The College of Emergency Medicine

REVALIDATION GUIDE FOR EMERGENCY MEDICINE

August 2013

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Contents

Introduction

The Revalidation Guide for Emergency Medicine brings together key information regarding current revalidation requirements and processes in all four countries of the United Kingdom. It has been developed as a web-resource for Emergency Medicine (EM) doctors who may have queries about their revalidation. The guide advises on the requirements of revalidation which are current at the time of publication and will be subject to change as the GMC, the Department of Health, the NHS, the Academy and other partners update and amend their guidance. We will attempt to update our guide as the system matures.

1. WHAT IS REVALIDATION?

Revalidation is the process by which licensed doctors will demonstrate to the GMC (normally every five years) that they remain up to date and fit to practise.

The purpose of revalidation is to improve the quality of patient care and support patient safety. It is also intended to encourage and strengthen continuous professional development and reinforce systems which identify those doctors who encounter difficulties and require support.

2. WHO NEEDS TO BE REVALIDATED?

All doctors holding a license to practice will need to be revalidated at least every five years in order to retain their licence to.

3. REVALIDATION PROCESS

The renewal of a doctor's licence will happen every five years, but the process of revalidation is continuous and is linked to annual appraisal. Annual appraisal will be overseen by a responsible officer in each designated body. At the end of the five-year cycle, the responsible officer will take into account the information from the previous five appraisals and make a recommendation to the GMC about whether the doctor should be revalidated or not. The final decision for revalidation lies with the GMC.

4. RESPONSIBLE OFFICER

What is a designated body?

Most EM doctors will have a prescribed connection to an employer or an organisation that will provide a responsible officer and will support them with their appraisal and revalidation. These are called designated bodies.

Only UK organisations can be designated bodies, because the legal rules that determine this only cover the UK. Your connection with this organisation ensures you are always:

- supported with appraisal and revalidation
- working in an environment that monitors and improves the quality of its services, regardless of how or where you practise in the UK.

The designated body is responsible for:

- Appointing a responsible officer who will make revalidation recommendations for all doctors with a prescribed connection to that designated body.

- Appointing adequate numbers of trained appraisers.
- Providing effective appraisal systems and processes.
- Ensuring that annual appraisals are taking place.
- Ensuring that there is access, storage and transfer of appropriate information for doctors and between organisations and external bodies involved in the doctor's appraisal.
- Having a policy in place for raising and responding to concerns around doctors' clinical performance that might jeopardise patient safety.

It is the responsible officer (RO) of your designated body who will make a recommendation about you, usually every five years, that you are up to date, fit to practise and should be revalidated.

How do I find my designated body?

It is important that every EM doctor identify their designated body and their responsible officer and inform the GMC through GMC online. The GMC website provides a useful tool for confirming the prescribed connection.

- For EM doctors, the designated body is normally the organisation where you are employed or contracted.
- If you are employed by an NHS organisation, your designated body will be your employer.
- If you are employed by an NHS organisation and an independent organisation or a university, your designated body will be your NHS employer.
- If you are locum EM doctor and also employed in a substantive post then the prescribed connection is with your employer.
- If you are a locum EM doctor directly employed by an organisation on a temporary or fixed-term contract then the prescribed connection is with your employer.
- If you are a locum EM doctor contracted through a locum agency your prescribed connection is with your locum agency if that agency is a supplier for the national Government Procurement Service framework.
- If you are a locum EM doctor in Scotland or Wales, your designated body is the health board which covers the geographical area of your registered address.
- If you are a locum EM doctor in Northern Ireland, your designated body is the health and social care trust in which you hold a contract of employment.

The GMC have developed a supplementary tool for doctors for doctors who are unsure about their designated body or do not have one.

APPRAISAL

Good Appraisal

A good appraisal for the purposes of revalidation is underpinned by the following principles:

- It is annual
- It takes into account and discusses the following six types of supporting information collected by the EM doctor:

  1. Continuing Professional Development (CPD)

  2. Quality improvement activity

  3. Significant events

  4. Feedback from colleagues

  5. Feedback from patients

  6. Review of complaints and compliments

NB. The required content for the above types of supporting information is set out in the GMC guidance Supporting Information for Appraisal and Revalidation. This guidance has been made specialty specific by the College of EM in Guidance on Supporting Information for EM. A process and mechanism for conducting a colleague and patient feedback exercise should be organised by the employer. The GMC has also developed Guidance on Colleague and Patient Questionnaires and general information on questionnaires.

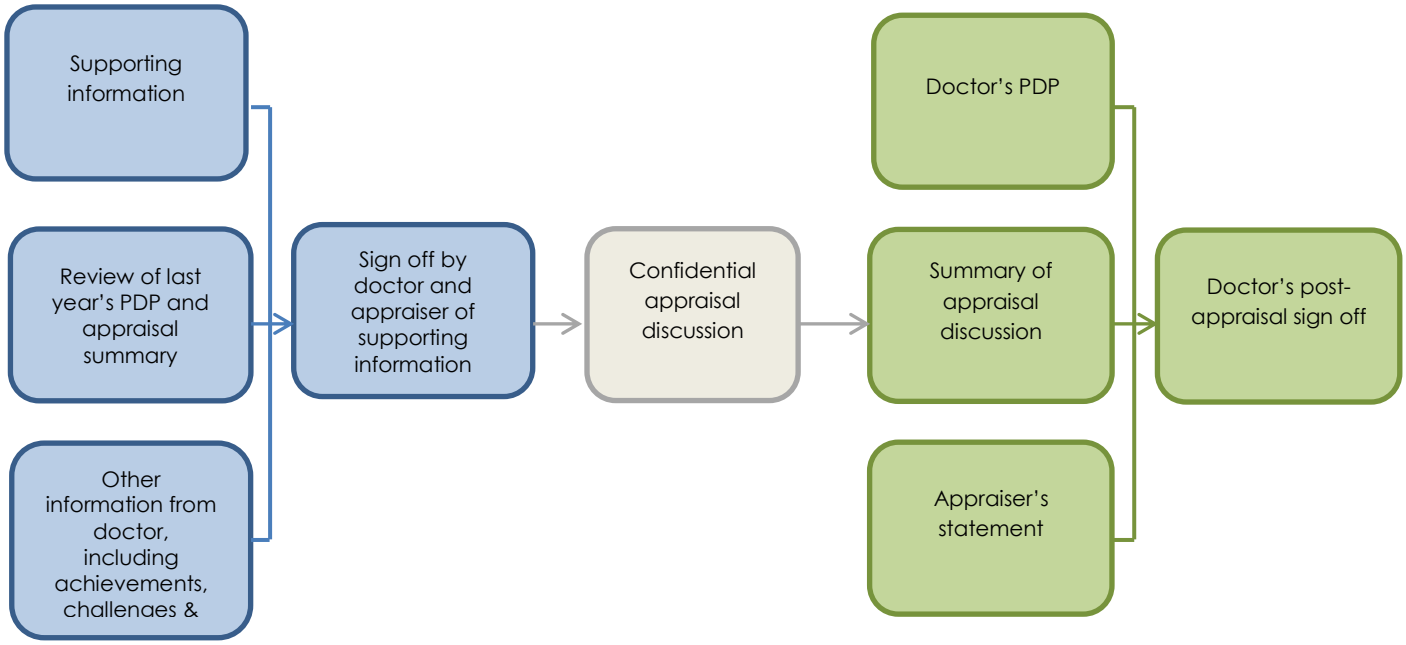
- It meets the standards of the GMC Good Medical Practice Framework for Appraisal and Revalidation.

- It includes both a formative element, revolving around the doctor's professional development, and a summative element, assessing the performance of the doctor since the last appraisal (if appropriate).

- It takes account a doctor's whole practice and conduct. If an EM doctor provides services in more than one organisation, e.g. NHS, or a university, then a single appraisal should be carried out in the place where the majority of the doctor's work is taking place, but this appraisal will also need to cover all other aspects of the doctor's practice.

Appraisal Process

The NHS Revalidation Support Team in England has summarised the appraisal process in the following diagram:



National Variations in Appraisal Systems

Appraisal systems outside England have been developed on a country by country basis through the national revalidation delivery boards.

- In **England**, appraisal systems vary based on designated bodies' local arrangements but are all underpinned by the Revalidation Support Team Medical Appraisal Guide.

- In **Scotland**, all NHS Scotland Health Boards are using a uniform online system for appraisal, the Scottish Online Appraisal Resource.

- In **Wales**, the majority of Health Boards will be adopting the Medical Appraisal Revalidation System, which is well established in primary care and is currently being adapted for the purposes of secondary care.

- In **Northern Ireland**, the Health and Social Care Leadership Centre has been commissioned to develop an online electronic appraisal system based on the Scottish Online Appraisal Resource. This is currently in development, and until it is published appraisal will rely upon existing, locally-based systems.

Appraisers

Appraisers are appointed by designated bodies based on a set of core competencies, such as the ones set out in the Revalidation Support Team Quality Assurance of Medical Appraisers.

This guidance also outlines processes for the recruitment, training and support of medical appraisers and methods by which their performance in the role can be reviewed. It is targeted at responsible officers and those who are responsible for managing appraisal systems to support revalidation. It may also be of interest to EM doctors, appraisers, and managers.

Appraisers can be doctors of any non-training grade or medical specialty. This means that an EM doctor may be appraised by a doctor of a different medical specialty, although it is expected that the specialty of the appraiser and the appraisee will be matched wherever possible. It is however essential that the appraiser is properly trained and understands the requirements of supporting information for EM appraisal.

6. RESPONSIBLE OFFICER

The Role of the Responsible Officer

The responsible officer is a senior clinician employed by designated bodies whose main responsibility is that of making revalidation recommendations at the end of a five-year revalidation cycle for all doctors who have a prescribed connection to them.

Other responsibilities of the responsible officer are:

- Ensuring that appraisal systems are in place and appraisals are carried out regularly.
- Ensuring that a process for responding to concerns is in place in their designated body and that proper action is taken when concerns arise.
- Ensuring that doctors comply with potential conditions imposed by the GMC.

In England, the responsible officer has the following additional responsibilities:

- Ensuring that doctors have appropriate qualifications and references upon their entry into employment in their designated body.
- Added responsibilities around checking doctors' language competence.

Like any other doctor with a licence to practise, the responsible officer also needs to be revalidated at least every five years. In England, the responsibility for this rests with the NHS England, whereas in Scotland, Wales and Northern Ireland this function will be carried out by the Chief Medical Officer.

Who will be my responsible officer?

Your responsible officer will be identified through the designated body to which you are connected. In most designated bodies, the responsible officer is the medical director. The NHS Revalidation Support Team has confirmed that when an EM doctor has concerns over an appearance of bias from the responsible officer which may prevent an impartial or objective evaluation, a second responsible officer may be appointed.

Responsible Officers' Recommendations

GMC guidance states that responsible officers will have the option to make only three types of recommendation at the point that a doctor's revalidation is due:

a. A positive recommendation that a doctor should be revalidated.

b. A request for a doctor's revalidation date to be deferred (e.g. when the doctor needs more time to collect supporting information). The guidance allows for only one deferral per doctor in each revalidation cycle. If a further deferral is deemed necessary, this would have to be discussed with the GMC.

c. Notification to the GMC that the doctor is not engaging in revalidation which can result in the GMC withdrawing a doctor's licence to practise through existing processes for administrative removal. The doctor will have 28 days in which to appeal once notified of the GMC intention.

Responsible officers who become aware of concerns about a doctor's fitness to practise at any point in the revalidation cycle are required to follow existing GMC procedures for raising concerns.

Revised NHS Structure

The GMC is preparing for the changes to the NHS structure in England, which come into effect in April. The new structure will change the designated bodies for responsible officers, GPs, doctors in training, public health doctors, and a number of other doctors in England. The revised responsible officer regulations, which the Department of Health for England is consulting on until early January 2013, will include several additional designated bodies. This will mean that a number of doctors who do not currently have a connection to a designated body will have such a connection when the new regulations come into force in April 2013.

"Suitable Persons"

The GMC has published additional information about the role of the 'suitable person', in particular the application process that a responsible officer or a person holding a similar

position will need to complete to become one. Suitable persons will act for doctors who have no prescribed connection under the responsible officer regulations.

Standards for Doctors who will be revalidated for the first time

In the first revalidation cycle after the launch in December 2012, doctors will be asked to be revalidated before the completion of the full five years of a normal revalidation cycle.

Recognising that during this first cycle doctors may not have the opportunity to collect supporting information spanning more than one or two years, the GMC has developed guidance on Minimum Requirements for Revalidation in the First Cycle, which allows a revalidation recommendation to be made based on a proportionate amount of supporting information arising from at least one appraisal which had Good Medical Practice (under review) at its focus, and covered the whole scope of the doctor's practice and was conducted in the previous 12 months before the revalidation recommendation.

7. SUPPORTING INFORMATION FOR EM REVALIDATION

The GMC has issued basic guidance on Supporting Information for Appraisal and Revalidation. Many types of information set out in the guidance are generic and apply to all doctors, such as the requirement for probity and health declarations. However, information relating to Continuing Professional Development and Quality Improvement Activity are different for each medical specialty and need supplementary guidance. For those types of information the College of EM has worked with the Academy of Medical Royal Colleges to produce specialty-specific EM Guidance on Supporting Information. A process and mechanism for conducting a colleague and patient feedback exercise should be established by the doctor's employer. The GMC has also developed a set of validated Colleague and Patient Feedback Questionnaires with instructions on how to administer them and interpret results.

Continuing Professional Development (CPD)

EM doctors must provide supporting evidence of appropriate CPD in order to revalidate. This must be recorded in a structured way, for example by using the RCEM CPD diary (link to this) with written evidence of reflection. Doctors are required by the GMC to do enough CPD to remain up to date and fit to practice. Beyond this requirement there is no regulatory requirement from the GMC or RCEM to acquire a particular number of 'credits' each year. However, for doctors who wish to be guided by a credit based approach, a target of 50 credits each year and 250 credits over five years is recommended. One credit of CPD should be claimed for learning equivalent to one hour, although this may not always be equivalent to the actual time spent on the activity.

Individual doctors' CPD programmes should be set and reviewed at appraisal and included in the Personal Development Plan.

Outcomes

The measurement of clinical outcomes of care is complex. Methods for assessing clinical outcomes include:

- National clinical audits
- Local clinical audits
- Routinely collected clinical data e.g. Hospital Episode Statistics
- Structured peer reviews

8. WHAT DO I NEED TO DO?

If you have not already done so, confirm your contact details with the GMC through the contact number in **section 13** of this guide, or by setting up a GMC Online Account. This will allow you to confirm your designated body and responsible officer and check that your details are correct.

- Familiarise yourself with your local appraisal systems and processes. Identify your appraiser and schedule an appraisal.
- Familiarise yourself with the GMC guidance on Minimum Requirements for Revalidation in the First Cycle and the College of EM Guidance on Supporting Information for Appraisal.
- Check that relevant supporting information is in your files (e.g. CPD for all areas of your activity, outcomes and audit data where those are available, compliments and complaints). You may be able to use the College's Revalidation Portfolio to store this information. The portfolio will be launched in mid-2013.
- Collect information in support of any additional clinical work you may have undertaken outside your main employment (e.g. private and voluntary work) as well as information in support of any non-clinical work you may have undertaken (e.g. management or research).
- Undertake a colleague and patient feedback exercise (Multi-Source Feedback). Your employer should be able to organise this for you.
- Review your appraisal documentation from the last year (if available).
- If there are elements from your Personal Development Plan (PDP) which have not been achieved, identify reasons for this and record them.
- If there are changes to your job plan or professional work, document them and confirm that you have undertaken some CPD in those areas.

9. EM DOCTORS WITH VARIOUS TYPES OF CLINICAL PRACTICE

If EM doctors continue to hold a licence to practise whilst practising abroad, they will need to be revalidated as every other EM practitioner working in the UK. This means they will need to connect to a UK organisation and responsible officer to support them with their appraisal and revalidation.

However, the GMC suggests that if doctors practise entirely outside of the UK they may not need a UK licence to practise and may consider giving it up. In this case, doctors are able to maintain their GMC registration without a licence, which will indicate that they are in good standing with the GMC. Doctors can apply to have their licence restored if they require it in the future. More information about giving up and restoring a licence to practise is available of the GMC's website under: Applying for restoration to the register.

Mixed NHS and independent practice

Each EM doctor can only have one prescribed connection to a designated body and responsible officer. In the majority of circumstances, the prescribed connection is where the EM doctor does most of their clinical work. However, for EM doctors who are employed by an NHS organisation but also work in independent practice, their prescribed link will be to the NHS organisation and its responsible officer, even if their work in independent practice takes up the majority of their time. Wherever their appraisal is carried out, it should be comprehensive and account for the EM doctor's whole practice, including work in both independent and NHS practice. EM doctors will be required to ensure that information is available to their appraiser from both places of work.

EM doctors involved in managerial roles

EM doctors who are involved in senior management roles in their trust but still maintain a limited amount of clinical work will be revalidated based on what they currently do in the whole of their Emergency Medical practice, both clinical and non-clinical. The GMC confirms that in such cases, Emergency Medical doctors who undertake a limited amount of clinical work will need to be able to show that they are meeting the standards of Good Medical Practice across the breadth of the clinical work that they do.

Clinical academics

EM doctors who work in both academic and clinical roles will have to be revalidated based on supporting information from all aspects of their work, both academic and clinical, and show that they are meeting the Good Medical Practice standards across the breadth of the work that they do. Clinical academics will be required to have a joint

appraisal between the organisation where they hold an honorary contract and the employing medical school, covering the full spectrum of the work that they do.

Non-clinical practice

EM doctors who want to continue to hold a licence to practise will need to be revalidated like every other doctor who is licensed. However, the GMC emphasises that doctors may not need a licence to practise if they don't carry out any clinical practice. If this is the case, they have the option to give up their licence but maintain their registration. A licence can be restored later in the future if a doctor's circumstances change. EM doctors need to keep in mind that by giving up their licence they will not be able to exercise any of the privileges associated with it, including writing prescriptions and signing death or cremation certificates.

Medico-legal work

All EM doctors who want to continue to hold a licence to practise will need to be revalidated like every other doctor who is licensed. The GMC advises that doctors who carry out exclusively medico-legal work will need to check the requirement for holding a licence to practise with those who instruct them. There is no legal requirement for doctors to hold a licence in order to provide medico-legal advice. However, it may be part of a contractual requirement and, even if there is no contractual requirement, insurers, organisations and patients may still want doctors to have a licence to demonstrate their practice is up to date.

Staff and associate specialist EM doctors

Whether or not an EM doctor is on the specialist register, the revalidation process and standards will be the same as for all EM doctors. Therefore, SAS doctors will still be required to demonstrate that they are practising to the standards set by the GMC in Good Medical Practice Framework for Appraisal and Revalidation. Revalidation for all doctors will be rooted in the evidence of their actual practice and the information they provide will reflect what they actually do as an EM doctor.

Locum EM doctors

In England, locum agencies that are part of the Office of Government Commerce Framework Agreement have the status of a designated body and are required to appoint a responsible officer and provide appraisal services. Locum EM doctors who are employed by such an agency will therefore be revalidated through their agency.

The small number of locum EM doctors who are employed by a non-Office of Government Commerce Framework Agreement agency will be revalidated through the NHS Commissioning Board, which will serve as their designated body. For those who are employed by more than one agency that is part of the above Framework Agreement, the designated body will be the agency where they carried out most of their clinical work during the previous calendar year. In Scotland and Wales, the designated body for locum EM doctors is the health board that covers the geographical area of their registered address. In Northern Ireland, the designated body for locum EM doctors is the health and social care trust in which they hold a contract of employment.

The nature of locum work may require the EM doctor to work in a number of different organisations during the revalidation cycle. Appraisal and revalidation need to be based on doctors' whole practice, which means that the locum EM doctor has to collect supporting information that covers each role and all areas of practice in each of the organisations he or she has worked for during the revalidation cycle.

Part time work

EM doctors who work part time will still need to produce a full portfolio of supporting information and fulfil the same CPD requirements as full time colleagues.

10. TRAINEES

Revalidation requirements for trainees

The GMC confirmed that trainees holding a licence to practise will need to be revalidated. The recommendation for trainees' revalidation will be based on the Annual Review of Competence Progression (ARCP) and will include an exit report confirming that the trainee has not been involved in any serious untoward incident investigation, or named in a complaint. The supporting information required for revalidation is covered as part of the EM curriculum and training programme, which trainees produce as a matter of course during their training. It is important to note that trainees do not need to collect separate CPD credits for revalidation as their training is, by nature, developmental.

Revalidation timing

The point at which trainees are revalidated will depend on how long their training lasts.

If it lasts less than five years, then their first revalidation will be at the point they become eligible for a Certificate of Completion of Training (CCT). If their training lasts longer than five years, their first revalidation will be five years after they gained full registration with a licence to practise, and they will be revalidated again at the point they become eligible for a CCT.

The GMC confirmed the schedule for trainees' first revalidation as follows:

CCT status	First time to be revalidated
Expected between 3 December 2012 and 31 March 2013	Between 1 April 2014 and 31 March 2016
Expected between 1 April 2014 and 31 March 2018	At point of eligibility of CCT
Expected after 31 March 2018, or expected CCT date not specified	Between 1 April 2016 and 31 March 2018 (the responsible officer can bring forward the revalidation date to align with expected CCT in required)

Responsible officer for trainees

In England, the postgraduate deanery will be the designated body for EM doctors in training and the postgraduate dean will serve as their responsible officer.

From April 2013, the designated bodies for trainees will change as postgraduate deaneries are replaced by local education and training boards. In Scotland, the designated body will be NHS Education, and the responsible officer will be the medical director of NHS Education. In Wales, the responsible officer is the postgraduate dean of the Wales Deanery. In Northern Ireland, the responsible officer is the postgraduate dean of the Northern Medical and Dental Training Agency (NIMDTA).

11. SPECIAL CIRCUMSTANCES

When things go wrong

Most problems identified during the appraisal process will be minor and should be dealt with locally, starting with a discussion between the EM doctor and the appraiser and followed by the development of an action plan and a review at the next appraisal or sooner if required. If the problem is persistent then more formal remedial action may be required. If a serious issue arises this could be referred straight to the GMC's fitness-to-practise processes.

Employers are expected to have local remediation policies and procedures in place for dealing with concerns about doctors' practice. These are aimed at early intervention to ensure patient safety and avoid more formal disciplinary or regulatory action where appropriate. It is the responsibility of the responsible officer to ensure that such procedures are established and implemented in each organisation. The NHS Revalidation Support Team and NHS Employers have published the guidance documents Supporting Doctors to Provide Safer Healthcare, and Staying on course: supporting doctors in difficulty through early and effective action to help responsible officers and employers enact their statutory duty.

Return to practice after a period of absence for reasons other than performance concerns

There are circumstances when an EM doctor may be away from clinical practice for a period of time not because of performance concerns but instead due to a career break, sickness or maternity leave, or a desire to change his or her scope of practice. If the period of absence is not significant, EM doctors will normally be expected to collect the required supporting information over the remainder of the five-year revalidation cycle.

EM doctors that have been away from clinical practice for a considerable amount of time (usually more than three months), or wish to change the scope of their practice, will need to demonstrate that they are up to date in their field of entry/re-entry. EM doctors should discuss any shortfalls in their skills and knowledge with their employer upon their return, and work with their appraiser to develop an action plan to support them in updating their skills and knowledge. The Academy of Medical Royal Colleges has published Return to Practice to assist doctors and employers with evaluating doctors' skills and set up an action plan for returning to clinical work.

12. Any Questions?

The College of Emergency Medicine is able to give advice on all aspects of revalidation. Your query will either be answered by College staff, signposted to other organisations that will be able to provide authoritative answers, or referred to our Regional Specialty Advisers.

If you are a member please email your queries to College of EM Revalidation Helpdesk.

13. Useful contact details

- Updating your personal details with the GMC: 0161 923 6602 (in the UK) or +44 161 923 6602 (outside the UK)

- CEM Revalidation helpdesk: revalidation@collemergencymed.ac.uk

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