Revalidation – The Current Situation

The Royal Colleges and GMC are working and consulting hard to develop revalidation, a new way of regulating doctors. An excellent summary – Revalidation: The Way Ahead (http://www.gmc-uk.org/thewayahead) was issued by the GMC in March 2010 and is a good way of understanding the latest position (51 pages). It also contains consultation questions open to all (until 4th June 2010). What follows here is a summary from a physician’s viewpoint of the work that is going on.

Appraisal is central

Revalidation will be a 5 year process based on 5 successful annual appraisals. Any problems are expected to be identified at an early stage and remedied: no-one should “fail” at a final hurdle.

The revalidation Framework has been finalised, relating to the GMC’s Good Medical Practice. A checklist of core and supporting information to be brought to appraisal is continuing to be developed. After considerable debate GU Medicine, in common with many specialities, has not included any specific elements on this list as we have felt that the generic content could cover what we do.

A revalidation e-portfolio would make the process more straightforward for everyone. The RCP and 15 other colleges and faculties are working to develop a specialist e-system.

Quality Assurance of the revalidation processes will be crucial. The NHS Revalidation Support Team has issued in January 2010 Strengthened Training of Appraisers for Revalidation (http://www.revalidationsupport.nhs.uk/). The RCP expects to be involved in QA and is currently considering methods of doing so.

Related Projects

A number of work streams at the RCP are considering improvements for activities which already or in future should contribute to enhanced appraisal:

- CPD (including knowledge self-assessment)
- Multi-source feedback and patient questionnaire
- Workplace based assessments and On-the-Job Teaching Assessment
- Assessment of clinical notes and Electronic Patient Record

The Responsible Officer

A new statutory role. The RO will be responsible for their organisation’s recommendations for revalidation to the GMC. They will also oversee the local clinical governance arrangements supporting revalidation. Guidance on the practicalities of the RO role has yet to be finalised and should help avoid the potential conflicts of interest that have been identified in consultation.
Remediation - for those doctors that are falling below expected standards

Work is still needed on the practicalities of how this will be done.

**Timescale**

- 10/2009 enhanced appraisal pilot (Mersey), reported 2/2010
- 2010 “Pathfinder” pilot (10 sites) reporting 03/2011
- Early 2011 “early adopter” sites
- 2012 first revalidations for 20% of UK hospital doctors and thereafter a rolling programme until all revalidated by 2017

**GU Medicine Involvement**

Mark FitzGerald is lead for BASHH and is supported by Angela Robinson. Recently we have been attending meetings every 6 weeks and responding to various consultations. This is a large process where the outcome has to cover all medical and surgical specialities and workplaces, so clearly our influence is small. But we aim to make sure that no issues specific to GU Medicine get overlooked, so please get in touch via gu.med@tst.nhs.uk if you have a particular concern that needs raising. The Colleges appear keen to get the maximum consensus, accept that they won’t get everything right from the outset, but expect the eventual outcome will be robust and workable.