <p><b>Clinical Governance</b></p>
Treat patients and colleagues fairly and without discrimination	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19)</li> <li>■ Respond promptly and fully to complaints. (31)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10)</li> </ul>	<p><b>Peer Feedback</b></p> <p><b>Patient Feedback</b></p>
Act with honesty and integrity	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>■ Ensure you have adequate indemnity or insurance cover for your practice (34)</li> <li>■ Be honest in financial and commercial dealings (73)</li> <li>■ Ensure any published information about your services is factual and verifiable (60, 61)</li> <li>■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68)</li> </ul> <p><b>Doctors with research roles</b></p> <ul style="list-style-type: none"> <li>■ Obtain appropriate ethical approval for research projects (Research 5).</li> <li>■ Be honest in undertaking research and reporting research results (71 b)</li> <li>■ Ensure that your research is audited regularly. (research 43)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>■ Inform patients about any fees and charges before starting treatment (72a)</li> </ul>	<p><b>Peer Feedback</b></p>

