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**Appraisal and Revalidation**  
**Update**

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# Revalidation: A Long Gestation

- Some plans discussed as long ago as 1998.
- Well publicised serious problems – the Ledward, Ayling, Neale, Kerr, Haslam cases, then the Shipman murders.
- Subsequent enquiries in these cases revealed long-term problems with no clear action or sharing of information.
- Dame Janet Smith's enquiry into the Shipman murders was extremely critical of medical governance and regulation.

# Identified problems

- We know 0.5 – 1 % of doctors have significant performance problems
- 5 – 10 % doctors have a serious health or addiction problem
- No clear standards of good practice
- Appropriate action often not taken until very late in the day resulting in avoidable harm to patients and further denting of public confidence
- GMC perceived (correctly or otherwise) as not fulfilling its core role of protecting patients

# Revalidation: journey so far...

- 2000 - Revalidating Doctors, GMC consultation document
- 2004 - GMC Draft Guidance for licensing and revalidation
- 2004 - The Shipman Enquiry, Fifth Report
- 2006 - Good doctors, safer patients, a report by the CMO for England
- 2007 - Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century; Health & Social Care Bill (the White Paper)
- 2008 - Medical Revalidation Working Group report
- 2009 - UK Revalidation Programme Board established
- 2009 - Licence to practice introduced
- 2010 - Responsible Officer regulations

# Revalidation update

## Will discuss



- What revalidation/appraisal is/is not
- What local (GGC) and national (Scotland) systems are being put in place
- What on line resources are being developed
- What doctors need to do
- Local recommendations for the conduct of appraisal for consultants and specialty doctors

## Will not discuss



- If, philosophically, revalidation is worth the effort/resource
- Whether another Shipman will be avoided

# Who will be revalidated in 2013?



- The 20% whose penultimate GMC reference number is 4 or 6
- If the responsible officer can recommend revalidation
  - Appraisal
  - Other information

# Appraisal

- A contractual obligation
- A method whereby doctors can reflect on their own practice
- Prove that they are up to date and participating in clinical governance
- It is essentially formative
- It is not performance management

# The *Good Medical Practice* Framework for appraisal and revalidation

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Medical  
Council  
Regulating doctors  
Ensuring good medical practice

The *Good Medical Practice* Framework sets out the broad areas which should be covered in medical appraisal and on which recommendations to revalidate doctors will be based.

Current systems of appraisal reflect the diversity of practice settings and employers of doctors. A single format of appraisal will not be suitable for all doctors in all settings but it is possible to identify a number of key principles that are relevant to the whole profession.

The Framework is based on *Good Medical Practice*, our core ethical guidance for doctors, which sets out the principles and values on which good practice is founded. *Good Medical Practice* is used to inform the education, training and practice of all doctors in the UK.

The Framework will form the basis of a standard approach for all appraisals, in which licensed doctors must take part in order to revalidate. Revalidation is the process by which all licensed doctors must demonstrate every five years that they are up to date and fit to practise.

During their appraisals, doctors will discuss their practice and performance with their appraiser and use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*.

## How doctors should use the Framework

You should use the Framework to:

- reflect on your practice and your approach to medicine

- reflect on the supporting information you have gathered and what that information demonstrates about your practice
- identify areas of practice where you could make improvements or undertake further development
- demonstrate that you are up to date and fit to practise

## About the Framework

The Framework consists of four domains which cover the spectrum of medical practice. They are:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

Each domain is described by three attributes. The attributes define the scope and purpose of each domain. These attributes relate to practices or principles of the profession as a whole.

The principles and values have been pared down from the full advice in *Good Medical Practice*. They are examples of the types of professional behaviours expected of all doctors.

Some examples from our ethical guidance *Management for Doctors* and *Good practice in research* have also been included to provide examples for doctors working in non-clinical roles. Paragraph reference numbers have been provided so that they can be read in their original context.

# GMC Good Medical Practice Framework

## FOUR domains

1. Knowledge, skills & performance
2. Safety & quality
3. Communication, partnership & teamwork
4. Maintaining trust

# Core

# supporting information

## Supporting information for appraisal and revalidation

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During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*.

This guidance sets out the supporting information that you will need to provide at your annual appraisal and the frequency with which it should be provided. It also gives further details on how the information can be used or discussed during appraisal.

All doctors, regardless of the nature of their practice, should be able to meet these requirements although the underlying information may differ in certain categories depending on your practice and the context in which you work.

### Supporting Information

The supporting information that you will need to bring to your appraisal will fall under four broad headings:

- General information – providing context about what you do in all aspects of your work
- Keeping up to date – maintaining and enhancing the quality of your professional work
- Review of your practice – evaluating the quality of your professional work
- Feedback on your practice – how others perceive the quality of your professional work

There are six types of supporting information 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 (where applicable)
6. Review of complaints and compliments

The nature of the supporting information will reflect your particular specialist practice and your other professional roles. For example, an appropriate quality improvement activity will vary across different specialities and roles.

## SIX types

1.CPD

2.QA

3.Significant events

4.Feedback (colleagues)

5.Feedback (patients)

6.Compliments/complaints

# Revalidation is...

- Part of a wider system of measures to promote improvements in safety and quality
- Intended to ensure all medical practice is conducted within a governed system
- Positive affirmation of a doctor's professionalism based on GMC core guidance

*Good Medical Practice*



- Positive recommendation from a Responsible Officer

# Revalidation isn't...

- A test or exam with a pass or fail outcome
- A new way to raise concerns about a doctor
- The only purpose or output of appraisal or training assessment

# Requirements for doctors...



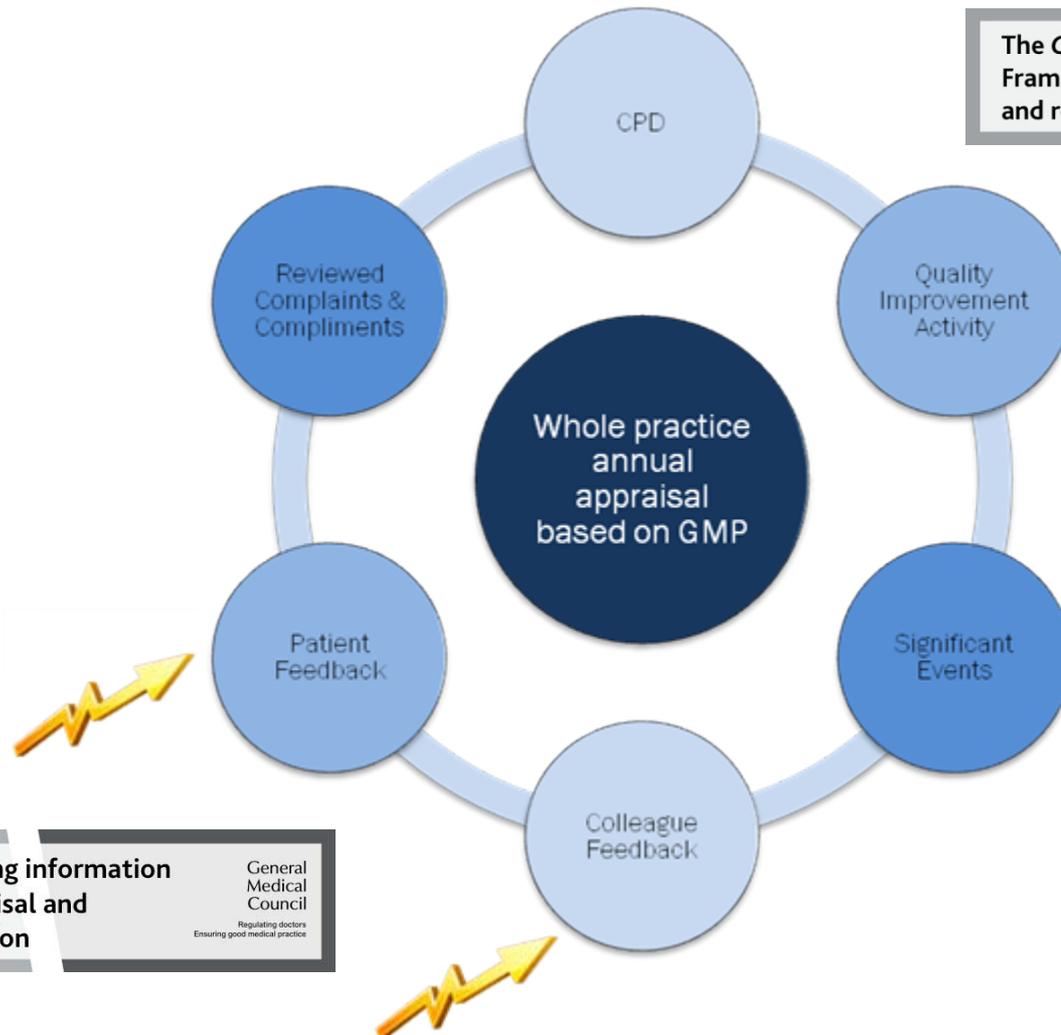
**The *Good Medical Practice* Framework for appraisal and revalidation**

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**Supporting information for appraisal and revalidation**

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# Requirements for doctors...



The *Good Medical Practice*  
Framework for appraisal  
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Supporting information  
for appraisal and  
revalidation

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# Multisource Colleague Feedback (MSF)

- At the end of trial phase now
- Being developed by Murray Lough and Diane Kelly @nes.scot.nhs.uk
- 15 colleagues
- End result to be incorporated in SOAR

Communication.....  
Respect.....  
Manner.....  
Working as a Team.....  
Knowledge & Care.....  
Support.....  
Insight.....  
Overall .....

Communication	1	2	3	4	5	6	
This doctor:	Strongly Disagree				Strongly Agree		Don't know
is willing to listen to what other colleagues have to say	<input type="radio"/>						
is willing to share information with colleagues	<input type="radio"/>						
is able to give clear information to others in language they understand	<input type="radio"/>						

Please make a comment about something the doctor does well in this area:

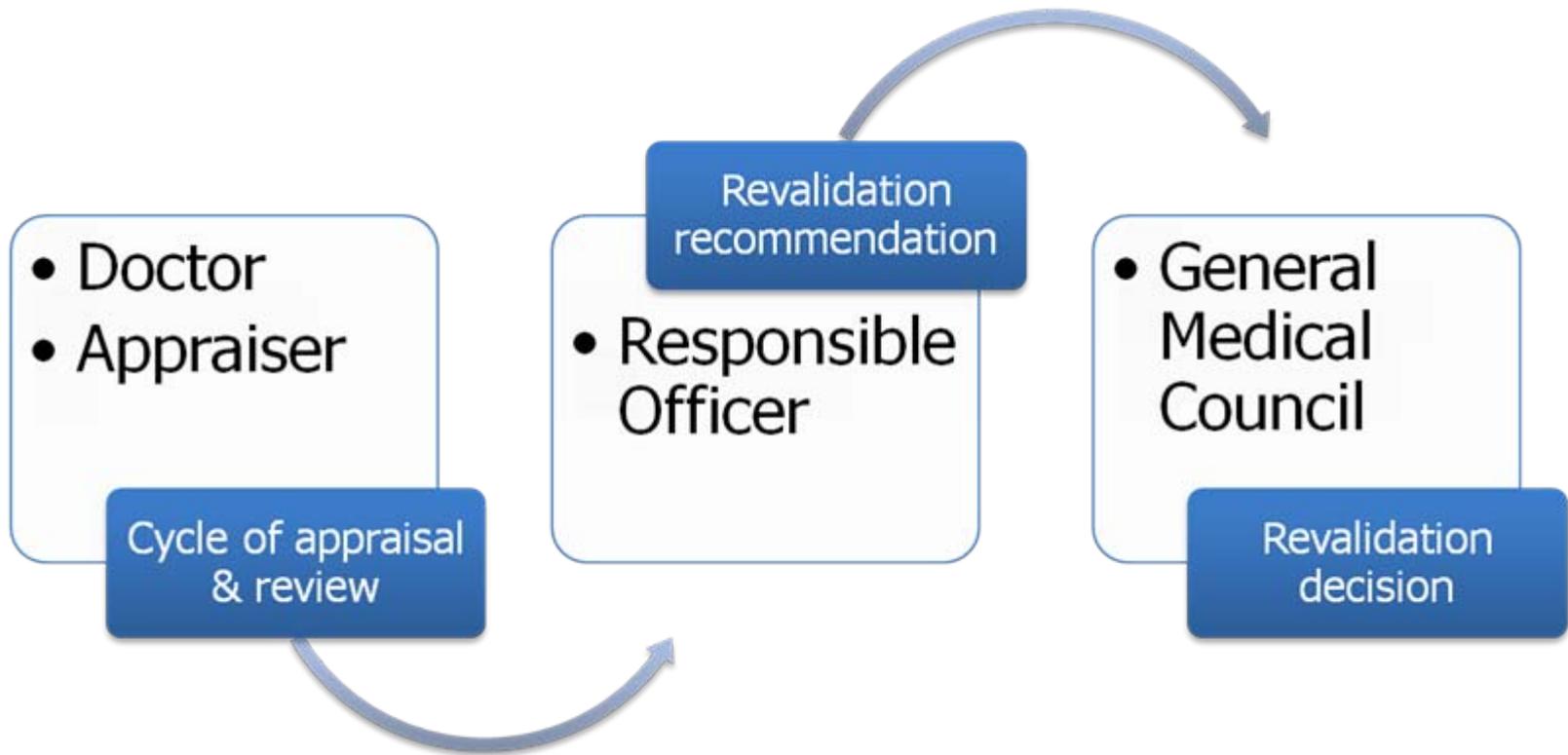
Please make a comment about something the doctor could develop in this area:

Next >> Cancel

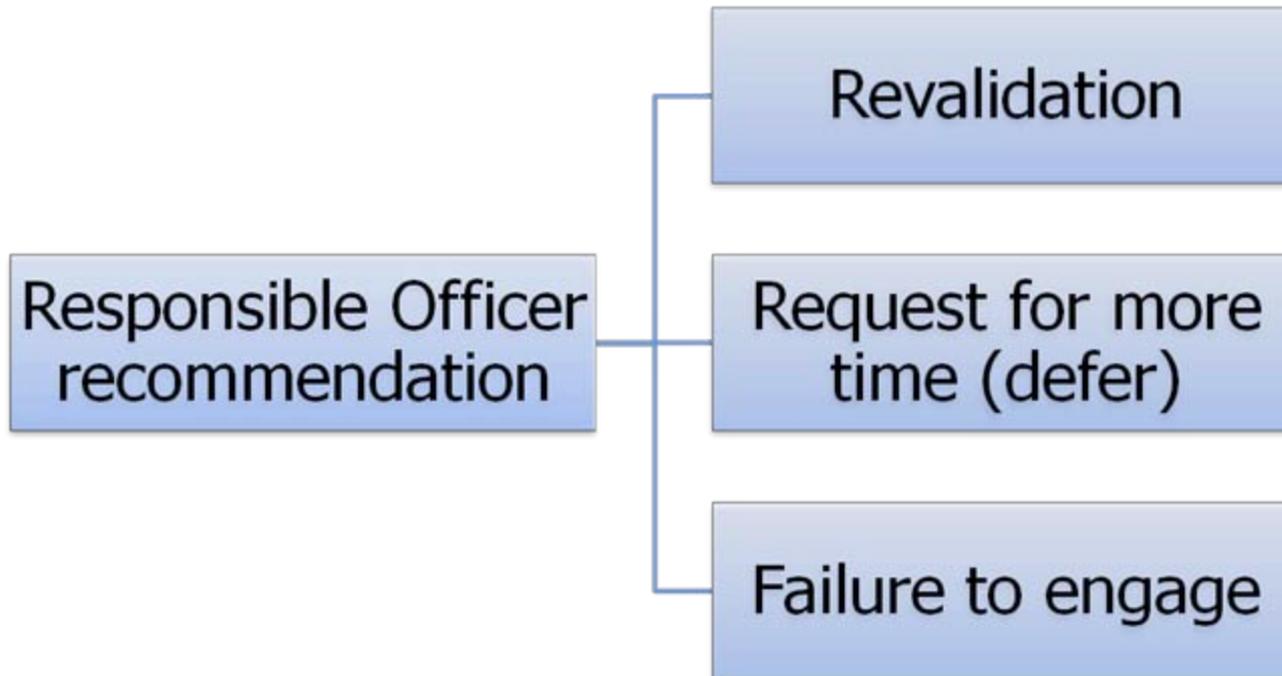
# Minimum requirements for currency and relevance of supporting information

- Evidence of continuing professional development, review of significant events and review of complaints and compliments must relate to the twelve month period prior to the appraisal that precedes any revalidation recommendation.
- Evidence of regular participation in quality improvement activities that demonstrates the doctor reviews and evaluates the quality of their work must be considered at each appraisal. The activity should be relevant to the doctor's current scope of practice.
- Evidence of feedback from patients and colleagues must have been undertaken no earlier than five years prior to the first revalidation recommendation and should be relevant to the doctor's current scope of practice.
- Feedback from patients and colleagues that does not fully meet the criteria set by the GMC may also be included but must have:
  - Focused on the doctor, their practice and the quality of care delivered to patients
  - Been gathered in a way that promotes objectivity and maintains confidentiality
- Team-based information may also meet the requirements where no individualised information is available for quality improvement activities, significant events or complaints and compliments - as long as the doctor has reflected on what this information means for their *individual* practice.

# The recommendation...



# Recommendation options...



Concerns about Fitness to Practise must be raised when they arise

# Deferral requests...



Providing supporting information

Insufficient  
information

Information  
gaps

Participating in a local or national process

HR or  
investigation

Performance  
or remediation

Participating in a GMC process

*[revalidation placed on hold]*

Fitness to Practise

# Notification of non-engagement...

- ✓ Confirms RO cannot make an informed recommendation as the doctor has not engaged in revalidation
- X Not a mechanism for addressing concerns about a doctor's fitness to practise

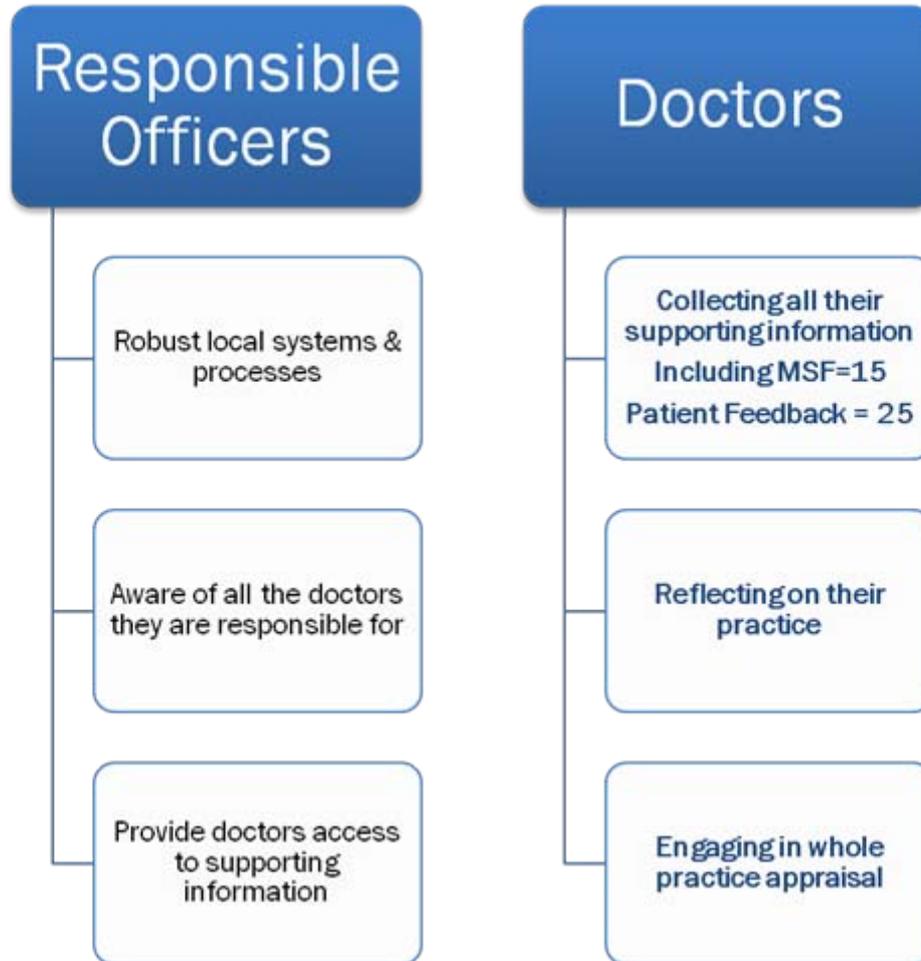
## Like deferrals

- Relates to insufficient information in support of a doctor's revalidation

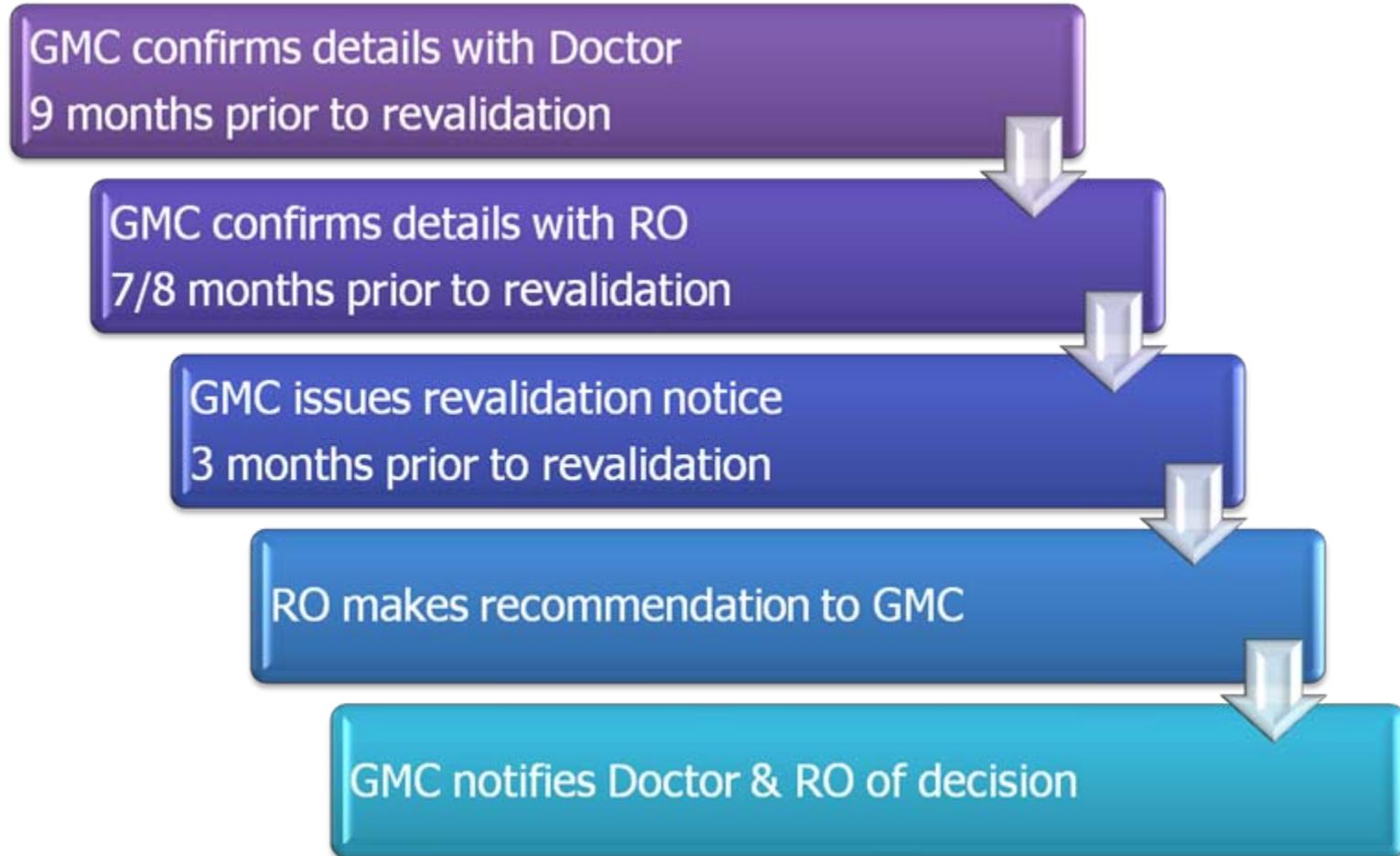
## Unlike deferrals

- Concerns doctors who have had sufficient opportunity and support to engage in revalidation, but failed to do so
- No reasonable grounds for failure to engage

# Revalidation requirements...



# Revalidation timetable...



# Implementation...

October  
2010

- Responsible Officer regulations in place

December  
2012

- Revalidation regulations in place

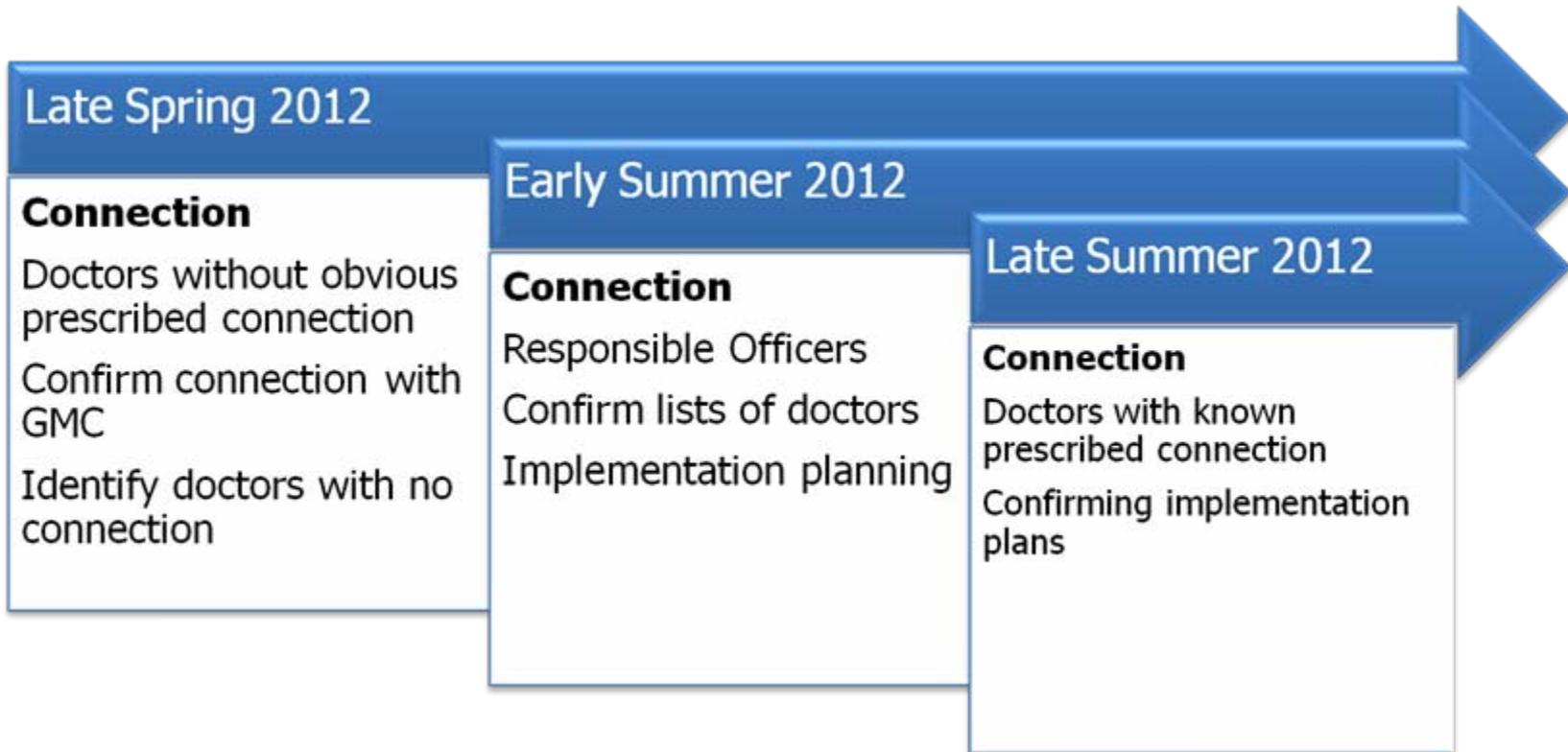
April  
2013

- Responsible Officers in Scotland begin making recommendations

March  
2016

- Majority of doctors revalidated

# Making connections...



# Scotland



- The first 20% were chosen randomly
- The following 80% will be considered over the following two years
- There is a national system and guidance
- Scottish On Line Appraisal Resource (SOAR) will soon contain MSF
- Appraisers trained to a national standard
- It's in everyone's interests that this goes smoothly

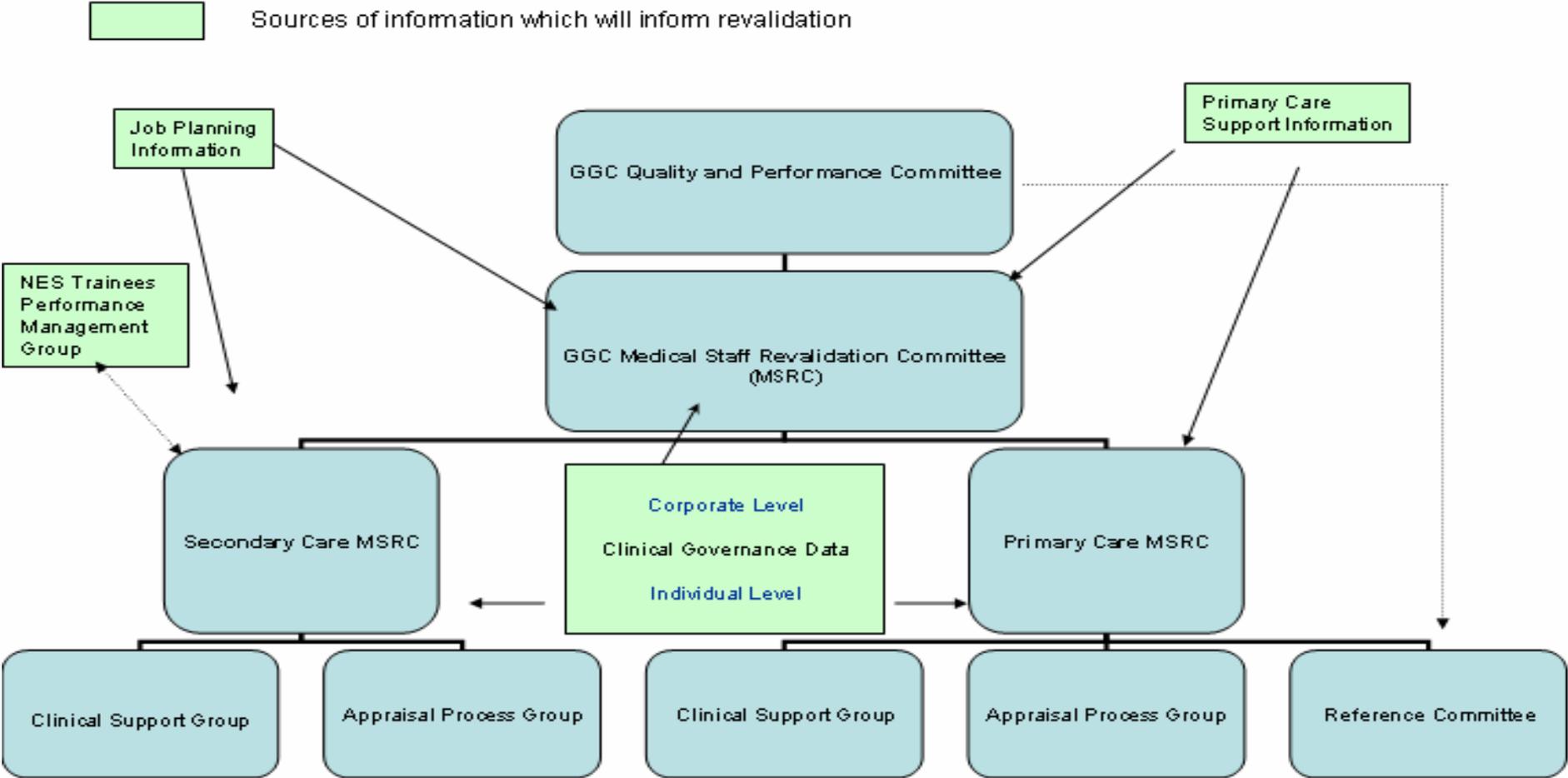


- The RO is Dr Jennifer Armstrong
- If a trainee then Dr Stewart Irvine at NES
- Designated body is NHS GGC
- Patient Questionnaires will be managed through a GGC resource
- Allocation of appraisers via Directorates and/or University



- Regular communications through email and website
- Identification of first 20%
- Creation of governance and support structure including MSF and patient feedback
- Review of dissemination of clinical governance and complaints information

# Revalidation Governance



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SOAR Database

## Welcome to SOAR

This web-site is designed to tell you everything you need to know to participate in Medical Appraisal in Scotland. It offers a number of resources to support your appraisal preparation so that you get the most out of the appraisal process and your meetings with your Appraiser.



For GP Appraisal in Primary Care, please visit [GP Appraisal version of SOAR](#)

### Latest News

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**What do I  
have to do for  
my appraisal  
this year?**  


**Multi-Source  
Feedback  
(MSF?)**  


**Revalidation  
in 2013?**  


  
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## Got a **question** about **Appraisal**?

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<http://seccare.appraisal.nes.scot.nhs.uk/>

## SC Appraiser

My Details

&gt; Forms 1-2

Form 3

PDP History

My Interviews

My Documents

## Resources

Royal College / Faculty

User Guides

Policy

## Professor Paul Knight

Details

SC Appraiser

SC Form 1-2

SC Form 3

Email Notifications

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You, the appraiser, should complete the forms on this page (1 and 2), as well as Form 3, in advance of the appraisal.

We have grouped Forms 1 and 2 in the same page as these two are unlikely to change much year on year – but do check thoroughly to ensure that all the details are correct.

Some parts of the form are automatically populated from your Personal Details tab, if any of it is not correct, please [edit it](#), and the fields will update on this page accordingly. If there are parts of it you are unable to edit due to access restrictions, please contact your Health board Administration team.

[+ Form 1 - Background Details \(expand\)](#)[+ Form 2 - Current Activities \(expand\)](#)[+ Form 2 - Current Job Plan \(expand\)](#)

If you have finished filling out this form, Save it, and then move onto Form 3.

[← Go Back](#) [Save](#) [Cancel](#)

# GMC on line

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Logged in as Dr Knight GMC Ref: 2343239

[My Details](#) ▶

## Revalidation details

[My Account](#) ▶

All fully registered doctors with a licence to practise will need to revalidate to show they are up to date and fit to practise. Find out more about [revalidation](#).

[My Registration](#) ▶

Please check the designated body information below. If it's not correct please click 'Change designated body'.

**[My Revalidation](#)** ▶

If you don't know your designated body you can use our [online tool](#) to help you find it or view the [full list of designated bodies](#).

[My Appointments](#) ▶

If you're sure you don't have a designated body please click 'I don't have a designated body'.

[My Surveys](#) ▶

<b>Designated body</b>	NHS Greater Glasgow and Clyde
<b>Responsible officer</b>	Jennifer Armstrong
<b>Designated body email address</b>	To be confirmed
<b>Next revalidation date</b>	To be confirmed
<b>Designated body last updated by</b>	General Medical Council
<b>Designated body last updated on</b>	29/03/2012

[What is a designated body?](#)

[What is a responsible officer?](#)

[What is this email address?](#)

[What is a revalidation date?](#)

[Who updates my designated body?](#)

[My PLAB](#) ▶

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### Why don't I have a revalidation date?

We are preparing for revalidation and revalidation dates for individual doctors have not yet been set. Towards the end of 2012, we will tell you more about when you will revalidate for the first time. There is no need for you to contact us about this now.

[Change designated body](#)

[I don't have a designated body](#)

# What do we recommend?

- Everyone **must have** an Appraisal this year
- These should take place throughout the year but are completed by December.
- Those undergoing revalidation wait until autumn (October-December) **and include MSF and Patient Feedback**
- Register with SOAR and GMC on line
- Contact [medical.revalidation@ggc.scot.nhs.uk](mailto:medical.revalidation@ggc.scot.nhs.uk) if you have questions

# Further information

<http://www.aomrc.org.uk/revalidation.html>

Sunday, 22 April 2012

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MEDICAL ROYAL  
COLLEGES**

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## Revalidation

CHAIRER BY DR TONY FALCONER

Revalidation is a single process where doctors will be required to demonstrate their continued fitness to practise based on a local evaluation of their performance through the appraisal process.

The purpose of revalidation is to assure patients and the public, as well as employers and other healthcare professionals, that doctors registered with a licence are up to date and fit to practice.

All licensed doctors will need to revalidate on a regular basis if they wish to keep their **licence to practise**.

Revalidation will:

- Provide a focus for doctors' efforts to maintain and improve their practice
- Facilitate the organisations in which doctors' work to support them in keeping their practice up to date
- Encourage patients and the public to provide feedback about the medical care they receive
- Contribute to improving the quality of patient care and providing assurance to patients, the public and employers.

The role of the Academy in revalidation is to facilitate the work of the Colleges and Faculties and to encourage them to share their experience, skills and knowledge around the development of methods for revalidation.

The General Medical Council has set out its generic requirements for medical practice and appraisal in **Good Medical Practice**, **Good Medical Practice Framework for appraisal & revalidation** and **Supporting Information for appraisal & revalidation**. These are supported by guidance from the medical Royal Colleges and Faculties, which give the specialty context for the supporting information required for appraisal.

Doctors should also have regard for any guidance that the employing or contracting organisation may provide concerning local policies.

## Revalidation

**Revalidation**

- The licence to practise

**The Academy's Role in Revalidation**

- Standards
- Cross Specialty Working Groups
- Academy Revalidation Meeting Groups
- Work with other key stakeholders
- Current Work

**The Role of the Medical Royal Colleges and Faculties in Revalidation**

**Revalidation Publications and Documents**

- Correspondence
- Academy Reports and Resources
- Speciality Guidance
- Key Revalidation Links and Reports

**Revalidation FAQ's**

# Further information

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[Revalidation](#) ▶

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## Revalidation

Revalidation will be our new way of regulating licensed doctors that will give extra confidence to patients that their doctors are up to date and fit to practise.

Licensed doctors will have to revalidate, usually every five years, by having regular appraisals that are based on our core guidance for doctors, [Good Medical Practice](#). We are planning to introduce revalidation across the UK at the end of 2012. Only doctors who have a [licence to practise](#) will need to revalidate.



### Featured sections

#### Quick links to our guidance

GMP framework for appraisal and revalidation

 PDF, 206.92Kb)

Supporting information for appraisal and revalidation

 PDF, 217.44Kb)

Developing, implementing and administering questionnaires

 PDF, 271.83Kb)

<http://www.gmc-uk.org/doctors/revalidation.asp>

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my appraisal  
this year?  


  
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# Questions ?

