

FPH Revalidation Guide



Introduction

There are a number of aspects of revalidation about which the Faculty of Public Health (FPH) frequently receives queries from members. We've developed this guide to give you the essential facts about revalidation. Working with colleagues in the field, we've developed this guidance to help those working as public health professionals, as well as those appraising them. You can find this and further information on our website at:

http://www.fph.org.uk/supporting_information_for_gmc_revalidation

The regulations that brought revalidation into our professional lives were enabled on 3 December 2012. For most of you, there has been little change in your annual appraisals, merely a strengthening of existing local processes. For those of you not used to annual appraisals, which are the basis of revalidation, you will need to

familiarise yourself with the requirements. These pages will help all readers to prepare for revalidation to the General Medical Council (GMC) to ensure they are aware of the requirements and the types of supporting information they will be required to reflect on and present at their annual appraisal. More detail is available on the revalidation pages of our website at:

<http://www.fph.org.uk/revalidation>

Bringing supporting information to appraisal may be new to many of you, and the GMC has specified six types of supporting information for you to provide over the five-year revalidation cycle. This information, which you will reflect on and discuss at your annual appraisal, will demonstrate your practice against the attributes outlined in *Good Medical Practice*. In discussing your supporting information, your appraiser will be interested in what you did with the information and your personal reflections on that

information, not simply that you collected it and maintained it in a portfolio. Your appraiser will want to know what you think the supporting information says about your practice and how you intend to develop or modify your practice as a result of that reflection. For example, how you responded to a significant event and any changes to your work as a result, rather than the number of significant events that occurred.

FPH strongly supports statutory regulation for all public health specialists, to ensure parity between public health specialists of all professional backgrounds. For information on revalidation for public health specialists from a background other than medicine please see the UK Public Health Register webpage

<http://www.ukphr.org/>

For trainees, your Annual Review of Competence Progression will cover the necessary requirements.

Main types of supporting information

AN IMPORTANT part of revalidation is the building, over a period of five years, of a portfolio of supporting information that demonstrates your practice against the 12 attributes of *Good Medical Practice*.

The supporting information that you will need to bring to your appraisal will fall under four broad headings:

- General information – providing context about what you do in all aspects of your work
- Keeping up to date – maintaining and enhancing the quality of your professional work
- Review of your practice – evaluating the quality of your professional work
- Feedback on your practice – how others perceive the quality of your professional work.

There are six types of supporting information that you will be expected to provide and discuss at your appraisal at least once in each five-year cycle. They are:



1. Continuing professional development
 2. Quality-improvement activity
 3. Significant events
 4. Feedback from colleagues
 5. Feedback from patients (if you see patients)
 6. Review of complaints and compliments.
- The nature of the supporting information will reflect your particular specialist practice and your other professional roles. Your portfolio will make it easier for your appraiser to complete the appraisal and for your Responsible Officer (RO) to make a recommendation to the GMC about your revalidation. If you feel that you are unable to collect all pieces of supporting information, you should discuss the matter with your appraiser. The requirements are the same for all doctors.

Guidance on audit

EVIDENCE of quality-improvement activity is mandatory for revalidation; it provides evidence that you review your practice, learn from any mistakes and therefore improve as a result. Audit (which consists of audit, take action and re-audit) is a requirement once every five years, and two case reviews should be produced every year. FPH has provided some examples of audit and case review in the main areas of public health as guidance for appraisees and appraisers. See <http://tinyurl.com/oksjyrr>



Multi-source feedback guidance



FEEDBACK from colleagues and patients is mandatory for revalidation. Feedback from colleagues needs to be gathered by all doctors. Those who do not treat patients should think creatively and actively about who can provide the same kind of useful feedback that they would get from patients.

Which multi-source feedback (MSF) questionnaire you use is the decision of your Responsible Officer (RO), and it is expected that doctors follow the local process as determined by the RO.

The General Medical Council (GMC) has published guidance on the minimum requirements for the first cycle which includes guidance on the MSF. The guidance states that the MSF does not have to be GMC-approved for the first cycle of revalidation, but it must have been carried out within the five years prior to the recommendation date and be relevant to the doctor's current scope of practice.

Timelines

THE General Medical Council's schedule for the revalidation of all doctors is as follows:

- (Year 0) December 2012 to March 2013: All Responsible Officers (ROs) and other senior medical leaders were revalidated
- (Year 1) April 2013 to March 2014: First RO recommendations (20% of doctors) were submitted
- (Year 2) April 2014 to March 2015: Second tranche of RO recommendations (60% of doctors) to be submitted
- (Year 3) April 2015 to March 2016: Third tranche of recommendations (majority of doctors) submitted
- (Year 4) April 2016 to March 2017: Fourth tranche
- (Year 5) April 2017 to March 2018 all remaining licensed doctors revalidated and



first cycle of revalidation ends

- April 2018: Second revalidation cycle begins

While a revalidation recommendation is made once every five years, you will be expected to undergo an appraisal every year.

Reflective notes



REFLECTION is an important aspect of revalidation, as a driver by which you can improve the quality of your professional practice. You will need to reflect on the supporting information within your portfolio and document that reflection as a way of providing insight into your work and, in turn, informing the appraisal discussion.

Good reflection goes beyond descriptive observation. It demonstrates evidence of analytical thinking, learning and action planning. The intention is that you provide personal insight into your supporting information and, in turn, your professional practice, approach to medicine and demonstrate compliance with *Good Medical Practice*.

To help with this important aspect of CPD and revalidation, FPH has produced *Tips on Writing Effective Reflective Notes*: <http://tinyurl.com/kq4ppmo>

Minimum requirements for a revalidation recommendation

THE General Medical Council (GMC) has set out guidance for doctors on the minimum requirements for the first cycle. In order to be ready to have a revalidation recommendation made about them, doctors will have to fulfil the following criteria:

- The doctor must be participating in an annual appraisal process which has *Good Medical Practice* as its focus and covers the entire scope of their medical practice.
- The doctor must have completed at least one appraisal, with *Good Medical Practice* as its focus, which has been signed off by the doctor and their appraiser.
- The doctor must have demonstrated, through appraisal, that they have collected and reflected on the following information as outlined in the GMC's guidance *Supporting Information for Appraisal and Revalidation*:
 - Continuing professional development
 - Quality-improvement activity
 - Significant events
 - Feedback from colleagues
 - Feedback from patients (if you see patients)
 - Review of complaints and compliments
- Evidence of continuing professional development, review of significant events and review of complaints and compliments must relate to the 12-month period prior to the appraisal that precedes any revalidation recommendation.
- Evidence of regular participation in quality-improvement activities that demonstrates the doctor reviews and evaluates the quality of their work must be considered at each appraisal. The activity should be relevant to the doctor's current scope of practice.
- Evidence of feedback from patients and colleagues must have been undertaken no earlier than five years prior to the first revalidation recommendation and be relevant to the doctor's current scope of practice.
- Feedback from patients and colleagues that does not fully meet the criteria set by the GMC may also be included but must have been:
 - focused on the doctor, their practice and the quality of care delivered to patients
 - gathered in a way that promotes objectivity and maintains confidentiality
- Team-based information may also meet the requirements where no individualised information is available for quality-improvement activities, significant events or complaints and compliments, as long as the doctor has reflected on what this information means for their individual practice.

Specialty specific guidance

FPH has worked with the Academy of Medical Royal Colleges to produce specialty-specific guidance to be used by appraisers, appraisees and Responsible Officers who require further guidance on the particularities of revalidation in public health. The guidance, which can be found on our website at: <http://tinyurl.com/kxqfpuu>, includes this helpful checklist for supporting information that should be used in conjunction with the remainder of the guidance. Remember: it is your responsibility to ensure the information you supply is correct and up to date.

GENERAL INFORMATION		
Personal details	<ul style="list-style-type: none"> ✓ General Medical Council (GMC) number ✓ demographic and relevant personal information and qualifications ✓ self-declaration of no change or an update identifying changes 	Annual
Scope of work	<ul style="list-style-type: none"> ✓ description of whole practice covering the period since last appraisal ✓ current job plan (if required for reference) ✓ any significant changes in professional practice ✓ extended clinical and non-clinical activities ✓ any other relevant information for field of practice 	Annual
Record of annual appraisals	<ul style="list-style-type: none"> ✓ signed-off appraisal portfolio record and satisfactory outcomes of previous appraisal ✓ evidence of appraisals (if undertaken) from other organisations ✓ confirmation that previous actions/concerns have been addressed 	Annual
PDPs	<ul style="list-style-type: none"> ✓ current personal development plan (PDP) with agreed objectives from previous appraisal ✓ details of any new objectives added since last appraisal or to be added ✓ access to previous PDPs 	Annual
Probity	<ul style="list-style-type: none"> ✓ signed probity self-declaration 	Annual
Health	<ul style="list-style-type: none"> ✓ signed health self-declaration 	Annual
KEEPING UP TO DATE		
CPD	<ul style="list-style-type: none"> ✓ description of CPD undertaken each year as set out in requirements 	Annual
REVIEW OF PRACTICE		
Quality improvement activity – at least one of the following activities as appropriate for specialty (see full guidance)		
Clinical audit	<ul style="list-style-type: none"> ✓ evidence of demonstrating active engagement in complete audit cycle 	Minimum 1 in 5 years
Review of clinical outcomes	<ul style="list-style-type: none"> ✓ documented review of clinical outcomes, as where defined by specialty 	If available
Case review or discussion	<ul style="list-style-type: none"> ✓ two documented case reviews 	Annual in remaining years
Significant events		
Clinical incidents, Significant Untoward Incidents (SUIs) or other similar events	<ul style="list-style-type: none"> ✓ summary of all SUIs or root-cause analyses that you have been involved in ✓ summary of at least 2 clinical incidents per year OR ✓ self-declaration that you have not been involved in any events. 	Annual
FEEDBACK ON PRACTICE		
Colleague feedback	<ul style="list-style-type: none"> ✓ MSF colleague feedback exercise (normally by the end of year 2). 	Minimum 1 in 5 years
Feedback from patients and/or carers	<ul style="list-style-type: none"> ✓ patient-feedback survey or equivalent exercise, normally by the end of year 2 (if applicable). 	Minimum 1 in 5 years
Feedback from clinical supervision, teaching and training	<ul style="list-style-type: none"> ✓ evidence of performance as a clinical supervisor and/or trainer (a) ✓ feedback from formal teaching included annually (b) 	(a) Minimum 1 in 5 years (b) annual
Formal complaints	<ul style="list-style-type: none"> ✓ documented formal complaints received OR ✓ self-declaration that none have been received since last appraisal 	Annual
Compliments	<ul style="list-style-type: none"> ✓ summary of unsolicited compliments received 	Annual

Frequently asked questions

Q: Who will need to revalidate?

All doctors with a licence to practise are legally required to revalidate if they wish to retain their licence to practise. Specialists registered with the UK Public Health Register (UKPHR) will be required to revalidate in order to remain on the specialist register. Please refer to the UKPHR website for further details.

Those on the General Dentist Council (GDC) register are strongly encouraged to maintain similar portfolios of evidence as the GDC intends to introduce revalidation in due course. Visit the GDC website for further details.

Doctors in training will be required to undergo revalidation. This will take place through their deanery and be based on the Annual Review of Competence Progression (ARCP) process. For further information visit www.gmc-uk.org/reval4trainees

Q: How will GMC revalidation work?

Revalidation is based on a local evaluation of doctors' performance through annual appraisal in the workplace. Doctors will need to maintain a portfolio of supporting information to bring to their appraisals as a basis for discussion. Information from the appraisal will be provided to a Responsible Officer (RO). Every five years the GMC will require confirmation from a doctor's RO that they are up to date and fit to practise and that there are no significant unresolved concerns about their practice.

Q: Who is my Responsible Officer?

You cannot choose your RO; it is laid down in law. The GMC has developed a tool to aid doctors in identifying their RO. Visit the GMC website to find your RO.

Q: Can I revalidate through the Faculty of Public Health?

The organisation which a doctor would connect to for their revalidation, ie. their Designated Body is determined in law. For a small number of public health doctors, FPH is itself their designated body for revalidation. For these doctors FPH:

- Appoints and trains appraisers to carry out annual appraisals
- Makes available an instrument for gathering feedback from patients and colleagues
- Makes a recommendation to the GMC about a doctor's fitness to practise

If you are unsure who you should be connected to for revalidation, please use the GMC algorithm online tool.

Q. What do I need to do if the Faculty of Public Health is my Designated Body?

You should notify the GMC of your Prescribed Connection to the Faculty of Public Health by logging onto your GMC online account and updating the 'my revalidation' section there.

The GMC will inform us of your Prescribed Connection and we will contact you with further information about our revalidation service.

The revalidation service FPH offers is only available to members who are in good standing with us; you would need to contact us if your FPH membership is not in good standing.

For further advice please email revalidation@fph.org.uk.

Q. How much does it cost?

FPH does not receive additional funding for our statutory duties in providing this revalidation service. The current fee is £975 (2016-17). This sum covers the appraisal service, including payment, training and quality assurance of appraisers, and routine costs for administering and managing the system.

Q: How often must I revalidate?

Revalidation will be a five-year cycle. Whilst a revalidation recommendation occurs once every five years, appraisal is an annual requirement.

Q: When should I start collecting supporting information for revalidation?

You should start to collect your supporting information as soon as possible. To see what types of supporting information are required

please visit our website http://www.fph.org.uk/supporting_information_for_gmc_revalidation

Q: Does revalidation affect my specialist registration or GMC registration?

No. Revalidation is required to maintain a licence to practise. Revalidation is about demonstrating that you are up to date and fit to practise in your current fields and across your scope of practice.

Q: What if I work overseas?

The licence to practise gives doctors legal rights and privileges in the UK only. If you choose to maintain your licence while practising abroad, you will have to revalidate in the same way as doctors practising in the UK and link to a UK designated body.

There is an option for doctors to relinquish their licence to practise, but remain registered with the GMC and maintain entry in the specialist register. Visit the GMC website for further information.

Q: I work exclusively in a non-clinical role. How do I revalidate?

If you hold a licence to practise, you will revalidate in the same way as doctors in clinical roles, and the supporting information you bring to your appraisal will reflect your non-clinical role. However, you may not need a licence to practise if you do not carry out any clinical practice.

Q: I have retired from active medical practice. If I continue to maintain CPD will that be sufficient for revalidation?

No. If you choose to or are required to hold a licence to practise, you will need to revalidate in the same way as every other doctor.

Q: I am retiring in less than five years. Do I have to revalidate?

Yes. You will need to revalidate up until the point that you relinquish your licence to practise.

Q. Where do I go for more information about revalidation?

Please visit our website <http://www.fph.org.uk/revalidation>

You can also find more information on the GMC's website at <http://www.gmc-uk.org/doctors/revalidation.asp>