



THE COLLEGE OF EMERGENCY MEDICINE

Guidance on Supporting Information for Revalidation

General Introduction

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Revalidation will involve a continuing evaluation of your fitness to practise and will be based on local systems of appraisal and clinical governance. In order to revalidate, you must collect supporting information as in the GMC's *Supporting Information for Appraisal and Revalidation* (2011):

- **General information about you and your professional work**
- **Keeping up to date**
- **Review of practice**
 - *Quality improvement activity*
 - *Significant events*
- **Feedback on professional practice**
 - *Colleague feedback*
 - *Patient and carer feedback*
 - *Complaints and compliments*

You must participate in annual appraisals, when you should expect to discuss your practice, performance and supporting information with your appraiser. Among other things, your appraiser will want to be assured that you are developing appropriate supporting information for revalidation.

The purpose of this document

This document describes the supporting information required for revalidation. Although the types of supporting information are the same for all doctors, you will find in this document specific additional advice for doctors in Emergency Medicine at the end of each section.

Not all of the supporting information described needs to be collected every year, although some elements are required, or should be reviewed, annually. This is stipulated in the document under "Requirements".

If you are unable to provide an element of the core supporting information and you wish to bring alternative or additional information to your appraisal in support of a particular Domain and Attribute of the GMC's *Good Medical Practice Framework for Appraisal and Revalidation* (2011), this will be evaluated by the appraiser and may be accepted, with the agreement of your Responsible Officer.

This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines with limited clinical contact, as medical managers with little or no patient contact (but by definition substantial vicarious responsibility for the standard of patient care) and medical educators.

Some supporting information will not be appropriate for every doctor (for example patient feedback for doctors who do not have direct patient contact). Some doctors will seek to remain on the GMC Register while relinquishing their licence to practice. This will be determined in part by the individual requirements of the doctor, according to the needs and specification of his or her appointment.

In preparing and presenting your supporting information, you must comply with relevant regulations and codes of practice (including those set by your contracting organisations) in handling patient identifiable information. No patient identifiable information should appear in your appraisal documentation.

Introduction for Doctors in Emergency Medicine

Doctors who practice to a high standard should have no concerns over the process of revalidation. For those not previously in the habit of collecting evidence to support their practice this may prove a challenge. This document aims to advise on the type of information that individuals will be expected to produce for the appraisal process which, in turn, will inform revalidation. It is understood that the availability and quality of IT systems are variable and it may not be possible to provide all the recommended information until these are improved.

The evidence required must be relevant to each individual's scope of practice which may vary between roles and departments. Consultants are required to substantiate not only the quality of care they give to individual patients but also those seen by other doctors within the departments for which they share responsibility.

The practice of Emergency Medicine is unique in its range and breadth, often with patients in extreme distress. The College of Emergency Medicine would therefore recommend that appraisals are carried out by senior doctors from within the speciality wherever possible.

GENERAL INFORMATION

Providing context about what you do in all aspects of your professional work

The supporting information in this section should be updated at least annually.

Personal Details	<p>Description Your GMC number, demographic and relevant personal information as recorded on the GMC Register. Also state your medical and professional qualifications.</p> <p>Requirements A self-declaration of no change, or an update identifying changes, including any newly acquired qualifications, since your last appraisal. The supporting information in this section should be updated annually for your appraisal.</p> <hr/> <p><u>The College of Emergency Medicine</u></p> <p>The date for revalidation will be required.</p>
Scope of Work ¹	<p>Description A description of your whole practice covering the period since your last appraisal is necessary to provide the context for your annual appraisal. Some employers may require you to include a current agreed job plan.</p> <p>Requirements Your whole practice description should be updated annually. Any significant changes in your professional practice should be highlighted as well as any exceptional circumstances (e.g. absences from the UK medical workforce, changes in work circumstances). The description should cover all clinical and non-clinical activities (e.g. teaching, management, medico-legal work, medical research) undertaken as a doctor and include details as to their nature, organisations and locations for whom you undertake this work and any indemnity arrangements in place.</p> <p>The description should detail any extended practice or work outside the NHS, paid or voluntary, undertaken in specialty or sub-specialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organisations. Any work undertaken outside of the UK should be identified. An approximate indication of the time spent on each activity should be provided.</p> <p>Guidance Some specialists will be required to present, in summary form, quantitative and qualitative information representing certain areas of</p>

¹ The detailed requirements for this are being considered as part of the Medical Appraisal Guide (MAG) and will need to be agreed by all key parties.

	<p>their practice. You may wish to include details of the size and roles of the team with which you work in order to clarify your role.</p> <p><u>The College of Emergency Medicine</u></p> <p>You are expected to provide a summary including particular interests, private and voluntary work. This should be sufficient to allow your appraiser to carry out a valid assessment of all your work as a doctor. It should not be regarded as conferring a limit or boundary to practice but will allow clarification for those working in departments with a limited case mix. As exact case mix and time spent in direct patient care is variable no specific minimum numbers or hours have been proposed by the college but the relationship should be relevant and proportional.</p> <p>Senior doctors in EM should be able to provide evidence of ability to lead resuscitation teams in cardiac, trauma and paediatrics, if relevant to their role. Appropriate life support course certificates or confirmation of instructor status, alternatively a case log with reflection and peer review or WBA are appropriate evidence.</p>
<p>Record of annual appraisals</p>	<p>Description</p> <ul style="list-style-type: none"> • Signed-off Form 4 or equivalent evidence (e.g. appraisal portfolio record) demonstrating a satisfactory outcome of your previous appraisal. • Evidence of appraisals (if undertaken) from other organisations with whom you work <p>Requirements</p> <p>Required for every annual appraisal. Any concerns identified in the previous appraisal should be documented as having been satisfactorily addressed.</p>
<p>Personal Development Plans and their review</p>	<p>Description</p> <p>Access to the current Personal Development Plan (PDP) with agreed objectives developed as an outcome of your previous appraisal. Access to previous PDPs.</p> <p>Requirements</p> <p>The current PDP will be reviewed to ensure that the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding PDP objectives that are still relevant should be carried over to the new agreed PDP - a required outcome of a satisfactory annual appraisal.</p> <p>Guidance</p> <p>The content of your PDP should reflect the scope of your work as a doctor.</p>

	<p><u>The College of Emergency Medicine</u></p> <p>The College of Emergency Medicine has not issued any further specialty-specific guidance in relation to this section.</p>
<p>Probity</p>	<p>Description</p> <p>A signed self-declaration confirming the absence of any probity issues and stating:</p> <ul style="list-style-type: none"> • That you comply with the obligations placed on you, as set out in <i>Good Medical Practice</i> (2006). • That no disciplinary, criminal or regulatory sanctions have been applied since your last appraisal or that any sanctions have been reported to the GMC, in compliance with its guidance <i>Reporting Criminal and Regulatory Proceedings Within and Outside of the UK</i> (2008), and to your employing or contracting organisation if required. • That you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interests in your professional work - see the GMC document <i>Conflicts of Interest: Guidance for Doctors</i> (2008) and those relevant to your employing or contracting organisation if required (e.g. university or company). <p>Requirements Required for every annual appraisal.</p> <p>Guidance The format of the self-declaration should reflect the scope of your work as a doctor. You should consider the GMC ethical guidance documents relevant to your professional or specialty practice, e.g. <i>0-18 years: Guidance for all Doctors</i> (2007).</p> <p><u>The College of Emergency Medicine</u></p> <p>The College of Emergency Medicine has not issued any further specialty-specific guidance in relation to this section.</p>
<p>Health</p>	<p>Description</p> <p>A signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that you comply with the health and safety obligations for doctors as set out in <i>Good Medical Practice</i>, including having access to independent and objective medical care.</p> <p>Requirements Required for every annual appraisal.</p>

	<p>Guidance</p> <p>The format of the self-declaration should reflect the nature of your work.</p>
	<p><u>The College of Emergency Medicine</u></p> <p>Evidence of registration with a GP should be available</p>

KEEPING UP TO DATE

Maintaining and enhancing the quality of your professional work

Good Medical Practice *requires doctors to keep their knowledge and skills up to date, and encourages them to take part in educational activities that maintain and further develop their competence and performance.*

<p>Continuing Professional Development (CPD)</p>	<p>Description</p> <p>CPD is a continuing learning process outside formal undergraduate and postgraduate training that enables doctors to maintain and improve their performance across all areas of their professional work.²</p> <p>CPD may be:</p> <ul style="list-style-type: none"> • Clinical – including any specialty, or sub-specialty, specific requirements • Non-clinical – including training for educational supervision, training for management or academic training.³ <p>Requirements</p> <p>At each appraisal meeting, a description of CPD undertaken each year should be provided including:</p> <ul style="list-style-type: none"> • Its relevance to your individual professional work; • Its relevance to your personal development plan⁴; • Reflection and confirmation of good practice or new learning/practice change where appropriate. <p>Normally achievement of at least 50 credits per year of the revalidation cycle is expected and at least 250 credits over a 5 year revalidation cycle. Where circumstances make this impossible, please refer to specialty guidance.</p>
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² Employer mandatory training and required training for educational supervisors may be included provided that the learning is relevant to your job plan, and is supported by reflection and, where relevant, practice change.

³ Colleges and Faculties have different ways of categorising CPD activities – see relevant College or Faculty Guidelines for information.

⁴ Not all of the CPD undertaken should relate to an element of the PDP; sufficient should, to demonstrate that you have met the requirements of your PDP.

Guidance

You should take part in CPD as recommended by your College or Faculty. The College of Emergency Medicine guidance on CPD is available at:

<http://www.collemergencymed.ac.uk/Development/CPD/>.

Your CPD activity should cover all aspects of your professional work and should include activity that covers your agreed PDP objectives. It is important to recognise that there is much professional benefit to be gained from a wide variety of CPD including some outside of your immediate area of practice and as such this should be encouraged. You should ensure that a balance of different types of educational activity is maintained.

Documentation of CPD activity should include a reflection on the learning gained and the likely effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal, together with a certificate from your College or Faculty if this is available. For revalidation a cumulative 5 year record of your CPD activity should be provided.

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A minimum of 50 hours must be completed, including e-learning, with evidence such as specialty certificates and proof of course attendance including ALS, ATLS APLS/PLS or evidence of instructor status. Alternatively, evidence of appropriate skills by WBA-CbD/DOPS/MiniCex with reflective/observed practice should be provided. Further guidance at

www.collemergencymed.ac.uk/Development/CPD/

A reflective template is available on CEM website:

<http://secure.collemergencymed.ac.uk/code/document.asp?ID=6160>

REVIEW OF YOUR PRACTICE

Evaluating and improving the quality of your professional work

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. The nature and balance of these activities will vary according to your specialty and the work that you do. These activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action and, where possible, demonstrate an outcome or change. The supporting information in this section should be updated annually. If you work in a non-clinical area you should discuss options for quality improvement activity with your appraiser, College or Faculty⁵.

Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.

Quality Improvement Activity

Clinical audit	<p>Description</p> <p>You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every 5 year revalidation cycle. If this is not possible other ways of demonstrating quality improvement activity should be undertaken.</p> <p>Requirements</p> <p><u>National Audits</u></p> <p>Participation in national audits is expected where these are relevant to the specialty or subspecialty in which you practice. However, in some specialties national audits are few in number and alternative ways of demonstrating the quality of your practice will be required. Your participation in national audits may focus on the performance of the team, but there will be elements that reflect your personal practice or the results of your management of, or contribution to, the team or service of which you are part. Your role, input, learning and response to the audit results should be reflected upon and documented.</p> <p><u>Personal and Local Audit</u></p> <p>Improvement in the quality of one's own practice through personal involvement in audit is recommended. A simple audit of medical record keeping against agreed standards is a recommended activity, but should be carried out in addition to, and not as a substitute for, other clinical audit activity.</p> <p>Guidance</p> <p>Where required by the relevant College, your specialty departments should ensure that formal programmes of audit are in place, reflecting key areas of specialty and/or subspecialty practice. Where this is the</p>
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⁵ For example, if you are working in education or management your Quality Improvement Activity could include (a) auditing and monitoring the effectiveness of an educational programme, (b) evaluating the impact and effectiveness of a piece of health policy or management practice.

	<p>case, you should provide evidence demonstrating active engagement in local audit throughout a full audit cycle.</p> <p>Details of national, local and mandatory audits recommended by the College of Emergency Medicine are available at http://www.collemergencymed.ac.uk/Shop-Floor/Clinical%20Audit/Current%20Audits/</p> <p><u>The College of Emergency Medicine</u></p> <p>CEM Audit Returns and an individual's role in this can be included. A Template for notes audit entitled <i>Data Proforma</i> is available on the CEM website at: http://www.collemergencymed.ac.uk/Development/Revalidation/CEM%20Revalidation%20Guidance/default.asp</p> <p>At least 10 records should be included.</p>
<p>Review of Clinical Outcomes</p>	<p>Description</p> <p>Clinical outcomes that are used for revalidation should be robust, attributable and well-validated. Even where this is not the case you may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of your practice.</p> <p>Requirements</p> <p>Where national registries or databases are in place relevant to your practice you may be expected to participate in the collection and contribution to national, standardised data. Evidence of this participation should be made available for your appraisal.</p> <p>Nationally agreed standards and protocols may also include outcomes, and you should bring these to appraisal where recommended by the specialty. Data should relate, as far as possible, to your own contribution. Comparison with national data should be made wherever possible.</p> <p>Guidance</p> <p>There are some specialities, mainly interventionist or surgical but including those academic activities in which clinical trials play a major part, which have recognised outcome measures. Where clinical outcomes are used instead of, or alongside clinical audit or case reviews, there should be evidence of reflection and commentary on personal input and, where needed, change in practice.</p> <p><u>The College of Emergency Medicine</u></p> <p>The numbers of patients seen personally and as Consultant sign off / senior opinion including case mix should be given where IT systems allow. Evidence of incorporation of College or national (e.g.: NICE) guidelines to local practice and protocols.</p>

<p>Case review or discussion</p>	<p>Description The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit/registries are unavailable.</p> <p>Requirements If you are unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. You should then provide at least two case reviews per year, covering the range of your professional practice over a 5 year revalidation cycle. You should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. Identified action points should be incorporated into your personal development plan.</p> <p>Guidance Evidence of relevant working party or committee work (internal or external) may be included together with your personal input and reflection, including implementation of changes in practice, where appropriate. Some specialties or subspecialties may recommend case reviews routinely, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings or morbidity and mortality meetings. In some specific circumstances case reviews may form the main supporting information in support of quality improvement.</p>
	<p><u>The College of Emergency Medicine</u></p> <p>The College of Emergency Medicine has not issued any further specialty-specific guidance in relation to this section.</p>
<p>Significant Events</p>	
<p>Clinical incidents, Significant Untoward Incidents (SUIs) or other similar events.</p>	<p>Description Clinical incidents are any unintended or unexpected incidents, which could, or did, lead to harm to one or more patients. This includes incidents that did not cause harm but could have done and where the event should have been preventable. SUIs (including significant clinical incidents) are those events that have or could have significant or catastrophic impact on a patient(s) and may adversely affect the organisation and its staff.</p> <p>Requirements If you have been directly involved in any clinical incidents or serious untoward incidents (SUIs) since your last appraisal you must provide</p>

	<p>details based on data logged on local (e.g. your NHS employer where such data should be routinely collected) or national incident reporting systems (e.g. NPSA). If there has been no direct involvement in such incidents since your last appraisal, a self-declaration to that effect should be presented at your annual appraisal.</p> <p>If you are self-employed or work outside the NHS, or in an environment where reporting systems are not in place it is your responsibility to keep a personal record of any incidents in which you have been involved. This could include for example participants in clinical trials. A summary reviewing the data and a short anonymised description (with reflection, learning points and action taken) of up to two clinical incidents and all SUIs or root cause analyses in which you have played a part (including as an investigator) should be presented for discussion at your annual appraisal.</p> <p>Guidance Incidents and other adverse events which are particularly relevant or related to certain areas of specialist practice are identified in the Colleges' specialty guidance, together with tools and recommendations when documenting your involvement. You should take care not to include any patient identifiable information in your appraisal documentation.</p>
	<p><u>The College of Emergency Medicine</u></p> <p>Most trusts have systems for collecting such information. If no such events have occurred the individual should include a statement to this effect.</p>

FEEDBACK ON YOUR PRACTICE

How others perceive the quality of your professional work

The supporting information in this section must be provided in all cases where the professional context permits

<p>Colleague feedback</p>	<p>Description The result of feedback from professional colleagues from the range of professional activities, using a validated⁶ multi-source feedback (MSF) tool. The results should be reflected upon, and any further development needs should be addressed</p> <p>Requirements At least one colleague MSF exercise should be undertaken in the revalidation cycle normally by the end of year two to allow sufficient time for a follow up exercise to occur to assess if any identified issues have been addressed.</p>
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⁶ All colleague MSF tools must be validated and should comply with GMC guidance

	<p>Guidance</p> <p>The selection of raters/assessors should represent a spread of healthcare professionals with whom you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same speciality.</p> <hr/> <p><u>The College of Emergency Medicine</u></p> <p>A variety of forms are available. These are not standardised nationally. Many employers are implementing a trust wide format for all medical staff.</p>
<p>Feedback from patients and/or carers</p>	<p>Description</p> <p>The result of feedback from patients and, if appropriate, carers, using a validated tool.⁷ The results should be reflected upon, and any further development needs addressed. For those doctors who do not provide direct patient care, guidance on appropriate alternative supporting information should be provided by the College or Faculty.</p> <p>Requirements</p> <p>At least one patient feedback exercise should be undertaken in the revalidation cycle normally by the end of year two to allow sufficient time for a follow up exercise to occur to assess if identified issues have been addressed.</p> <p>Guidance</p> <p>Some Colleges and Faculties have identified patient feedback tools, instruments and processes which are suitable for doctors with particular areas of specialty practice. For some doctors, only some areas of their whole practice will be amenable to patient and/or carer feedback. Where practicable, a complete spectrum of the patients that you see should be included when seeking this type of feedback, and particular attention should be given to the inclusion of patients with communication difficulties, where relevant.</p> <hr/> <p><u>The College of Emergency Medicine</u></p> <p>This is recognised as problematic for senior ED doctors. No national standard is recommended other than that they must comply with the GMC recommendations.</p>
<p>Feedback from clinical</p>	<p>Description</p> <p>If you undertake clinical supervision and/or training of others, the results</p>

⁷ All patient questionnaires must be validated and should comply with GMC guidance.

<p>supervision, teaching and training</p>	<p>from student/trainee feedback or peer review of teaching skills should be provided for appraisal and revalidation purposes. Some Colleges/Faculties may require formal review or re-appointment as a trainer after a specified number of years.</p> <p>Requirements Evidence of your performance as a clinical supervisor and/or trainer is required at least once in a 5 year revalidation cycle. Feedback from any formal teaching should be included annually for appraisal.</p> <p>Guidance Appropriate supporting information may include direct feedback from those taught in a range of settings. Clinical supervisors and educational supervisors are required to provide evidence that have met the minimum training requirements set by the GMC for these roles.</p> <hr/> <p><u>The College of Emergency Medicine</u></p> <p>Certificates or alternative confirmation of attending education training and feedback summaries, when available, should be provided.</p>
<p>Formal complaints</p>	<p>Description Details of all formal complaints received since your last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection for discussion during the annual appraisal. A formal complaint is one that is normally made in writing and activates a defined complaints response process.</p> <p>Requirements Annually. For your appraisal you are only required to submit details of formal complaints received from patients, carers, colleagues or staff – either employed within your clinical area or any other arena in which you work (e.g. University) – relating to your professional activities or those team members for whom you have direct responsibility. If you have not received any formal complaints since your last appraisal, a self-declaration to that effect should be provided for your annual appraisal.</p> <p>Guidance A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases you should reflect upon your own role and identify any learning points or changes in practice that may be appropriate. An appropriate personal reflection should be provided covering how formal complaints have been managed (with reference, if necessary, to local or national complaints management procedures or codes of practice), actions taken, learning gained, and if necessary, potential items for the personal development plan. Rather than the nature of the complaints themselves, your reflection will be the focus for discussion during the appraisal. Some Colleges have developed tools and forms to help document and structure this reflection.</p>

	<p><u>The College of Emergency Medicine</u></p> <p>Details of any complaint made against you as an individual, and the outcome, should be included.</p> <p>For senior doctors details of departmental complaints and a sample of responses given by you should be available. In departments where all complaints are handled by one individual the other consultants must be aware of any recurring themes and escalation in numbers as there is collective responsibility.</p>
<p>Compliments</p>	<p>Description</p> <p>A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team.</p> <p>Requirements</p> <p>Annually updated. Not all compliments that you receive need to be included in your summary and you may opt not to present details of any compliments at all during any of your annual appraisals. This option will not hinder your progress towards revalidation.</p> <p>Guidance</p> <p>It is useful to reflect on successes as well as on problems. If compliments are to be useful in revalidation they should be accompanied by relevant reflection highlighting, for example, the value you attach to these compliments in terms of how they have affected your professional practice, relationship with others, learning and development Some Colleges have developed tools and forms to help document and structure this reflection.</p>
	<p><u>The College of Emergency Medicine</u></p> <p>The College of Emergency Medicine has not issued any further specialty-specific guidance in relation to this section.</p>