Revalidation and Retirement

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What is revalidation?

Revalidation is the process through which the GMC will confirm that a doctor’s fitness to practise will continue.
Where is the bar?

- Below average?
- Statistical outlier?
- Unsafe?
What is revalidation?

Revalidation confirms that the doctor continues to practise in accordance with the values and principles in Good Medical Practice.
What is revalidation?

Processes that underpin revalidation provide an opportunity for doctors to reflect on their own performance and practice.
Is it new?

- In 1517, the founding charter of the Royal College of Physicians emphasised the need for members to set and maintain standards of practice
  
  “for their own honour and the public benefit”
Is it new?

- GMC established a professional register in 1858
Long gestation

- Annual appraisal introduced for NHS consultants in 2001
- Sir Liam Donaldson’s report in 2008
  - Relicensing
  - Recertification
- New legislation and regulations now in place (2010 and 2012)
When will revalidation happen?

- On 18th October 2012, Jeremy Hunt announced the commencement of revalidation in December 2012.
- Backed up by Chief Medical Officer letters from all 4 countries
- Responsible Officers will be revalidated first.
What is the timescale?

Date

- December 2012 – March 2013
- April 2013 – March 2014
- April 2014 – March 2015
- April 2015 – March 2016

Actions

- RO revalidation only
- Year 1 (20%)
- Year 2 (40%)
- Year 3 (40%)
What is required of me?

- Communicate with the GMC about:
  - Designated Body
  - Responsible Officer
  - Timescale
What else is required of me?

- Find an appraiser and ensure **annual** appraisal
  - Appraiser must be trained
  - Appraiser should be agreed with RO
  - Ensure you have all of information you need in a portfolio (electronic or paper)
  - Appraisal must cover **all** areas of practice
Portfolio?

- Medical Appraisal Guide (GMC website)
- SOAR
- College system due to launch in January 2013 provided by Equiniti
- Organisation may have purchased a system
- Electronic media (e.g. memory stick)
- Paper file
N.B. – for portfolio

Ensure NO patient identifiable information.
What is required of me?

- Gather your supporting information
  1. Quality improvement activity
  2. Feedback from colleagues
  3. Feedback from patients
  4. Continuing professional development (CPD)
  5. Significant events
  6. Review of complaints and compliments
Tax Return 2011
Tax year 6 April 2010 to 5 April 2011

Your tax return
This notice requires you, by law, to make a return of your taxable income and capital gains, and any documents requested, for the year from 6 April 2010 to 5 April 2011.

Deadlines
We must receive your tax return by these dates:
• if you are using a paper return - by 31 October 2011, (or 3 months after the date of this notice if that's later), or
• if you are filing a return online - by 31 January 2012, (or 3 months after the date of this notice if that's later).

If your return is late you will be charged a £100 penalty. If your return is more than 3 months late, you will be charged daily penalties of £10 a day.
If you pay late you will be charged interest and a late payment penalty.

Starting your tax return
Before you start to fill it in, look through your tax return to make sure there is a section for all your income and claims - you may need some separate supplementary pages (see page TR 2 and pages TRG 2 to 6 of the tax return guide). If you need help please use the tax return guide, phone the number shown above or 0845 9000 444, or go to www.hmrc.gov.uk/sa

Your personal details
1. Your date of birth - it helps get your tax right. DD/MM/YYYY
2. Your name and address - if it is different from what is on the front of this form. Please write the correct details underneath the wrong ones, and put X in the box
3. Your phone number
4. Your National Insurance number - leave blank if the correct number is shown above
1. Quality improvement activity

- Clinical audit – measure against standards
- Clinical outcome measures – generic or specific
- Case-based discussion – role for peer group
2. Feedback from colleagues

- Multi-source feedback every 5 years
- Consider medical and lay colleagues or contacts (may need to think laterally)
  - GMC approved tool
  - SOAR tool
  - RCPsych ACP360
- Reflect and respond to feedback received
3. Feedback from patients

- GMC guidance exists
- SOAR resource
- College developed ACP360 tool, validated for psychiatrists
- May need to adapt existing tools for specialist practice.
4. Continuing professional development (CPD)

- GMC guidance
- College guidance, recently updated to include:
  - Clinical
  - Academic
  - Professional
- Total 50 hours per year
- Managed through peer group
Principles for CPD

- GMC Guidance
- College Guidance also recently updated
5. Significant events

- Main priority is reflection and learning
- If none then state this.
- Lack of disclosure at appraisal is a probity issue
6. Review of complaints and compliments

- Need to ensure these can be captured, along with any investigation and resolution.
- Reflection and learning are key.
- Lack of disclosure at appraisal is a probity issue.
- Consider peer discussion or review, could include second opinion.
Appraisal

- Appraisal should review all supporting information
- Confidential discussion
- Reflection
- Develop actions where indicated
- Add to personal development plan
- Formative, not summative
What happens next?

- RO reviews all information
- Makes recommendation:
  - Positive recommendation that the doctor is up to date and fit to practise
  - Request to defer the date of the doctor’s recommendation
  - Notification of the doctor’s non-engagement in revalidation
- **GMC** makes a decision about revalidation
Conclusion

- Be pro-active
- Be informed
- Be prepared
- Be reflective
- Be positive
- Be inquisitive – any questions?
Thank You

- For more information, please contact:
  - revalidation@rcpsych.ac.uk
  - GMC website
  - SOAR website
  - AoMRC website
  - RST website