



**FACULTY OF
PUBLIC HEALTH**

Faculty of Public Health

Revalidation Policy FPH Role & Responsibilities

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Introduction

The objective of revalidation is to provide assurance that public health doctors are practising to a high standard: by using appraisals to demonstrate that they are up to date and fit to practise. Revalidation, and the appraisal meeting that is an inherent part thereof, should be a process that will not only provide this assurance but will also support continuous quality improvement in standards and practice for public health doctors and therefore the public.

For the purposes of revalidation, the approach to appraisal has been standardised. The process is called revalidation-ready appraisal and consists of inputs that feed into the confidential discussion and outputs that results from that. The purpose of this document and its accompanying appendices is to provide guidance on FPH's revalidation policies and processes for those public health doctors with whom FPH has a prescribed connection.

This policy complies with good equality and diversity practice.

Scope

This policy outlines FPH's process of appraisal for revalidation to the GMC and is relevant in all four nations of the United Kingdom to all doctors with a prescribed connection to the Faculty of Public Health under *The Medical Profession (Responsible Officers) Regulations 2010 [amended 2013]*.

The policy applies to this group of doctors irrespective of age, disability, race, colour, nationality, ethnic origin, religion, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.

Appraisers and the doctors being appraised are required to follow the FPH revalidation appraisal policy when participating in the FPH revalidation process, including the timescales for reviewing of inputs and completing the outputs.

Please note:

- This document is not intended to provide detailed guidance on what supporting information doctors should collect.
- This policy is not presently designed for revalidation to the UKPHR. This policy will be produced if and when FPH involvement in UKPHR revalidation has been agreed.
- Doctors in training will revalidate through the Annual Review of Competence Progression.

FPH role in Revalidation

FPH has two roles in revalidation. The first role is to offer specialty specific guidance on the particularities of public health practice. This guidance will enable the Responsible Officer (RO) and appraiser in other designated bodies, who may not have a public health background, to understand the role and function of public health. FPH offers guidance on standards, audit in public health and other issues.

Our second role, for those public health doctors who do not have a prescribed connection to

another designated body, FPH itself will act as their designated body (unless their prescribed connection changes). .

For these doctors FPH will:

- Appoint and train appraisers to an appropriate standard to enable them to carry out annual revalidation-ready appraisals and assist with the development of a PDP
- Make available an instrument for gathering feedback from colleagues
- Make available a tool for the collation of supporting information that forms the basis of the appraisal discussion
- Offer general advice (not funding) on remediation where there are concerns about practice
- Provide access to an RO who will make a formal recommendation to the GMC about a doctor's fitness to practice
- Provide a dedicated mailbox for queries
- Make available FAQs and other information about revalidation on its website

Overview of the appraisal process

All appraisals will be focused on *Good Medical Practice*. The appraisal meeting process consists of essential inputs, which are then reviewed and discussed and lead to required outputs. There are three stages in the medical appraisal process, as shown below

1. Inputs to appraisal
2. The confidential appraisal discussion
3. Outputs of appraisal

Role of the Responsible Officer

The role of the RO is to ensure the quality and objectivity of the revalidation process in place at FPH and to make a recommendation to the GMC once every five years about a doctor's revalidation. The RO's recommendation will be informed by annual medical appraisals, which includes appraisals outputs and other information available to the responsible officer from local clinical governance systems. Therefore the RO will have to ensure that the organisation has necessary systems in place to facilitate this. The GMC will consider the Responsible Officer's recommendation and decide whether to continue the doctor's Licence to Practice.

The RO's role will support doctors as they strive to improve the quality of care and practise. Where necessary, the RO will inform the GMC of any concerns about a doctor's fitness to practice or refusal to engage in the revalidation process.

Recommendations to the GMC

There will be a minimum notice period of three months given to a doctor before a revalidation submission is due to the regulator. This notice will be given by the GMC. This will usually necessitate a revalidation-ready appraisal meeting. In most cases, the revalidation cycle will be 5 years, but the GMC may alter this at its discretion.

It should be noted that the GMC retains the right to bring forward or defer an individuals' revalidation date at their discretion.

It should be noted that the final decision regarding the revalidation of an individual doctor rests with the GMC and not the Responsible Officer or appraiser.

FPH Revalidation: Governance and Administrative issues

Management and delivery of the system

The Faculty of Public Health uses the MyL2P on line revalidation and appraisal management system. This system supports the day to day management of the process and provides connected doctors with a standard system for recording and presenting their supporting information and for recording the appraisal outputs. Doctors with a connection to the FPH must use this system.

Quality assurance and improvement of the system

There are a range of methods that will be used to inform quality assurance and quality improvement of the FPH revalidation system.

Feedback from the doctor on their appraiser and the appraisal system in general is welcomed throughout the appraisal process. This feedback may be given to the appraiser as part of the appraisal meeting or can be passed on to the FPH Professional Standards Department.

In addition, FPH will gather feedback from doctors and appraisers via quarterly independent surveys. The findings will be reported to the RO.

To embed quality improvement within the system, appraisers will meet annually with the RO for refresher training and the opportunity to share learning and experience. At least every four years appraisers will meet with the RO for a formal review of performance in order to be confirmed in their position.

FPH will commission an external review of the revalidation system on a three year cycle to assess the quality and functionality of the system of appraisal and the corporate/clinical governance strategy.

In addition there may be an independent audit of appraisals, every three years, to ensure that equality and objectivity prevails.

Indemnity Arrangements

Indemnity arrangements have been explored by FPH and the current legal advice is that additional indemnity cover is not required for members undertaking the role of an appraiser.

Appraisers should not need further insurance, as an appraiser is merely informing the RO in their decisions as to recommendation for revalidation, as opposed to making judgements on their fitness to practise themselves.

The RO informs the GMC of his/her recommendation and it is the GMC that ultimately makes the judgement regarding a doctor's fitness to practice.

It should be understood that this does not negate the need for individual doctors to source personal indemnity cover through organisations such as the Medical Defence Union.

Duty of Cooperation

FPH has a duty of cooperation with other designated bodies. This may require the sharing of information in relation to a doctor's fitness to practice, as required by statute.

In most cases, this will mean sharing with the RO or another designated body, the summary of the appraisal and the appraiser statements when the doctor had a prescribed connection with FPH and vice versa.

Confidentiality and security

The detail of discussions during the appraisal interview would generally be considered to be confidential to the doctor and appraiser. However within the context of appraisal for revalidation, the appraiser will be reporting to the Responsible Officer on the general outcomes of their appraisals. If an unexpected serious concern comes to light in the course of an appraisal, the appraiser should suspend the conversation, should not complete the appraisal outputs and should notify the Responsible Officer as soon as reasonably practicable so that the matter may be addressed

Both FPH and the doctor will need to retain copies of the appraisal documentation over a five year period. It is the responsibility of the doctor to retain and add to their supporting documentation in an appraisal folder.

All information gathered and stored as part of the revalidation process is stored on a secure server accessible only to the doctor, appraiser, the RO and the FPH Revalidation Officer who acts as system administrator. It may be necessary for the Head of the Professional Standards to access the data.

Information sharing

Information about a doctor may be shared with third parties, in certain circumstances, -such as when a doctor's prescribed connection changes.

When a doctor's prescribed connection changes, it is expected that the previous and new ROs or appraiser would be in contact to share the portfolio, previous appraisal outcomes and any concerns. FPH will request the same information for any doctors who connects to FPH after year 0.

Should an appraiser or RO have serious concerns about a doctor's fitness to practise the appraiser/ RO would refer the case to the GMC.

For further information, please refer to FPH's Clinical Governance Policy at Appendix C.

If the GMC takes a decision to reduce or extend the revalidation cycle for a doctor with whom FPH has a prescribed connection, this will be treated in confidence.

Monitoring and reporting arrangements

As a designated body, FPH is subject to the quality monitoring arrangements determined by NHS England. These arrangements are set out under the Framework of Quality Assurance for Responsible Officers and Revalidation (FQA). The Higher Level Responsible Officer requires FPH to submit mandatory quarterly and an annual return to NHS England each year. The annual audit and quarterly reports are designed to provide assurance that the systems and processes underpinning revalidation are in place and are working effectively.

An annual report on the FPH Revalidation Service is submitted to the Board as required under the FQA arrangements. In addition, the FPH Revalidation Service regularly provides update reports to the FPH Standards and Knowledge Committee which normally meets on a quarterly basis.

Suggestions for improvement to the process will be passed to the Workforce Committee , which oversees the appraisal and revalidation processes. All reports will be shared with the Workforce Committee for consideration and the FPH Board for information.

Appeals and complaints

FPH ensures that all their appraisers will be trained and continually monitored in their role as an FPH appraiser, to provide the fairest outcomes for those being appraised. If there a conflict of interest or other issue arises with the assigned appraiser or appraisee, in the first instance, please contact the department of Professional Standards to request a new appraiser or appraisee.

However, if a doctor is not satisfied with the outcome of an appraisal, they can take the matter to appeal.

Appeals will not be accepted on the grounds that a doctor:

- Did not understand the appraisal system
- Was unable to supply information requested in a reasonable time period
- Seeks to question professional judgement

It should be noted that this policy does not facilitate the changing of an appraisal outcome immediately, but will, where necessary, review the documentation and provide the doctor with a second appraisal and/or appraiser where it is deemed appropriate. The cost (i.e the appraisal element of the revalidation service fee) of any such second appraisal would be charged to the doctor in the first instance. If the doctor's appeal is successful the appraisal element of the revalidation service will be refunded for the second appraisal meeting held. No refund will be given where the doctor's appeal has been unsuccessful.

Any expression of a specific concern about the provision or quality of service by FPH, including issues such as staff conduct, disputes about the regulations, other procedures or the application thereof is defined as a complaint and as such will be considered under the FPH Revalidation complaints procedure which can be found on our website here ; http://www.fph.org.uk/complaints_procedure

Any appeal will be made in writing to the Responsible Officer and is to arrive within four weeks of the appraisal in question, and include supporting evidence where appropriate.

On receipt of appeal the RO will investigate and collate all relevant information before referring it to the Registrar for initial consideration.

If it is considered by the Registrar that there is no prima facie case, i.e. that the appeal request is outside the permitted grounds, frivolous or unsubstantiated, the candidate will be notified of this and informed that the appeal will not be heard and that the appeals procedure is at an end.

If it is considered that there is a case in support of the appeal, the Registrar and RO may:

- Arrange for immediate remedy to be offered to the doctor or
- Refer the appeal to the FPH Standards and Knowledge Committee for further consideration.

Questions?

Please send your questions on the policy to revalidation@fph.org.uk

Appendix A: References and further information

[Good Medical Practice 2013](#)

[Framework for appraisal](#)

[Supporting information for appraisal and revalidation](#)

[Public Health specialty specific guidance](#)

[FPH guidance on quality improvement activity](#)

[FPH guidance on writing reflective notes](#)

[Meeting the GMCs requirements for revalidation](#)

[GMC website](#)

[NHS England Revalidation](#)

[FPH website: revalidation FAQs, CPD Policy , Data protection policy](#)

[Revalidation recommendations](#)

Appendix B: FPH Revalidation Service Roles and Responsibilities

1 Responsible Officer

The Responsible Officer has overall responsibility for the effective implementation and operation of the revalidation system. S/he will make a recommendation to the GMC on a doctor's fitness for revalidation based on an assessment of their practise through annual appraisals over five years.

2 Appraisers

Appraisers will be appointed by the RO in line with the numbers of appraisals that are required. They will adhere to the FPH Revalidation Appraisal Policy:

- Organise all their appraisals within the appraisal timeframes
- Review appraisal documentation two weeks before the appraisal interview takes place, identifying key areas for discussion to set an agenda
- Ensure all paperwork is processed as required on completion of the appraisal interview, including the signing off of the PDP by both parties
- Report on the outcome of their appraisals to the Responsible Officer
- Undertake appraisal training and attend period updates as required
- Take part in a performance review, including feedback on performance in their role
- Organise for their own appraisal in a timely manner
- Ensure their statutory and mandatory periodic training is up to date

FPH will arrange training for all new appraisers as well as updated training for existing appraisers and obtain feedback on the performance of all its appraisers and use this to inform further training.

3 Doctors

Doctors are responsible for ensuring that they participate in the annual appraisal cycle to meet the requirements of revalidation. They are required to maintain a professional portfolio including feedback from each of their employers (whole practice review) including the independent sector, records of their training, reflective practice and additional documentation as specified by the GMC.

This evidence must be available to their appraiser three weeks before the date of the appraisal. Doctors are responsible for ensuring their RO receives the results of their appraisals in a timely fashion. Doctors must keep a copy of all appraisal documentation including all supporting information securely themselves until completion of the relevant revalidation cycle.

4 Revalidation Officer

The FPH Revalidation Officer will oversee the revalidation and appraisal process and ensure that related procedures and practices are regularly reviewed in line with changes in legislation. The post holder will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all annual appraisals are undertaken in line with national guidance.

The post holder will provide administrative support to the appraisal and co-ordinate the revalidation process. S/he will maintain the records/electronic data system and ensure that the systems in place are held securely and will maintain a database of trained appraisers to ensure that there are sufficient numbers to meet the needs of the doctors with a prescribed connection and allocate trained appraisers to the doctor to be appraised.

5 Appraisal Lead

The FPH Appraisal Lead will undertake regular quality control checks to ensure the appraisal documentation submitted meets the agreed standards. S/he will also review the feedback received on the FPH appraisal system and meet with the RO once a year to discuss the annual QA report.

Appendix C: FPH Revalidation Clinical Governance Policy – October 2012 (v2.1)

Introduction

Enhancing and strengthening the process of appraisal for revalidation requires efficient clinical governance and quality improvement systems to be in place.

This document outlines the FPH clinical governance policy as related to the revalidation of those doctors with a prescribed connection to FPH.

It includes the corporate governance policy for the FPH revalidation service with regards to information management systems, clinical governance data, requirements precipitated by a change in designated body, the managing performance concerns and the complaints procedure.

Scope

This policy is relevant in all four nations of the United Kingdom and applies to all fellows and members irrespective of age, disability, race, colour, nationality, ethnic origin, religion, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.

Accountability for clinical governance

The FPH Responsible Officer is responsible for the clinical governance of doctors with a prescribed connection to FPH and quality improvement and assurance of the FPH Revalidation service.

Information Management System

For doctors with a prescribed connection to FPH, a portfolio will be mandatory for the collation of the supporting information required for their revalidation-ready appraisal. This portfolio is then submitted to the appraiser for review and access prior to and during the appraisal meeting. It will be accessed by the RO during the revalidation cycle to evidence their recommendation to the GMC/UKPHR. It may also be accessed as necessary by the FPH Revalidation Officer.

This portfolio is provided to the individual as opposed to an organisation, thus, if a doctor moves organisation, they are able to maintain a portfolio of evidence throughout the revalidation cycle and (where appropriate) a new appraiser or RO is able to evaluate the evidence.

Not only does this portfolio provide a comprehensive listing of past appraisals for the individual's records, but it is imperative for revalidation that an RO is able to evaluate five years' worth of supporting evidence.

The outcome of each appraisal, as well as the recommendation relating to revalidation is also recorded on this platform, so as to maintain a coherent record of events for governance and audit purposes.

Doctors with a prescribed connection to FPH will not be able to be recommended for revalidation if they do not have sufficient information for their appraisal cycle. As such, it is the responsibility of the individual doctor/specialist to maintain their records and appraisal folder.

It is important that a doctor records all key information in the portfolio, including a record of complaints made against them. Under the terms of *Good Medical Practice* all doctors must declare any supporting information which may have a bearing on their performance. Failure to do so may relate in GMC sanctions.

FPH will maintain a record of the appraisal portfolio and outcomes for doctors with a prescribed connection to the Faculty. All information gathered and stored by FPH as part of the revalidation process portfolio is stored on a secure server accessible only to the appraisee, appraiser, RO and FPH revalidation officer. It may be necessary for the Head of the Professional Standards to access the data. For more information please consult the [FPH data protection policy](#).

The information may be shared with a third party such as when a doctor's Prescribed Connection changes. In this case, the portfolio, appraisal outcome and any concerns will be shared with and requested from the new/previous designated bodies' RO or appraiser.

Clinical Governance Data

Almost all of the doctors revalidating through the Faculty will be in independent practice. FPH does not employ these doctors therefore the Responsible Officer only has access to limited clinical governance information. In order to address this issue the Faculty asks doctors revalidating through us to sign a 'Clinical Governance Declaration' form which confirms that the doctor is not subject to certain procedures that may indicate a fitness to practice issue.

As such FPH monitors the quality of individual and team performance except through the evidence presented at annual appraisal, and response to directly received complaints.

FPH routinely monitors the GMC's decision circular which contains details of all sanctions brought against UK registered doctors on a monthly basis.