Revalidation

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WHITE PAPER: Trust Assurance and Safety, The Regulation of Health Professionals in the 21st Century

Need to assure public about medical standards:

- Shipman
- Ledwood
- Kerr, Haslam

Regulation of all health professionals, not just doctors

Principles of the White Paper

The overriding interest should be the safety and quality of the care that patients receive from health professionals

Principles of the White Paper

Professional regulation needs to sustain the confidence of both the public and the professions through demonstrable impartiality

Principles of the White Paper

Professional regulation should be as much about sustaining, improving and assuring the professional standards of the overwhelming majority as it is about identifying and addressing poor practice or bad behaviour

Principles of the White Paper

Professional regulation should not create unnecessary burdens, but be proportionate to the risk it addresses and the benefits it brings

Ensuring Continuous Fitness to Practise

Medical revalidation will have two components:

- relicensure (all doctors)
- recertification (doctors on specialist register)

Licence to practise

Relicensure

- All doctors in active practice 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

Licence to practise

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Licensing and Relicensure

Licences will be issued to all those who wish to have one in the autumn of 2009

Licences will replace basic registration

There is no indication yet as to when re-licensure will commence

Licences and registration

There will be an option to remain on the register but not to have a licence to practise

This will not entitle doctors to any of the privileges of holding a licence

Licence to practise

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Relicensure

- Satisfactory enhanced annual appraisal which will include participation in independent 360-degree feedback and CPD
- Any issues concerning the doctor's conduct or practice have been resolved
- Relicensure will therefore be based on a positive affirmation of the doctor's entitlement to practise, not simply on the absence of concerns

Ensuring Continuous Fitness to Practise

Recertification

- Led by the relevant medical Royal College
- Based upon a comprehensive assessment against the standards drawn up by that college

Ensuring Continuous Fitness to Practise

It will be possible for doctors to retain a licence to practise even though they may not wish – or be able – to remain on the specialist register

How will decisions be made?

No surprises!

Revalidation does not replace GMC fitness to practise procedures

Revalidation is a five year process; any problems should have been addressed before any recommendation to revalidate – or not – is made

How will decisions be made?

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The Responsible Officer

- Every doctor will relate to one – and only one – Responsible Officer
- Providers of healthcare will be required to appoint Responsible Officers
- These either provide or arrange for the provision of healthcare by doctors or employ or contract with doctors

How will decisions be made?

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Every doctor will be required to inform the Responsible Officer of all relevant clinical practice undertaken, both within and without their managed healthcare organisation

All relevant practice means all work undertaken by the individual in his or her role as a doctor, both clinical practice and non-clinical roles such as public health, administration, management and leadership

How will decisions be made?

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Individual doctors will be responsible for maintaining a portfolio of evidence and supporting information demonstrating maintenance of their specialist skills

Every doctor seeking revalidation will need to ensure that a package of information including a record of enhanced appraisal, is collated for the Responsible Officer to review

Who will be the Responsible Officer?

For those in managed organisations:

A senior doctor sitting on the Board

Possibly the Medical Director or equivalent

Possibly a full time role

Who will be the Responsible Officer?

For those NOT in managed organisations:

This is not yet clear !!!

What is the role of the Responsible Officer?

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The Responsible Officer must ensure that:

- there is an integrated system for monitoring doctors' performance, recognising good practice, encouraging and supporting development and learning
- effective systems and processes of enhanced appraisal are in place
- appropriate action is taken to remedy identified areas of weakness
- progress against development plans is monitored

What is the role of the Responsible Officer?

All Responsible Officers will be required to make a judgement as to whether individual doctors should be recommended as fit to practise

This judgement must be founded on the basis of robust, accurate and relevant information about all aspects of the doctor's practice

What is the role of the Responsible Officer?

Where there is cause for concern, the role of the Responsible Officer is limited to drawing the case to the attention of the GMC and to recommend local remediation if appropriate

Final decisions, which may affect the ability of a doctor to continue in practise will remain, as at present, the sole responsibility of the GMC

What is the role of the Responsible Officer?

The Responsible Officer does not make the recommendation decision in isolation; he or she must ensure that advice is sought from appropriate sources, for example from the medical Royal Colleges or NCAS

What is the role of the Responsible Officer?

The Responsible Officer, as a doctor, is accountable to the GMC for acting impartially and in the wider interests of the patient and the profession

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What will 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 college 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?

Appraisal

- An enhanced appraisal system will be at the core of recertification
- Appraisal will be formative and summative

Nobody can be revalidated without engaging actively with appraisal

What might recertification look like?

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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
- Reflection on SUI/complaints

What might recertification look like?

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Appraisal

- 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.
  - Local support
  - Work with NCAS
  - College invited review
- The appraisal process should be subject to external audit and quality assurance

What might recertification look like?

For those not working in a managed organisation the College will establish a system to match trained appraisers with appraisees

What might recertification look like?

Clinical Practice Standards

Good Psychiatric Practice Version 3 is the basis for standards

Standard One: Good Clinical Care

1. A psychiatrist will undertake competent assessments of patients with mental health problems and must:

   (a) be competent in obtaining a full and relevant history that incorporates developmental, psychological, social, cultural and physical factors, and

   - be able to gather this information in difficult or complicated situations
   - in situations of urgency, prioritise what information is needed to achieve a safe and effective outcome
   - seek and listen to the views and knowledge of the patient, their carers and family members and other professionals involved in the care of the patient

   (b) in making an assessment, have knowledge of:

   - human development and developmental psychopathology, and the influence of social factors and life experiences
   - gender and age differences in the presentation and management of psychiatric disorders
   - biological and organic factors present in many psychiatric disorders
   - the impact of alcohol and substance misuse on physical and mental health

   (c) be competent in undertaking a comprehensive mental state examination

   (d) be competent in evaluating and documenting an assessment of clinical risk, considering harm to self, harm to others, harm from others, self neglect and vulnerability

   (e) be competent in determining the necessary physical examination and investigations required for a thorough assessment

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How to demonstrate meeting the standards

How will standards be assessed?

Case based discussion

Multisource feedback

Audit

Clinical outcomes

Documented reflection on practice

Good standing for CPD

Case Based Discussion

Funded pilot study has been undertaken to evaluate case based discussion as a tool to assess clinical practice

Possibly twice a year over 5 years

What might recertification look like?

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Multi-Source Feedback

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

- One or two each 5 year cycle

What might recertification look like?

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Participating in Clinical Audit/Outcome Measures

- 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

What might recertification look like?

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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
  - Standard criteria across all Colleges
  - Link CPD with training needs
  - 50 hours of peer group approved CPD activities each year

What might recertification look like?

The College may develop CPD online modules with assessment

Participation in certain modules may be linked to revalidation

What might recertification look like?

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Reflection on complaints/SUIs

- Review of concerns
- Lessons learnt
- Change of practice (if necessary)

Non-Clinical Information

Teaching, Management, Research

Medico-legal work, Tribunals (?)

Other non-clinical work

Good Psychiatric Practice

Audits, Care Pathways and Outcome Measures

Case Based Discussion

Continuing Professional Development

Serious Untoward Incidents & Complaints

Multisource Feedback

Other e.g. teaching, research, management

Portfolio

Annual Appraisal

- Appraisal locally led (external advice if needed)
- Appraisers: College trained and accredited
- Appraisal Process Quality Assured

Remediation & Assessment

Referred to GMC

Revalidation Recommendation By Responsible Officer

Timetable for recertification

College hopes to have a framework for recertification in place by end of 2009

Pilot Trusts in 2010

Ready for full implementation 2011

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Questions / discussion