

FREQUENTLY ASKED QUESTIONS (FAQs)

1 **What is revalidation?**

Revalidation is the process by which doctors will have to demonstrate to the General Medical Council (GMC), normally every five years that they are up to date and fit to practice.

2 **What is the purpose of revalidation?**

The purpose of revalidation is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practicing to the appropriate professional standards.

3 **Do I have to take part in revalidation?**

If you are a doctor holding registration with a licence to practise, you will have to participate in revalidation.

4 **How will I be revalidated?**

Revalidation will be based on local evaluation of doctors' performance against national standards approved by the GMC over a period of five years. Doctors will be expected to participate in a process of annual appraisal in the workplace. Appraisal is based on a doctor's whole practice, and information will be required from each employer on a doctor's performance within that organisation. This information must be made available in good time to the doctor's appraiser.

Annual appraisals will need to be completed in year, in line with the organisation's appraisal cycle. It is the responsibility of both the individual and the organisation to ensure that each individual doctor is able to complete their annual appraisal in a timely manner. An appraisal is not considered complete without a PDP signed off by both parties within 28 days of the appraisal meeting.

A recommendation of a doctor's fitness for revalidation will be based on five years of appraisals and will be made to the GMC by the doctor's RO.

5 **What is the role of the Responsible Officer (RO)?**

The RO will usually be a senior, licensed doctor in the organisation where the doctor works /retains practicing privileges, generally the Medical Director. The RO will have been formally appointed and trained to undertake this role.

The RO will make a recommendation to the GMC about a doctor's fitness for revalidation, normally every five years. This will be based on the doctor's appraisals over this period, together with information derived from local clinical governance systems and processes. The GMC will require assurance that each doctor is meeting the required standards and that there are no known concerns about the doctor's practice. The RO makes the recommendation, however it will be for the GMC to decide whether the doctor concerned should be revalidated.

6 What will I need to bring to my appraisal?

Doctors will need to maintain a folder or portfolio of information drawn from their practice to show how they are meeting the required standards. Because each doctor's practice is different, the information they collect will vary. The information collected in their portfolio will provide the basis for discussion at their annual appraisal. It is expected that a doctor will need to provide evidence of:

- Health and probity declarations (annually)
- Colleague and patient feedback (one of each, for each five year cycle)
- Quality improvement e.g. documents, audits, evaluations etc. (annually)
- CPD (annually)
- Complaints and compliments, review of clinical events/incidents (to be annually reviewed)

More details of the documentation required for appraisal is available on the GMC website, and the relevant Royal Colleges have produced guidance for their specialties.

Revalidation is based on a doctor's whole practice. Therefore if you work for other organisations (NHS, academic, locum agencies, independent) you will need to arrange for feedback from these organisations to be available for each annual appraisal.

7 Will I need to arrange for Multisource Feedback (MSF)?

Feedback from colleagues and patients (where relevant - some doctors do not see patients) will be a requirement of revalidation. This feedback will be required once in each 5 year revalidation cycle. It will inform that year's appraisal and any issues raised will need to be addressed before the next appraisal.

8 How will I be allocated an appraiser?

The allocation of appraisers will be decided by Aspen and your appraiser will change at least once in each revalidation cycle (you should only have a maximum of 3 consecutive appraisals with the same appraiser). There will be a straightforward appeal system should you be unhappy with the choice of appraiser allocated to you.

9 Will my appraiser be trained?

The GMC requires our revalidation arrangements to be quality assured and therefore all appraisers in the organisation will have been trained appropriately, against a core set of skills, and have an early assessment of these skills.

10 Will my appraiser be from the same specialty?

The GMC guidance states that to improve, challenge and facilitate evaluation, the appraiser should be familiar with the role and working environment of the appraisee. For specialists and GPs this will usually mean that the appraiser is likely to be from the same specialty, but not necessarily from the same sub-specialty as the appraisee. This will depend on the availability and numbers of doctors within Aspen from each particular specialty.

- 11 Will there be the opportunity for feedback on my annual appraisal**
In order to ensure and improve the quality of appraisals for revalidation, formal feedback from appraisees about their annual appraisal is collected at the end of the appraisal process cycle; this is built into the electronic PReP system.
- 12 Will my information be held securely?**
The appraisal process will be confidential between the appraisee and appraiser, and all records of discussions will be held securely. However the appraiser will need to report to the RO that their appraisals have been completed satisfactorily and they will also be required to raise any concerns about a particular appraisal. At this point it may be necessary for information to be shared.
- In turn the RO will hold records about every appraisal undertaken annually in their organisation, in order to be able to make revalidation recommendations to the GMC every five years. They will therefore need to access individual appraisals if there are concerns; and also on occasions, to quality sample appraisals to ensure that they are being undertaken to the required standard. Annual reports on medical appraisal will also be a Board requirement.
- Every doctor should keep a copy of their own appraisal records, including all supporting information, securely until they have received a confirmation of revalidation by the GMC at the end of a five-year revalidation cycle.
- 13 What will happen if I cannot be recommended for revalidation?**
Revalidation will be based on cumulative appraisals over a five year period. If, at an early stage, it becomes clear, for whatever reason, that you are unlikely to meet the requirements for revalidation then Aspen has a responsibility, in consultation with the GMC, to work with you to ensure that you are able to be revalidated in the future.
- 14 What happens if I leave the organisation before the five year revalidation cycle is complete?**
It is *your* responsibility to ensure that all documentation from your appraisals is transferred to your new employer. Aspen will make arrangements to ensure that information can be transferred in a timely manner.
- 15 What will happen if I retire from my current organisation**
A retiree will need to confirm to their current employer(s) whether or not they are going to continue working as a doctor. If they return to work with their current employer, even as an honorary contract-holder, then their RO arrangements will remain the same. However if they intend to work for other organisations, they will need to make alternative arrangements for an RO and also for their appraisal records to be transferred.
- 16 Who will be my RO if I am a clinical academic, also carrying out clinical work**
Your RO will be the RO of the organisation where you undertake most of your clinical work regardless of the academic institution where your substantive contract is held. You will therefore need to contact the appropriate RO to set up these arrangements; and also make arrangements to share your academic appraisal with the NHS organisation so that your whole practice can be appraised.

17 Who will be my RO if I work mainly in the independent sector and undertake very little work in the NHS

If you undertake work for the NHS, it is likely that your RO will be the RO of the NHS organisation. You should approach this RO and make yourself known to them as soon as possible. However you should also discuss this with the RO from the independent sector.

18 Who will be my RO if I work across split sites

Your RO will generally be the RO of the organisation where you undertake the majority of your clinical work, or, if equal, the organisation that is nearest to your home address, as registered with the GMC. You will therefore need to contact the appropriate RO to set up these arrangements, and also to ensure that information from each organisation is made available to your appraiser each year so that your whole practice can be appraised.

19 How will the ROs be appraised?

Arrangements are in place across England NHS for ROs to be appraised by appropriately trained appraisers. The Level 2 RO and lead appraiser have put in place a quality assurance system for all RO appraisals. The Level 2 RO is responsible for making a recommendation on revalidation for all other ROs.

20 What is the Timescale?

The current RO for Aspen Healthcare revalidated in 2013 and is now undergoing an annual appraisal as part of the ongoing revalidation cycles.

All current doctors are undergoing annual appraisal subjected to quality assurance and all should expect to have gone through the first revalidation cycle by the end of March 2016.

Any Questions?

If you have any questions regarding the Revalidation and appraisal process then please do not hesitate to contact the Aspen Revalidation Office at:

revalidation@aspen-healthcare.co.uk