CPD and Revalidation after Retirement

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Outline

• What is revalidation?
• Designated Body, Responsible Officer, Suitable Person
• How is it going?
• Challenges for revalidation in retirement
• Overcoming the challenges
• Conclusion and questions
What is revalidation?

• The purpose of revalidation is to provide assurance to patients and the public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise.
Revalidation is unavoidable...
Looking forward

- Bureaucratic burden

OR

- Opportunity for improvement in quality of care to patients
Do I need a licence to practise?

• Can use the title “doctor”
• But must be explicit about licence
• Can perform “Good Samaritan” act
  – But should check with insurer
• Can write a medico-legal report
  – But must be honest with instructing lawyer about status
• Still pay a fee for registration!
Some change has already happened

Chart 9: Doctors relinquishing their licence to practise

GMC 2013
Facts and figures

• Total 230,000 doctors registered with GMC and subject to revalidation
• Estimated cost £100 million per year
Who is my Designated Body?

• Use GMC algorithm on website
• Check employment status
• If Local Authority, may be Public Health England
• If several employers, NHS one or nearest to registered address or Area Team of NHS England
• MDF, MEDSU
Responsible Officer role?

• Extensive responsibilities for ensuring fitness for purpose
• Monitoring and quality assurance, including appraisal system
• Responding to concerns and remediation
  – Recommend revalidation
  – Defer for fixed period
  – Refer for non-engagement
What’s it like being a RO?
“Suitable Person”

- Alternative to Responsible Officer in some situations
  - E.g. Mental Health Tribunal Doctors
- Need to fulfil many of the requirements of Responsible Officers
What are the doctor challenges?

• Declaration on health
• Declaration on probity
• Scope of practice / contextual issues
• Annual appraisal:
  – Whole practice
  – Trained appraiser
  – Good Medical Practice at its heart
  – Includes reflection on supporting information
• Portfolio of supporting information
What supporting information?

• 1. Continuing professional development
• 2. Quality improvement activity
• 3. Significant events
• 4. Feedback from colleagues
• 5. Feedback from patients
• 6. Review of complaints and compliments
Portfolio?

• Cohort of Royal Colleges have purchased a portfolio system from Equiniti, free to College members
• Optional – potential benefit for members outside an organisation (unlikely to be needed in Scotland, Wales, N.Ireland)
• Some organisations have purchased commercially available system
• Medical Appraisal Form (based on Medical Appraisal Guide) available free from NHS England website
College Guidance

Revalidation guidance for psychiatrists

March 2012
College principles of revalidation:

- Command confidence of patients, public and profession
- Facilitate improved practice for all psychiatrists
- Allow those working to acceptable standards to achieve without undue stress
- Identify and address those whose standards fall below acceptable practice
Where is the bar?

• Below average?
• Statistical outlier?
• Unsafe?
Requirement with a minimum non-negotiable cut off

Good medical practice

GMC 2013
<table>
<thead>
<tr>
<th>Domain</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge, skills and performance</td>
<td>1.1 Maintain your professional performance</td>
</tr>
<tr>
<td></td>
<td>1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible</td>
</tr>
<tr>
<td>2. Safety and quality</td>
<td>2.1 Contribute to and comply with systems to protect patients</td>
</tr>
<tr>
<td></td>
<td>2.3 Protect patients and colleagues from any risk posed by your health</td>
</tr>
<tr>
<td>3. Communication, partnership and teamwork</td>
<td>3.1 Communicate effectively</td>
</tr>
<tr>
<td></td>
<td>3.3 Establish and Maintain partnerships with patients</td>
</tr>
<tr>
<td>4. Maintaining trust</td>
<td>4.1 Show respect for patients</td>
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<tr>
<td></td>
<td>4.3 Act with honesty and integrity</td>
</tr>
</tbody>
</table>
Can revalidation help me?

- Formalise reflection on supporting information
- Focus peer group activity
- More constructive challenge through appraisal process (not a “cosy chat”)
- Inform and challenge Personal Development Plan
- Give confidence that standard achieved
Can revalidation help organisations?

• Better tracking of who they “own”
• Reliable capture of appraisals, including groups frequently lost, e.g. SAS doctors, locums
• Overview of supporting information
• Peer support for Responsible Officers
• More structure to remediation if required
Peer groups

• Share understanding of process
• Endorse planned CPD and help identify suitable options
• Case Based Discussion
• Support in reflection on all supporting information
• Engage avoiders
• Identify data requirements
Can peers help the non-engagers?
Principles for CPD

• GMC Guidance
College Guidance on CPD

• Active peer group member (minimum 4/year)
• 250 credits over 5 years
  – Clinical 30 hours/year
  – Academic 10 hours/year
  – Professional 10 hours/year
• Reflection essential
• Peer group to formulate and monitor PDP
• E-learning maximum 25 credits per year
How can we use revalidation to our benefit?

• Back to the inevitability
• We might as well find a way to use the process to improve patient:
  – Safety
  – Effectiveness
  – Experience
• Integrate it into routine practice
• Use it to ensure our own development is supported
How is revalidation going?

• Commenced December 2012
• 1 year on:
  – 27,500 doctors received a positive recommendation
  – 5,000 deferred
• Small numbers non-engagement
The expected benefits of revalidation include:

- improved governance of professional development and standards
- improved patient safety
- improved quality of care
- improved effectiveness and efficiency of systems and working practices, leading to...
- improved public trust and confidence in the medical profession.
Progress so far...

• ... too early to tell?
Appraisal rates are rising

Figure 4: Comparative ORSA appraisal rates

<table>
<thead>
<tr>
<th></th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012 - 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal rates</td>
<td>63.3%</td>
<td>72.7%</td>
<td>76.1%</td>
</tr>
</tbody>
</table>
Medical appraisal is a recognised mechanism that enables doctors to:

• discuss their practice and performance with an appraiser

• demonstrate that they continue to meet the principles and values set out in the GMC’s Good Medical Practice Framework for Appraisal and Revalidation

• plan their professional development around their own needs

• contribute to appraisal outputs used to inform the responsible officer’s revalidation recommendation to the GMC.
Is appraisal helping?

• 80% of doctors agreed or strongly agreed that their appraisal was conducted in a supportive way.
• 64% of doctors agreed or strongly agreed that their last appraisal was a good use of their time.
• 24% of doctors reported that they changed aspects of their clinical practice or behaviour as a result of their last appraisal.
Has revalidation improved the appraisal process?
How much time taken?

Figure 10 – Time spent by doctors preparing for and completing their last appraisal

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 - 1 Hours</th>
<th>&gt;1 - 2 Hours</th>
<th>&gt;2 - 4 Hours</th>
<th>&gt;4 - 8 Hours</th>
<th>Over 8 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent collecting supporting information</td>
<td>6%</td>
<td>18%</td>
<td>27%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Total responses: 1122</td>
<td></td>
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<tr>
<td>Time spent completing pre-appraisal forms</td>
<td>16%</td>
<td>29%</td>
<td>27%</td>
<td>26%</td>
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<tr>
<td>Total responses: 671</td>
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<tr>
<td>Time spent attending the appraisal meeting</td>
<td>10%</td>
<td>45%</td>
<td>40%</td>
<td>4%</td>
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<tr>
<td>Total responses: 1037</td>
<td></td>
<td></td>
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<tr>
<td>Time spent completing post-appraisal forms</td>
<td>50%</td>
<td>35%</td>
<td>11%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Total responses: 1159</td>
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Support varies

Figure 1: Support for the purpose and value of appraisal and revalidation
Two pronged approach

Appraisal
• offers the opportunity for doctors to self identify concerns
• appraisal may be supporting the identification of concerns outside of the appraisal process.
• fewer high-level concerns and more medium-level concerns.

Clinical governance
• enables concerns to be identified by others,
• if clinical governance information has improved in order to support effective appraisal
• This is indicative that concerns are being identified at an earlier stage and will need to be monitored in the future.
Public / lay involvement

- Remains poorly understood by general public
- Requires further definition
- Possibly part of assurance processes
- Organisations need to give feedback to patients who have given feedback on how this has improved services
Value of patient feedback

Figure 7 – Impact on standard of practice of requirement to consider patient feedback

Doctors

- Strongly disagree: 15%
- Agree 2: 21%
- Agree 3: 27%
- Agree 4: 29%
- Strongly agree: 9%

Total respondents: 2362

Appraisers

- Strongly disagree: 7%
- Agree 2: 18%
- Agree 3: 31%
- Agree 4: 35%
- Strongly agree: 9%

Total respondents: 695

RO's

- Strongly disagree: 6%
- Agree 2: 26%
- Agree 3: 43%
- Agree 4: 24%

Total respondents: 187

ROs

- Strongly disagree: 0%
- Agree 2: 0%
- Agree 3: 0%
- Agree 4: 0%
- Strongly agree: 0%

Total respondents: 0
Recommendations of review

• **1:** Reconfirm and communicate the intent of appraisal, revalidation and clinical governance
• **2:** Patients and the public need a more powerful role in revalidation.
• **3:** Responsible officers and boards to ensure revalidation moves beyond compliance to promote excellence in quality and safety
• **4:** Partners should share best practice examples to ensure revalidation is proportionate and effective.
• **5:** Systems need to be strengthened to provide assurance that information is being used in the most effective way for revalidation
• **6:** Partners need to collect evidence together on the costs, benefits and impact of revalidation. Research should be prioritised culminating in a post-implementation review in 2016-17.
Retirement challenges

• Employment status: multiple employers, self-employment
• Whole practice
• Professional isolation
• Patient feedback
• Systems for incidents, complaints etc.
• Cost
Problem solving for retirement

• Pre-retirement planning, especially around
  – Need for a licence
  – Designated Body
  – Peer group
  – Gathering supporting information, especially patient feedback

• Understand the requirements, engage

• College, Division and PIPSIG advice and support
In summary...

- Preparation
- Professionalism is key
- Proactivity
- Planning
- Participation (not procrastination)
- Peer engagement
- Perseverance
Conclusion

• Revalidation is here to stay
• Retired psychiatrists have additional challenges to overcome
• A positive approach to these challenges is recommended
• Help is available from the GMC, the College, PIPSIG, NHS England
Thank you

QUESTIONS?