



**FACULTY OF
PUBLIC HEALTH**

Faculty of Public Health

Revalidation Policy and Processes

Revised February 2017 v2

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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.

Establishing a Prescribed Connection to the FPH Revalidation Service

In order to have a connection to FPH a doctor must be a Member, or Fellow of the Faculty. In addition, the doctor must be in good standing, that is, up to date with subscriptions to FPH and up to date with CPD. Also, the FPH revalidation service fee must be paid on taking up the service and is payable annually thereafter.

Change of designated body

The prescribed connection to a designated body is based on that of the employer. As such, it is likely that a doctor will not maintain the same prescribed connection over a single revalidation cycle.

Each doctor who finds themselves in a situation which requires FPH to be their designated body must provide the following information to the Faculty at the start of a new prescribed connection for continuity purposes:

- Evidence that they are a member of FPH and in good standing
- GMC Number
- GMC conditions/ restrictions
- Detailed outlining of previous position, experience and responsibilities
- Current RO / Designated body and their contact details
- Revalidation due date
- Responsible Officer information from previous designated body including records of appraisals, relevant performance monitoring information, records of patient and colleague feedback, and records of fitness to practise investigations / disciplinary procedures / unresolved concerns. This information must be obtainable by the current RO, who must be informed of its existence.
- For those who have returned from practising as a locum, an exit report must be presented from the temporary appointment, as well as the above information.

This information should be submitted by the doctor themselves. If the doctor fails to provide the information, the RO is able to refuse to recommend revalidation, inform the GMC of the doctor's failure to engage with the process of revalidation or may choose to seek to obtain the information independently.

Doctors based overseas

Doctors based overseas are reminded that the licence to practise is for use in the UK. FPH will aim to support doctors based overseas in revalidation. However, doctors based overseas should note that the requirements for revalidation are the same as for doctors based in the UK. This is because the licence to practise is for the UK only. Doctors practicing only overseas should consider revoking their license to practice until they plan to return to the UK.

Generally, we would encourage doctors based overseas to try to have their appraisal when they visit the UK. If this is not possible in a given appraisal year, the use of Skype is permitted, subject to the conditions clarified in the section below.

Use of video calling

The use of video calls to carry out an appraisal is only authorised for a) doctors based permanently overseas and b) in extenuating circumstances. The type of video call should be agreed in advance between the doctor and the appraiser to ensure mutual compatibility of IT systems being used (e.g. Skype to Skype calls).

The use of video calling is only permitted for doctors based overseas four times within a five-year cycle. After the first revalidation cycle, at the point that a recommendation is made to the GMC at least one face to face appraisal must have taken place

Essential components of the appraisal process

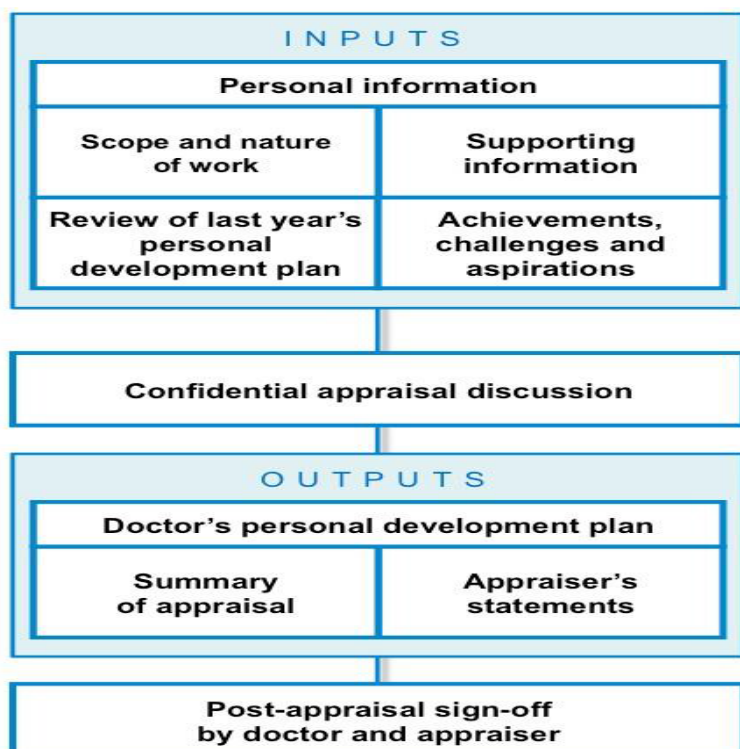
Medical appraisal is undertaken annually at a meeting between a doctor and a colleague who is trained as an appraiser.

The doctor is required to collect supporting information that is relevant to their scope and nature of work.

There are three stages in the medical appraisal process, as shown below, the Faculty of Public Health has made available to doctors the MyL2P on line revalidation and appraisal management system to enable this process.

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

M E D I C A L A P P R A I S A L



Framework for Appraisal

The basis of appraisal for revalidation is the GMC's [Framework for Appraisal](#). The *Framework* consists of four domains which cover the spectrum of medical practice. Each domain is described by three attributes that define the scope and purpose of each domain. These attributes relate to practices or principles of the medical profession as a whole.

The principles and values below have been pared down from the full advice in the GMC's *Good Medical Practice*. They are examples of the types of professional behaviours expected of **all** doctors. Where the GMC guidance refers to patients, it should be read as populations for PH doctors.

Domains and attributes
1. Knowledge, skills and performance
<ul style="list-style-type: none"> 1.1 Maintain your professional performance 1.2 Apply knowledge and experience to practice 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.
2. Safety and quality

<ul style="list-style-type: none"> 2.1 Contribute to and comply with systems to protect patients/populations 2.2 Respond to risks to safety 2.3 Protect patients/populations, public and colleagues from any risk posed by your health
3. Communication, partnership & teamwork
<ul style="list-style-type: none"> 3.1 Communicate effectively 3.2 Work constructively with colleagues and delegate effectively 3.3 Establish and maintain partnerships with patients
4. Maintaining trust
<ul style="list-style-type: none"> 4.1 Show respect for patients/populations 4.2 Treat patients/populations and colleagues fairly and without discrimination 4.3 Act with honesty and integrity

The nature of Public Health practice means that the information and evidence brought to the appraisal process will in some respects differ from colleagues in other clinical specialties. Accordingly, FPH has produced specialty specific guidance that complements the *Framework*. This can be found via the FPH website.

Doctors should:

- use the GMC's *Framework* and the FPH specialty specific guidance to reflect on their practice and approach to public health medicine
- reflect on the supporting information they can gather and what that information demonstrates about their practice (including their contribution to teamwork)
- identify areas of practice where they could make improvements or undertake further development (with a view to drafting their PDP)
- demonstrate that they are up to date and fit to practise

GMC revalidation timeline

- Dec 2012: Revalidation go-live.
- Year 0: December 2012 to March 2013. ROs and some medical leaders revalidated
- Year 1: April 2013 to March 2014
- Year 2: April 2014 to March 2015
- Year 3: April 2015 to March 2016
- Year 4: April 2016 to March 2017
- Year 5: April 2017 to March 2018. End of first cycle
- April 2018: Second revalidation cycle begins

Principles of appraisal

Revalidation-ready appraisal differs from managerial appraisal due to its link with external professional regulation and revalidation. Revalidation-ready appraisal is based on a doctor's performance and described in the GMC's *Good Medical Practice*. This is the core document that outlines the requirements for fitness to practise.

Revalidation-ready appraisal can be used to enable doctors to:

- Discuss their practice and performance with their appraiser in order to demonstrate that they meet the principles and values set out in *Good Medical Practice* and thus to inform the responsible officer's revalidation recommendation to the GMC.
- Enhance the quality of their professional work by planning their professional development.
- Consider their own needs in planning their professional development.

Appraisal is a supportive mechanism focusing on quality improvement. It is designed to recognise good performance, provide feedback, and assist in the identification of performance issues so they can be dealt with at an early stage. The appraiser will review various sources of supporting information with the doctor to gain a rounded impression of that doctor's practice and inform a mutually agreed Personal Development Plan (PDP). Appraisal will identify doctors who are struggling to provide the supporting information that is needed to demonstrate achievement of generic and specialist standards. It will assist those doctors in identifying support and developmental needs at an early stage, before there is any question of concerns about fitness to practise.

Every doctor is responsible for ensuring that they are appraised annually on their entire scope of practice and so will need to make arrangements to share information from each of their employers, including private practice and volunteer work, on an annual basis. Any volunteer work that is undertaken on basis of possessing a medical licence is considered as relating to the entire scope of your work as a medical practitioner and you will need to include details in your appraisal portfolio.

Appraisals happen on an annual basis within each appraisal year. An appraisal is not considered to have been completed unless there has been timely sign off of a mutually agreed PDP (within 4 weeks of the appraisal meeting) and submission of the appraiser statements. Revalidation recommendations will require a cumulative review of appraisals over a 5 year period. It is the doctor's responsibility to ensure that the appraisal outputs for the whole five year cycle are available to the Responsible Officer and as such must be included in the doctor's completed appraisal portfolio.

In addition, it should be stressed that ensuring a recommendation can be made to the GMC (including the presentation of necessary and sufficient supporting information and completed annual appraisals) is the responsibility of the doctor wishing to retain their licence to practice.

Appraiser responsibilities

The appraiser is responsible for:

- Maintaining competency in professional appraisal
- Ensuring that the appraiser role is properly reflected in their scope of practice, job plan, CPD and is considered during their professional appraisal process. This should be agreed and recorded in discussion with the relevant line manager.
- Ensuring that the commitment to undertake between 5 and 20 appraisals a year is reflected in their job plan

- Following the policy and processes set out in the Faculty of Public Health revalidation appraisal policy

Appraisee responsibilities

The appraisee is responsible for:

- Engaging with the process of annual professional appraisal, preparing the necessary supporting information and appraisal inputs and outputs
- Ensuring they have regular professional appraisals (usually annually but between 9 and 15 months from the previous appraisal)
- Undertaking the preparation necessary to meet the timescales, including appropriate reflective content.

Appraisal Process

The appraisal process comprises of five phases:

Phase 1: Preparation work and information gathering by both appraiser and doctor. Appraisals for revalidation are made up of whole practice appraisal and therefore doctors must provide information from all organisations that employ them including voluntary and informal roles. Appraisers should have information from the doctor's previous years' appraisal summaries and PDPs within the revalidation cycle available for their review. It is the doctor's responsibility to provide appraisal outputs for the whole five year cycle. Both doctors and appraisers often find it helpful to have a pre-appraisal discussion to ensure that the necessary supporting information is available for the appraisal.

Phase 2: Appraisal discussion *including* a review of the previous year's PDP.

Phase 3: Completion of the appraisal outputs including the new PDP and the appraiser's statements to the RO. **The doctor is responsible for keeping a copy of all appraisal documentation including all supporting information, for the duration of the revalidation cycle.** This information may need to be seen by the Responsible Officer, by authorised external auditors of the appraisal process and by the GMC at their discretion.

Phase 4: Issue of "Statement of satisfactory completion of appraisal" signed off by both parties within 28 days of the appraisal meeting. Annual appraisal completed.

Phase 5: Review and reporting by the Responsible Officer.

Timeframes for Appraisal

The FPH appraisal year runs from 1st April to 31st March the following year. Doctors with a prescribed connection to FPH are expected to undergo an annual appraisal.

An appraisal would normally take place on the anniversary of the doctor's most recent appraisal, but in some cases FPH may determine the anniversary date. FPH will schedule appraisal timings as follows:

- If the doctor has **not had an appraisal** in the current appraisal year (or past 15 months) FPH will arrange for an appraisal to take place as soon as possible thereby setting the anniversary date of future appraisals.
- If the doctor has **already had an appraisal** in the current appraisal year, with their previous Designated Body, the Responsible Officer will review the necessary documentation and may decide an additional appraisal should take place within the current appraisal year. Where a further appraisal is required this should take place as soon as possible, the timing of which is determined by FPH and becomes the future anniversary date of appraisal.
- If the doctor has **already had an appraisal (with a Previous Designated Body)** in the current appraisal year **AND** the RO is satisfied with the documentation provided in regards to that previous appraisal the doctor will be slotted in the appraisal cycle with their anniversary date corresponding to their previous appraisal.

It is expected that doctors will contact their appraiser to schedule an appraisal meeting, within the timeframes given by FPH. Should there be any reason why an appraisal cannot be conducted in any given year the doctor must notify FPH as soon as possible. Failure to do so may result in a non-engagement notification to the regulator.

The timeframe for appraisals is:

- The appraisal meeting should be confirmed **six weeks** in advance. This is to ensure there is adequate time to review the portfolio of supporting information. Doctors are strongly encouraged to prepare their supporting information for revalidation-ready appraisal as soon as possible.
- The portfolio of supporting information should be submitted **three weeks** prior to the agreed meeting.
- The appraiser should review the portfolio of supporting information **two weeks** prior to the meeting to allow time to ask for and receive any additional or missing information.
- Following the meeting the outputs should be agreed and notification sent to the responsible Officer within **four weeks**.
- The process is supported by the on-line appraisal tool, MyL2P, provided by the FPH, details of how to use this tool can be found at www.myl2p.com

Where to begin and what order to do things in:

1. Familiarise yourself the GMC requirements
2. Familiarise yourself with the appraisal form – which is your portfolio for revalidation
3. Complete your personal details – general information and scope of work
4. Start to collate your six types of supporting information
5. Reflect on your practice and how it meets the GMC *Framework*
6. Identify your development needs
7. Complete health and probity statements
8. Complete the clinical governance declaration
9. Complete pre-appraisal preparation
10. Appraisal discussion
11. Agree outputs of appraisal
12. Continue to collate information for your appraisal next year

Supporting Information

During your annual appraisals, you will use supporting information to demonstrate that you are continuing to meet the principles and values set out in *Good Medical Practice*. The nature of the supporting information will reflect your particular specialist practice and your other professional roles.

There are six types of supporting information, as set out in the GMC's guidance [Supporting information for appraisal and revalidation](#) 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
6. Review of complaints and compliments

By providing all six types of supporting information over the revalidation cycle you should, through reflection and discussion at appraisal, have demonstrated your practice against all 12 attributes outlined in the *Good Medical Practice Framework* for appraisal and revalidation. This will make it easier for your appraiser to complete your appraisal and for your Responsible Officer to make a recommendation to the GMC about your revalidation.

In discussing your supporting information, your appraiser will be interested in what you did with the information and your 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.

Appraisal portfolio

Doctors using the FPH Revalidation Service are expected to use the appraisal portfolio designated by FPH to collate their supporting information. Doctors must use this portfolio for collecting their evidence using this format as the portfolio is designed to provide a formal, supportive and consistent structure to the appraisal process. The FPH designated appraisal form allows access to a relevant and systematically recorded set of information in a structured way which will help inform the appraisal process, record what the appraisal process concluded from the information and, finally, what action was agreed as the outcome following the appraisal discussion.

The appraisal form is issued to the doctor and it is her/his responsibility to maintain it. At the end of each appraisal, before the form is submitted to FPH, a final save should be performed and the form locked down for submission.

Clinical Governance Evidence

Doctors must be able to monitor their practice through performance information, including clinical indicators relating to patient population outcomes. However, due to FPH not being

employers of the doctors with whom it has a prescribed connection, it is not possible to gather this data directly on behalf of the doctor.

Under the terms of *Good Medical Practice* all doctors must declare any supporting information which may have a bearing on their performance including complaints, SUIs and significant events. Failure to do so may relate in GMC sanctions.

FPH routinely monitors the GMC's decision circular which contains details of all sanctions brought against UK registered doctors on a monthly basis and has an arrangement in place with the GMC whereby publicly available information about a doctor with a prescribed connection to FPH (that is relevant to revalidation) will be brought to the attention of FPH.

In addition, FPH welcomes feedback from patients and members of the public (including raising concerns) about doctors with whom it has a prescribed connection. This can be done via letter, email or telephone.

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.

Doctors have a duty to maintain their supporting evidence, CPD points and have an annual professional appraisal. Failure to engage in the process could ultimately result in a loss of licence.

There are three types of recommendations the RO can make to the GMC. These are:

- Recommendation to revalidate (the doctor is up to date, fit to practise and should be revalidated)
- Recommendation to defer (the RO needs more information to make a recommendation about the doctor)
- Recommendation of non-engagement (the doctor has failed to engage with any or all of the systems or processes, including appraisal, that support revalidation).

Any fitness to practice issues will result in suspension of the revalidation cycle and the doctor will be immediately referred to the GMC's fitness to practice procedures.

When a recommendation is due to the GMC, the RO will review the output statements of the appraiser(s) and any other relevant information brought to his/her attention over the period for which they are available. This will assist the RO in making his/her recommendation. The

RO will then inform the GMC of the recommendation. The agreed method of making recommendations to the GMC is via a secure website.

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 Processes: Personnel and Administrative Issues

Managing concerns

Where possible, concerns should be addressed when they arise to allow for the opportunity for them to be managed within the cycle and the doctor to be revalidated. Please see separate FPH policy on managing concerns.

Training of Appraisers

Appraisal is an important professional role as appraisers are trained to facilitate a doctor's professional development. For the system of appraisal to be valuable, it must be objective and ensure the quality of the medical appraiser workforce. To this end, FPH will ensure that the training of the appraisers is to the highest standard and in accordance with the RST advice on the assuring the quality of appraisers.¹

The training of FPH appraisers to these standards across the UK provides consistency and confidence in the profession. As such, the FPH appraiser training will provide competence to appraisers, and reassurance to doctors and ROs that public health doctors meet the standards set.

It is appropriate for the profession that public health specialists can appraise public health doctors. Appraisers are selected through a formal recruitment fair and open process based on a job description, person specification and competency framework.

An appraiser will be deemed appointed to post upon successful completion of the FPH approved training course. The FPH appraiser training course ensures that all appraisers meet the core competencies to enable revalidation to be delivered fairly and consistently.

The FPH appraiser training course ensures that all appraisers meet the core competencies to enable revalidation to be delivered fairly and consistently. This core training is further supplemented by PH specialty specific guidance. This supplemental training looks at unusual scopes of public health practice and doctors based overseas to ensure that appraisers are able to understand the scope of work of the doctors they appraise.

Appraisers will be reviewed annually and development needs addressed. Appraisers will meet with the RO for a formal review of performance at least every four years to re-qualify as an appraiser.

Each appraiser will carry out a maximum of twenty appraisals per year to ensure they are not over-burdened and can devote sufficient time to each appraisal. A minimum of five appraisals

¹ <http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/05/qa-med-app-doc-v5.pdf> FPH is bound by these standards as our central office is located in England.

will be undertaken each year to ensure maintained competence. Also, appraisers can expect to be asked for proof of identity by appraisees.

Other than in exceptional circumstances, and only with the advance agreement of a Responsible Officer, an appraiser should not undertake more than two appraisal discussions on the same day.

Selection of appraisers to doctors

FPH will determine which appraiser a doctor will engage with. Each doctor will be given the name of one appraiser, selected from a pool of approved FPH appraisers. If the doctor objects to the choice of appraiser, they are able to contest the selection once only and ask for a new appraiser to be issued. It should be noted that all appraisers will be trained to a professional standard to provide objective and consistent appraisal.

It should also be noted that FPH has a limited (though highly trained) pool of appraisers to cover all doctors. Where possible, the pairings are determined by shared scope of practice and location.

Whilst FPH recognises the value of maintaining continuity through use of the same appraiser, it is important to note that, for quality assurance purposes, a minimum of two different appraisers will be mandatory within a five year cycle (and by the recommendation date where possible) in order to provide evidence of objective appraisal. There should be no more than three consecutive years with the same pairing.

At all stages of the appraisal cycle, the doctor and appraiser are expected to be in regular contact in order to ensure both are agreed on timescales, shared understanding of the process, information required and steps to be taken. It is the duty of the doctor to ensure that the appraisal input and outputs are created and shared with the appropriate people within the specified timeframes.

Reminders will be sent to both parties when elements need to be completed. Updates of any changes in policy/process will be made available to the appraiser and appraisers as and when necessary. In the situation where a doctor wishes to make a formal complaint about their appraiser/appraisal or the system as a whole, the FPH complaints policy shall be followed which can be found on our website here; http://www.fph.org.uk/complaints_procedure

Evidence of Objective Evaluation

The appraisal discussion is confidential and the privacy that this allows is needed to consider some of the more difficult areas that may be raised in appraisal.

However, confidentiality is not absolute and there may be situations in which the appraiser is obliged to share information gained in the appraisal discussion. This would clearly be the case should patient safety issues be identified in which case the appraiser should follow the managing concerns procedure. Please see separate FPH policy on managing concerns.

Both the appraiser and doctor should state at the start of the appraisal process if they consider there to be a conflict of interest between the appraisal pairing, such as working for

the same organisation/family members/previous professional disputes etc. Simply knowing of the work of a doctor is not in itself a conflict of interest.

As part of ensuring objectivity, there may be a randomised audit of appraisal summary forms from each appraiser annually.

An individual may hold both the role of appraiser and doctor within the FPH revalidation system; however, to avoid the risk of collusion two individuals cannot appraise each other within a five year period.

The RO will notify the FPH Workforce Committee where he/she becomes aware of any potential or actual conflicts of interest between the RO and the doctors who have a Prescribed Connection to FPH.

In addition, a minimum of two different appraisers will be mandatory in a five year cycle (and by the recommendation date where possible) in order to provide evidence of objective appraisal. There should be no more than three consecutive years with the same pairing.

Identity checks/language requirements

All doctors being appraised can expect their appraiser to ask for a photographic form of identity. This is due to the fact that FPH does not employ the doctors with whom they have a prescribed connection.

Good English language skills are a requirement as set out in the GMC's [Good medical practice](#) guidance which includes an explicit duty about doctors' knowledge of English.

Doctors must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.'

Joint Appraisal

Each doctor need only be professionally appraised once and the default to this should be their employer. FPH recognises that it may be appropriate for clinical academics to undergo a joint appraisal. There is a potential conflict of interest in joint appraisal when the job planning process is combined with the revalidation and developmental elements of appraisal. For this reason organisations should, and most do, separate the two processes of appraisal and job planning, though the outputs from each will inform the other.

In cases of joint appraisals at least one of the appraisers must be from within the FPH revalidation service. Such appraisals should be conducted according to the Follett Review Principles and the joint appraisal (professional and academic appraisal combined) should reflect the entire scope of current practice of that individual.

Exemption from Appraisal

There may be exceptional circumstances (such as illness, break form practice or some other extenuating circumstance) which mean that an appraisal may be postponed or cancelled.

Doctors are required to submit details of any such circumstance **as soon as possible** (on the FPH extenuating circumstance form) otherwise their appraisal file may be marked as

incomplete or recorded as failure to engage and may then be moved to the 'managing concerns' process.

Missed or incomplete appraisals

Missed appraisals are those which were due within the appraisal year but not performed, a missed or incomplete appraisal is a serious and important occurrence which could indicate a problem with the appraisal system or a potential issue with an individual doctor which needs to be addressed.

Incomplete appraisals are those where, for example, the appraisal discussion has not been completed or where the personal development plan or appraisal summary have not been signed off within 28 days of the appraisal meeting.

Every missed or incomplete appraisal will be subject to an audit and the RO will be notified. Both the appraiser and doctor are expected to complete a copy of the form. The findings of each audit will be reviewed annually.

Missed appraisals may result impact on the ability of the RO to recommend a doctor for revalidation and could result in a notification of failure to engage.

Reinstating appraisal

A doctor who is seeking to return to practice after a period of absence should discuss their circumstances with their Responsible Officer at the earliest opportunity. The timing of their first appraisal will be determined to some extent by their individual circumstances, including whether they can demonstrate that they have maintained fitness to practise in the relevant areas during their absence and hence whether a bespoke re-training programme or period of supervision is required prior to resuming practice. The RO may also exercise discretion as to whether, within this range, it occurs earlier to support the doctor's return to practice, or later to facilitate the accrual of supporting information. Where possible and practical, if the doctor had a previously agreed appraisal month this should be reinstated. Also, if the doctor has had an appraisal previously and circumstances permit, their first appraisal should be undertaken within 15 months of the last one.

Suitable arrangements must always be made to manage a doctor's return to practice after a significant break. Such arrangements are independent of this medical appraisal policy.

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 is a conflict of interest or other issues arise with the assigned appraiser or appraisee, in the first instance, please contact the FPH Revalidation team 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. Please see separate *FPH Revalidation Policy, FPH role and responsibilities*, for details of how to make an appeal.

Comments and questions

Please send 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 supposed 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 any third parties 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.