



**Revalidation  
Workshop**

**Hatfield**

**November 2008**

# Revalidation

- **Medical revalidation will have two components:**
  - **relicensing (all doctors)**
  - **recertification (doctors on specialist register)**
- **A single process with two potential outcomes**

## Relicensing

- **All doctors will need a licence to practise.**
- **Licences will be issued by GMC: based on Good Medical Practice.**
- **The licence to practise will be subject to renewal every five years.**
- **GMC intend to issue licences Autumn 2009.**

# Ensuring Continuous Fitness to Practise

## Relicensure: 3 elements

- 1. Satisfactory annual appraisal**
- 2. Participation in independent 360-degree feedback**
- 3. Any issues concerning the doctor's conduct or practice have been resolved to the satisfaction of a responsible officer who will provide a recommendation to the GMC.**

# Responsible Officer (RO)



- 1. Every doctor will relate to one Responsible Officer.**
- 2. The R.O. will make a recommendation about fitness to practise.**
- 3. Government “sympathetic to the view” that R.O will be medical Director.**

# Responsible Officer

Arrangements await consultation

1. Who should appoint Responsible Officer?
2. How should doctors identify a Responsible Officer?
3. Who should be a Responsible Officer?
4. Duties of Responsible Officer.

# Revalidation

## Recertification

- Led by the relevant medical Royal College.
- Based upon a comprehensive assessment against the standards drawn up by that college.
- Academy Medical Royal Colleges to work to ensure equivalence across specialties.

**WHAT MIGHT  
RECERTIFICATION LOOK  
LIKE WHEN IMPLEMENTED  
FOR PSYCHIATRISTS?**

# College Aims

- **Recertification must command the confidence of patients, the public and the profession.**
- **Recertification should facilitate improved practice for all members and fellows.**
- **The process should identify those whose practice falls below acceptable standards and give advice and monitoring to allow recertification to be reconsidered. There should be early warning of potential failure so remedial action can be taken.**
- **The process should allow those who are working to acceptable standards to recertify without undue difficulty or stress.**

# College Aims

- There must be equity across the specialty, independent of differing areas of practice, working environments and geographical location.
- Recertification should be affordable and flexible, starting simple to allow further development.
- The process should incorporate as far as possible information already being collected in clinical work and use existing tools and standards where available.

# WHAT MIGHT RECERTIFICATION LOOK LIKE?



## 1. Electronic Portfolio

## 2. Annual Appraisal

- **Clinical practice**
  - **Audit**
  - **Outcome measures**
  - **?Workplace Based Assessments**
- **Multisource feedback**
- **CPD**

# WHAT MIGHT RECERTIFICATION LOOK LIKE?

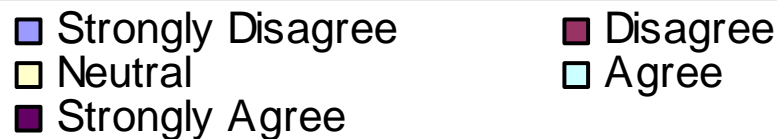
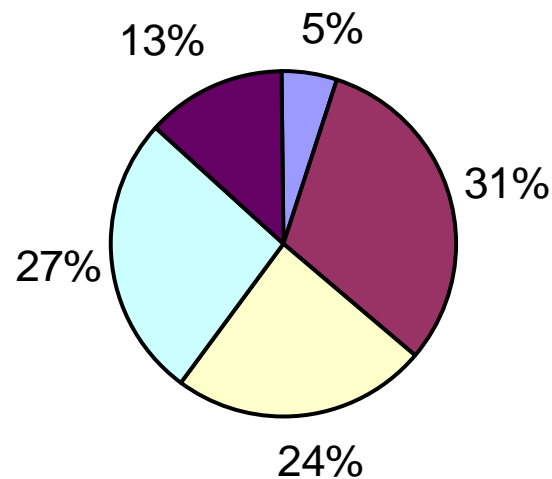


## Appraisal

- A strengthened appraisal system will be at the core of recertification. Appraisal will be formative and summative.
- Key components of appraisal over a 5 year cycle will include:-
  - Evaluation against standards of Good Psychiatric Practice
  - Multi-source feedback
  - Participation in CPD
  - Participation in clinical audit

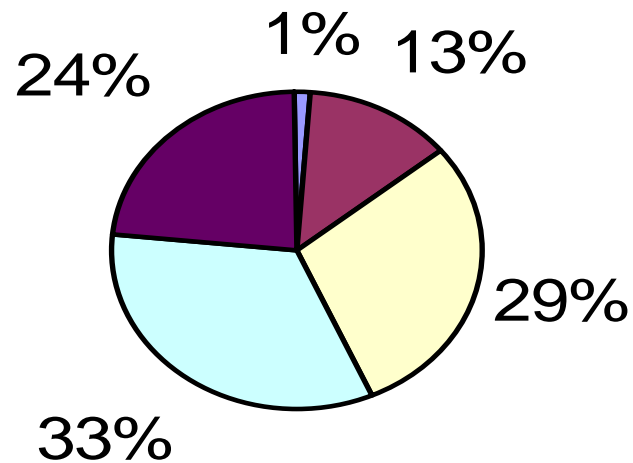
# Assessment

The current appraisal process is sufficiently robust to be used as a framework through which revalidation occurs.



# Assessment

I believe that an appraiser should be someone from within my own sub-specialty



# WHAT MIGHT RECERTIFICATION LOOK LIKE?

## Appraisal

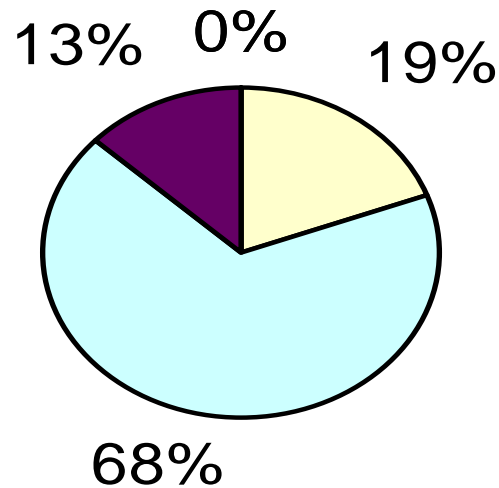
- Clarification of the formative and summative aspects.
- Ensuring the appraisers are appropriately trained and accredited.
- Determining at what level should a “bar” be set and what action needs to be taken if this is not reached, e.g.
  - Educational support
  - Work with NCAS
  - College invited review mechanism
- The appraisal process should be subject to external audit and quality assurance.

## Clinical Practice

- **Good Psychiatric Practice Version 3 will be basis for standards.**
- **Out for consultation**

# Assessment

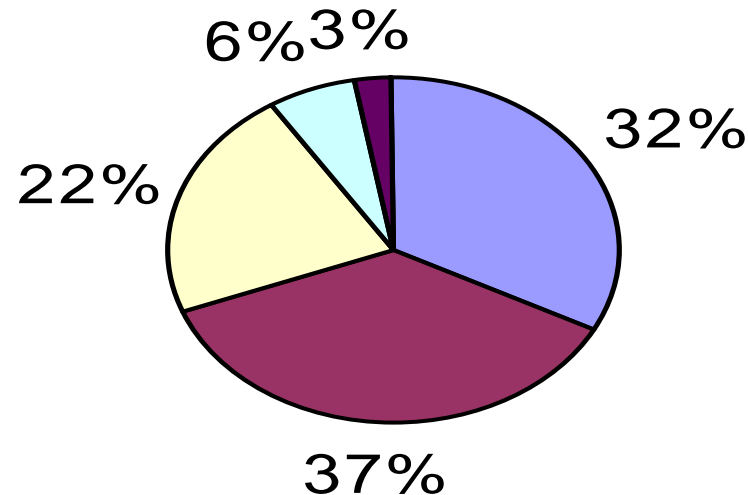
I think that the standards set in Good psychiatric Practice should form the basis for Recertification








- |                   |          |
|-------------------|----------|
| Strongly Disagree | Disagree |
| Neutral           | Agree    |
| Strongly Agree    |          |

# Assessment

I support the use of written knowledge tests as a way of demonstrating adherence to College standards



 Strongly Disagree	 Disagree
 Neutral	 Agree
 Strongly Agree	

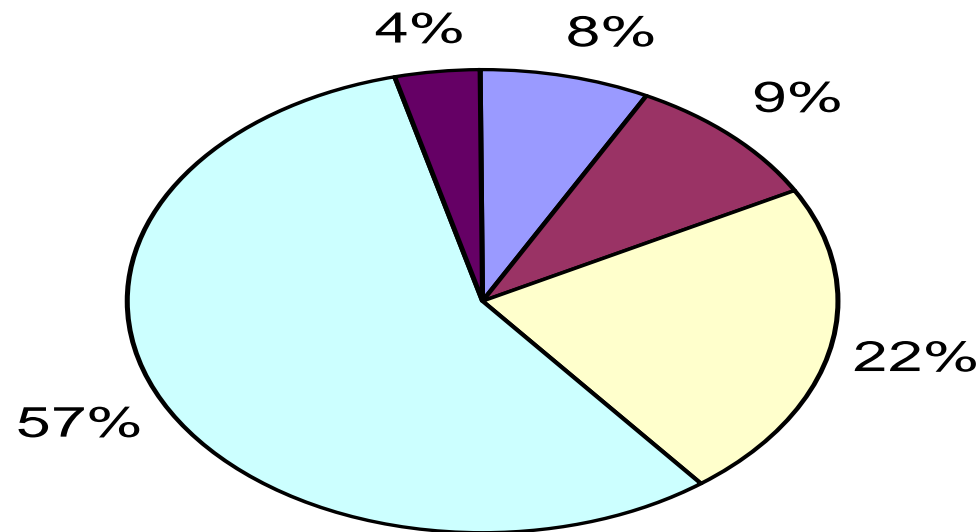
# Service User Questionnaire

## Ranking of assessment methods for revalidation

Method	Total
Case based assessments	55
Directly observing practice: - ward rounds	61
Anonymous feedback from service users, carers and colleagues	61
Directly observing practice: - outpatient clinics	63
Reviewing case notes	64
On-line modular assessment	84
Outcome measures	88
Audit of practice against guidelines	93
Written tests	94

# Assessment

I support the use of a form of case-based discussion as a way of demonstrating adherence to College standards



## Clinical Practice.

- **Pilot study funded to evaluate case based discussion as a tool to assess clinical practice.**
- **Range of other options will become available.**

## CASE BASED DISCUSSION – SPECIALIST DOCTOR

Doctor's Name ..... Date of Discussion.....

Assessor's name: ..... Assessor's Registration Number .....

Diagnosis: ..... New Patient/Follow-Up .....

	Standards Assessed (see overleaf)	At expected standard	Met no criteria		Met some criteria		Met most criteria	Fully met all criteria
			0	1	2	3	4	
1.	Competent Assessment							
2.	Diagnosis							
3.	Risk Assessment							
4.	Treatment Plan and Delivery							
5.	Expert Knowledge of Treatment Options							
6.	Record Keeping							
7.	Communication with Professionals							
8.	Communication with Patients							

Good Practice     	Suggestions for development     
Agreed action:     	



# Outcomes



**1. Time**

**2. Acceptability**

**3. Reliability**

## WHAT MIGHT RECERTIFICATION LOOK LIKE?



### Multi-Source Feedback

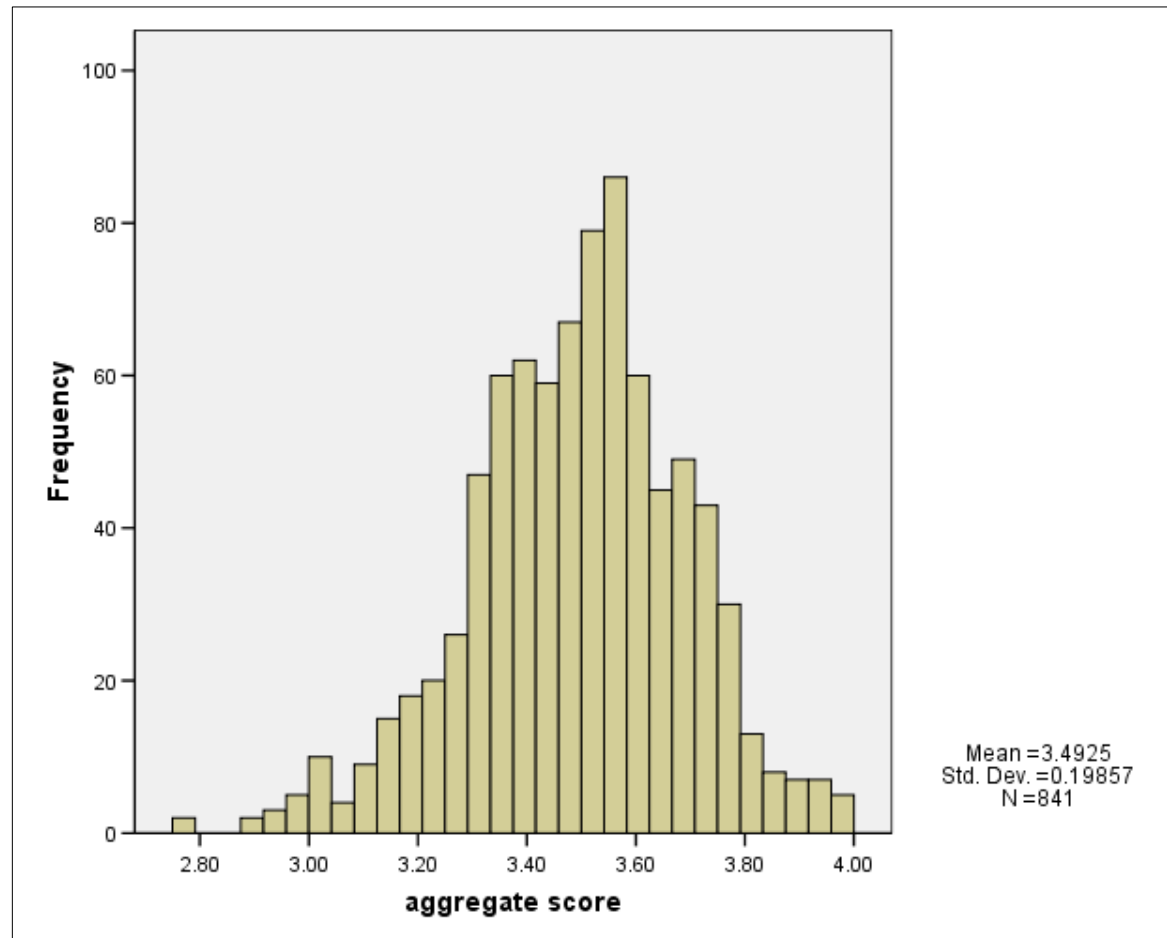
- It is expected that the College MSF ACP-360 will be adapted to meet the requirements of revalidation

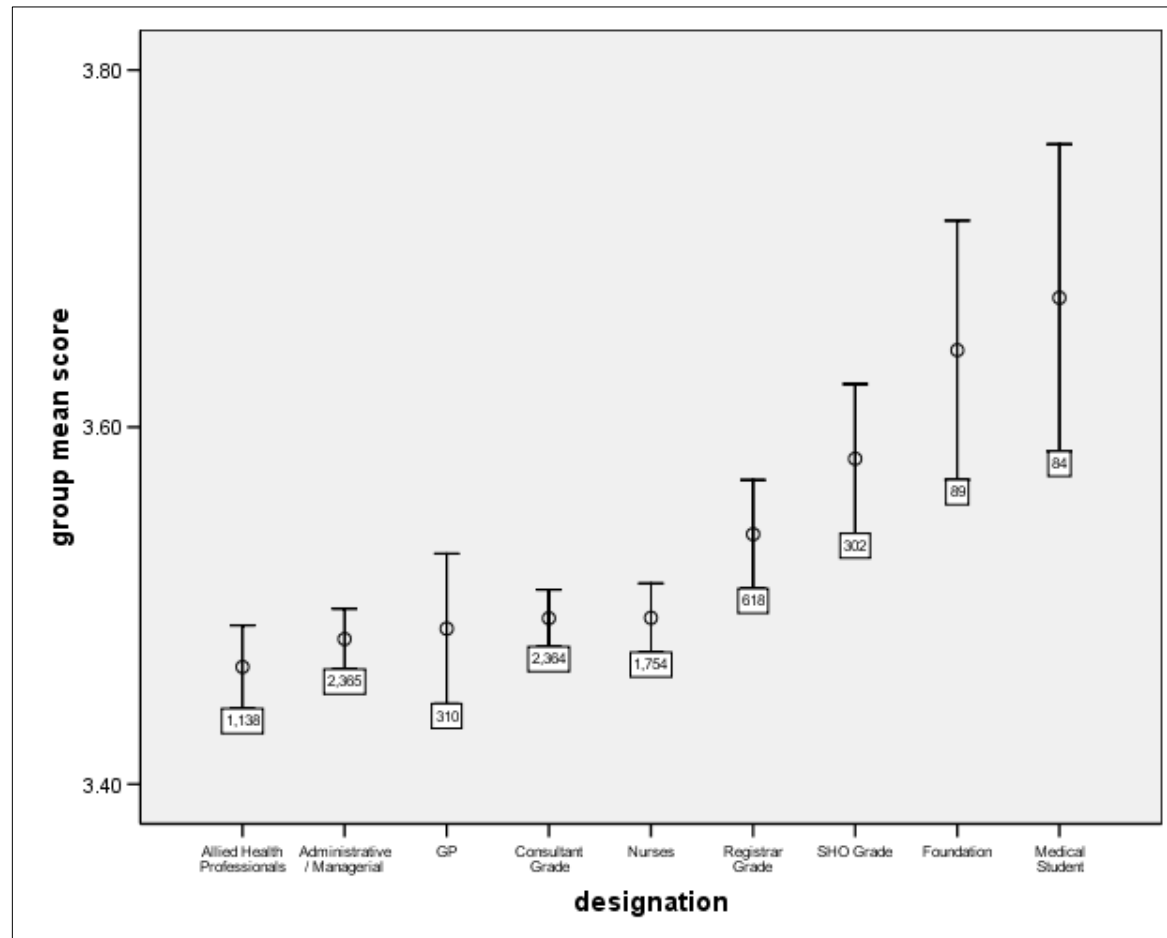
# Colleague Questions in GMC Pilot MSF



1. **Clinical Assessment:** Diagnostic skill; performance or practical/technical procedures
2. **Patient Management:** Management of complex clinical problems; appropriate use of resources.
3. **Reliability:** Conscientious and reliable; available for advice and hence when needed; time management.
4. **Professional Development:** Commitment to improving quality of service; keeps up to date with knowledge and skills.
5. **Teaching and Training:** Contributes to the education and supervision of students and junior colleagues.
6. **Verbal Communication:** Spoken English; communication with colleagues, patients, families and carers.
7. **Empathy and Respect:** Is polite, considerate and respectful to patients and colleagues of all levels; compassion and empathy towards patients and their relatives.
8. **Team Player:** Values the skills and contributions of multidisciplinary team members.
9. **Leadership:** Takes the leadership role when circumstances require; Delegates appropriately.

All rated 4 point scale: unacceptable, below average, good, outstanding.





## WHAT MIGHT RECERTIFICATION LOOK LIKE?

### Continuing Professional Development

- The College already has a CPD accreditation service. This will be strengthened in order to meet the criteria of objective scrutiny and prevent inappropriate CPD being approved
- The College has already begun developing CPD online modules with assessment. Participation in certain modules may be linked to revalidation.

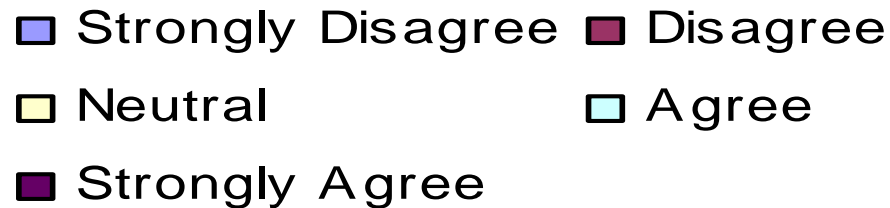
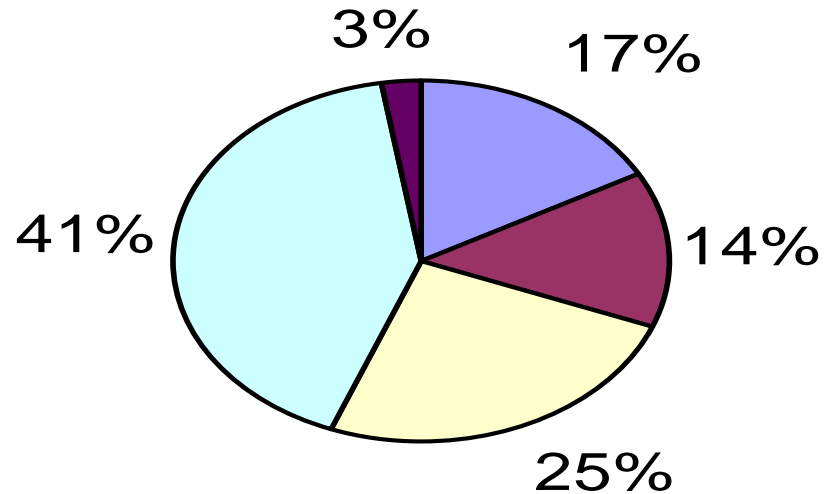
## WHAT MIGHT RECERTIFICATION LOOK LIKE?

### Continuing Professional Development

- The College already has a CPD accreditation service. This will be strengthened in order to meet the criteria of objective scrutiny and prevent inappropriate CPD being approved
  - Criteria to approve CPD
  - Structured recording of learning points
  - Link to appraisal

# Assessment

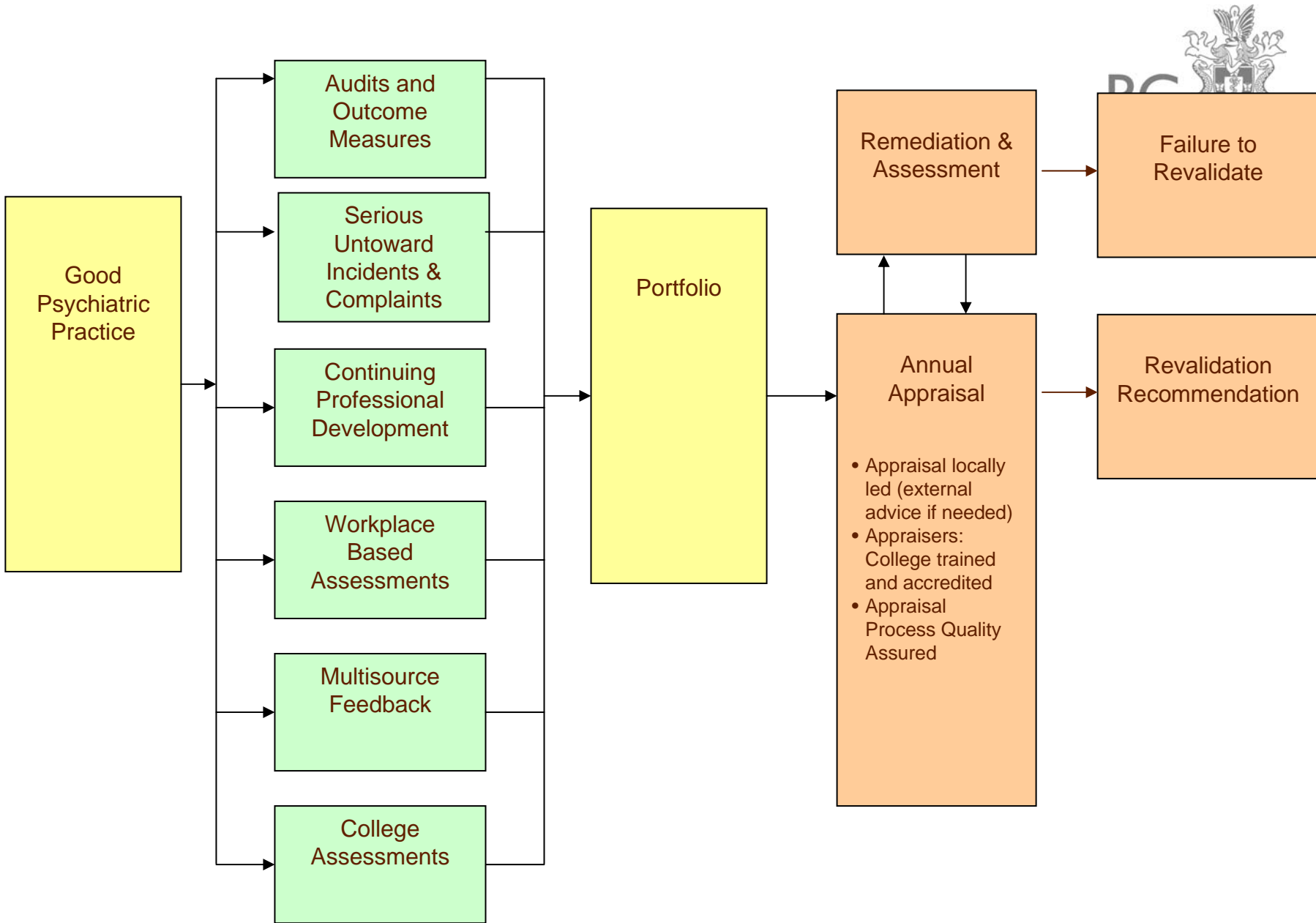
I support the use of on-line assessment modules with questions as tests of knowledge



## WHAT MIGHT RECERTIFICATION LOOK LIKE?

### Participating in Clinical Audit

- The College may set standards as to what are appropriate mechanisms for evaluating clinical practice. Options include:-
  - “Kite marking” high quality audits
  - The use of clinical outcome measures benchmarked against colleagues.



# Timetable Recertification



- 1. College hopes to have a framework for recertification in place by end of 2009.**
- 2. Roll out to Trusts in staged process from 2010.**

