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ACADEMY OF
MEDICAL ROYAL
COLLEGES

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)

1. Academy Revalidation Project

The group noted the progress project summary document for 2008. It was agreed that the document could be published on College and Faculty website, but *without* the timelines and gant charts as these were yet to be finalised.

The group also went through the plans, deliverables and timelines document for 2009 that has been submitted in unconfirmed draft form to the DH England. No additional areas of work were identified and the group agreed that the deliverables and timelines were appropriate for the Academy revalidation project.

It was also agreed that the Colleges and Faculties would commit to supporting the deliverables and timelines by providing all of the relevant and required documentation and information in a timely fashion. There was also agreement that the Colleges and Faculties would work together and try to provide as far as possible, a uniform professional voice in meetings with other stakeholders.

2. Small Group Session on Specialty Standards and Supporting Evidence Frameworks

Small groups considered all of the College and Faculty responses to the 'Attributes' included in the domains of the GMC Standards Framework. The delivery of specialty standards, methods and supporting information for revalidation that is consistent across the specialties and equitable for all doctors is one of the primary tasks in the remit of the Academy around revalidation.

There was recognition that the Specialty standards frameworks for revalidation could only include a limited amount of information. Colleges and Faculties were encouraged to consider or continue writing additional guidance and supporting documentation alongside the framework for those in their specialty.

Groups considered the specialty responses for consistency, equity, acceptability and feasibility. Many of the small groups noted the high degree of similarity and consistency of supporting information identified across the specialties. When feeding back to the group, a number of issues and further work was proposed:

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1. *Terminology* – a range of different terms and phrases were being used by specialties to mean the same thing. A common set of terminology needed to be applied.
2. *Supporting information for re-licensure* – it was proposed that a list of common or generic supporting information should be identified for re-licensure for inclusion by all doctors for their revalidation.
3. *Level of supporting information* – it was agreed that the supporting information identified for revalidation would be to the level of ‘Attribute’ in the framework. Colleges and Faculties would not be expected to define supporting information for each individual bullet point in the ‘Standards’ column.
4. *Consolidating evidence thematically* – it was agreed to try and simplify the list of identified methods and supporting information into a series of key themes with drop down examples that would incorporate the types of information already included in the frameworks. This would provide a simpler and more obviously consistent approach across the specialties.
5. *Final checklist* – it was agreed that all specialties should provide a final checklist of documents and supporting information for the appraiser and appraisee to consult for revalidation
6. *List of Sources* – it was agreed that all specialties should provide a list of specialty sources for their frameworks

3. Small Group Session on College/Faculty input into Quality Assurance and Recommendation for Revalidation

Quality Assurance

Those groups who considered the Quality Assurance of the revalidation process suggested a range of ways and levels where the Colleges and Faculties could be involved. There was general agreement that the appraiser of a doctor should be of the same specialty as the appraisee, especially as the RO was more than likely to be from a different specialty.

1. *Individual methods and supporting information* - Colleges and Faculties need to ensure that any tools, methods, systems or information (e.g. CPD; MSF; Outcomes etc) used to demonstrate specialty practice is quality assured.
2. *Appraisers* – Colleges and Faculties could provide specialty training and accreditation for appraisers who will be undertaking the appraisal of doctors in a given specialty. This would ensure that appraisers understood and discussed specialty standards and practice in appraisal and that these were consistently applied throughout trusts and other workplace environments.
3. *Recommendation from RO* – Colleges and Faculties could randomly sample those revalidation recommendations from the RO about doctors for which no concerns have been identified. This would enable the Colleges and Faculties to assess if the RO recommendation is in line with that which would be provided by the College/Faculty for an

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individual doctor based on their compliance with specialist standards and supporting information. This would provide a quality assurance check of the system.

4. *Cases where concerns are identified* – It is proposed that Colleges and Faculties are contacted by the RO in any revalidation case where a concern about specialist practice has been identified. Therefore, Colleges and Faculties should be aware of all cases of concern and be able to quality assure the handling and responses to such cases.

Discussion in this area raised questions about the lines of communication and liaison between the Colleges/Faculties, RO and the GMC. It was proposed that one of the potential functions of the Colleges/Faculties could be to act as the independent peer review providers which form part of the RST Assuring the Quality of Medical Appraisal for Revalidation document.

Recommendation

Those groups who considered the role of the Colleges and Faculties in the revalidation recommendation identified a number of ways

1. Colleges and Faculties could use their network of Regional Advisors to provide the specialist contact and support to the RO. The Regional Advisors could work with the RO on those cases where concerns have been raised to agree a plan of action and/or the final decision for revalidation. In the case that support is required by the RO in the Regional Advisors Trust, a Regional Advisor from another region would be contacted. If this model was used, Regional Advisors would need to be trained and resourced appropriately and it would be preferable to design/amend the existing person specification and job description for the role.
2. Colleges and Faculties could establish a group of specialty advisors that are available to ROs for support and specialist advice. This group would fulfil a similar function to the Regional Advisor outlined above, but would not necessarily be based in the same region as the Trust requiring support. Similarly, this group would also need to be trained and resourced with appropriate personal specification and role description.
3. Those Colleges/Faculties whose members tend to work outside NHS managed environments have proposed that they may be able to provide both an appraisal and RO function for their specialty. This proposal will require further discussion with the GMC and the DH as well as legal advice on the implications of this more regulatory role in relation to the charter and functions of the College/Faculty.

4. Small Group Session on Revalidation FAQs and Scoping Independent Legal and Financial Advice

The GMC is currently working on providing answers to a number of FAQs that were sent to them from the RCoA summarising the types of queries and e-mails the College receives about revalidation (circulated with the meeting papers). In addition, the GMC have received many queries regarding licenses. It was planned to have a session on looking at the FAQs and identifying any additional questions.

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Due to additional time spent on the earlier group work, the Colleges and Faculties did not undertake this session. However, it was agreed that Colleges and Faculties should send in any additional questions they have for the GMC to consider as a part of the FAQ document.

Colleges and Faculties also agreed to submit any questions, issues or concerns that they would like included in the scope of legal or economic advice that will be sought by the Academy about revalidation. It was also suggested that Colleges and Faculties send in copies of any other relevant legal advice that they may have already sought independently about revalidation and are happy to share with the Academy.

5. Communications

The group agreed that the work of the Academy, Colleges and Faculties around revalidation needed to be better communicated. Common messages from all of the Colleges and Faculties would provide a more joined-up appearance in developing revalidation across the profession. It is hoped that the FAQ document that is being developed in conjunction with the GMC will provide a start.

In addition, the Academy would like to develop a set of communication activities to share the work of the Colleges and Faculties, for example through roadshows; conferences; publications etc. Colleges and Faculties have been asked to send in some feedback and ideas on the types of activities the Academy should be planning to communicate with doctors about revalidation and recertification in particular.

6. E-portfolio and CPD

The Colleges and Faculties were informed about the DH project to look at existing IT systems within the NHS, Colleges and other areas that could be used or adapted for revalidation. This project is due to be completed by the end of July and it is expected that Colleges and Faculties will be consulted as a part of the study. In addition, Colleges and Faculties are keen to continue their efforts in developing specialty e-portfolios for revalidation. A number of cohorts have been established amongst the Colleges and Faculties to take this work forward. In order to get a better understanding of each College/Faculty position, involvement in cohorts, progress and plans, the Academy will circulate a series of questions for the Colleges and Faculties to complete.

8. Any Other Business

Colleges and Faculties were reminded to complete the Remediation Work Group Survey if they had not already done so.

The group were informed that the Academy has agreed to establish a work group on Clinical Audit with the Health Quality Improvement Partnership. HQIP are running a series of workshops on clinical audit throughout the UK in the next couple of weeks and all Colleges and Faculties have received letters of invitation. Following these events, the Academy will work with HQIP to establish a work group to consider the use of clinical audit in revalidation.

9. Future Meetings

Revalidation Steering Group (Colleges and Faculties only)

- June 16th, 10:00-13:00 at the RCoA followed by lunch

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Academy Revalidation Development Group (All Stakeholders)

- April 16th, 10:30-13:00 at the RCoA followed by lunch
- Sept 9th, 10:30-13:00 at venue TBA

10. Meeting Attendees

AoMRC	Judith Hulf (Chair)	Kirstyn Shaw
	Suzanne Shale	
RCoA	Chris Dodds	Kevin Storey
CEM		
RCGP	Mike Pringle	
RCOG	Charnit Dhillon	
FOccMed	Rob Thornton	
RCOphth	Kathy Evans	
RCPCH	Rosalind Topping	
RCPath	Lance Sandle	
FPM	Susan Bews	Konrad Obiora
RCP Edinburgh	Elaine Tait	David Webb
RCP London	Ian Starke	Jane Ingham
RCPSG	Paul Knight	
RCPsych	Robert Jackson	Laurence Mynors-Wallis
FPH	Laura Webb	
RCR	Victoria Preston	Jane Adam
RCS Edinburgh	Allan Wood	
RCS London	Karen Smith	
Surgical Forum	James Steers	