HUMBER PCT CLUSTER
MEDICAL REVALIDATION UPDATE
INCLUDING THE KEY ROLE OF APPRAISAL

UPDATE ONE

Introduction

It is expected that Medical Revalidation will be introduced incrementally in 2012/13. It may be helpful at this stage to provide an update regarding the local position acknowledging we are still awaiting some clarification on national guidance.

A point of reassurance is that Medical Revalidation should not be considered as a new arrangement but rather a more robust and resilient mechanism by which all doctors are able to demonstrate their Fitness to Practise. Performance concerns will continue to be managed within the independent practitioner performance framework.

The Relationship between Appraisal and Medical Revalidation

Appraisal has now been clarified as the most practical tool for doctors to demonstrate their Fitness to Practise and it is therefore appropriate to ‘quality assure’ Appraisal to establish that it is fit for this purpose. Appraisal must reflect the full scope of the work of a doctor and be undertaken in a consistent manner. This is facilitated by completing prescribed documentation.

It is expected that doctors who undertake an appropriate yearly appraisal will have consistently demonstrated ongoing fitness to practice and therefore automatically achieve the standard necessary for revalidation. An exception to this would be a doctor with any performance issues which would have to be taken into account.

KEY ROLES

The Responsible Officer Role (RO)
To make available to their constituent doctors a quality assured Appraisal programme which is Fit for Purpose. This should be supported by the Clinical Governance Framework which will be expected to provide suitable developmental opportunities to enable doctors to contribute effectively to the medical community.

The Appraiser Role
To facilitate the Appraisee to undertake their Appraisal.

The Appraisee Role
Their opportunity is to undertake their Appraisal in a way which is consistent with the Humber Cluster Appraisal Policy and therefore demonstrate their Fitness to Practise.
Anticipated Outputs from the Cluster Programme for Medical Revalidation

It is anticipated that within a 5 yearly cycle, all doctors on the Humber PCT Cluster Performer’s List will be considered for recommendation to the GMC. It will be the responsibility of the RO to provide this recommendation and there are likely to be three options available:

- For the vast majority who have undertaken yearly satisfactory appraisals the recommendation will be made to the GMC that they have demonstrated their Fitness to Practise.

- For a small number of doctors there may be a requirement for the RO to seek the support of the GMC for a deferment of their recommendation as, due to specific circumstances, they may not be in a position to provide comprehensive evidence that they have demonstrated their Fitness to Practise. Examples may include doctors who have taken a period of absence from their work due to a sabbatical or maternity leave or have had a period of review within the Performance Framework. The deferment will be required to be granted by the GMC.

- It is anticipated there may be a further smaller group who fail to engage in the programme of appraisal and Revalidation and this will be reported to the GMC for their further consideration. However, the management of the Performers List is likely to ensure that within the Humber PCT Cluster this is a very small number of doctors.

Organisational Changes

You will be aware of the recent organisational changes and the establishment of the Humber PCT Cluster with a single Board delivering the statutory functions of the four constituent PCTs. Medical Revalidation is led by the Medical Director of the Cluster who is therefore also the RO and is supported by the Associate Medical Directors and the management resources within the four localities. The aim is to maintain quality during the transition by building on existing good practice rather than replacing existing systems.

Delivery of Revalidation-Ready Appraisal

There has been an ongoing sharing of experience and expertise with regard to the Medical Practitioner Appraisal Programmes within the four localities culminating in the establishment of a Cluster Appraisal Policy which is attached. The Policy will be introduced across the four localities from 1st April 2012 to enable delivery of Revalidation-ready Appraisal, and therefore provide the opportunity for all doctors on the four Performer’s Lists within the Cluster to demonstrate their Fitness to Practise.

The Policy describes the documentation requirements reflecting the GMC/RCGP Guidance. This falls under four broad headings:

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

This will be provided by completion of the updated Revalidation-ready Appraisal documentation that will be similar to the Yorkshire Deanery Forms 1, 2 and 3 or equivalent, but include a greater emphasis on the scope of work. There will be the requirement to review progress on the previous year’s PDP and to draft a PDP for the coming year for discussion at the Appraisal. Additional information should include “core” supporting evidence on a yearly basis.

Dr Paul Twomey
Medical Director

The NHS Humber Cluster comprises NHS Hull, NHS East Riding of Yorkshire, NHS North Lincolnshire and North East Lincolnshire Care Trust Plus.
Currently doctors are using a range of formats to capture their supporting information, including the Deanery documentation, the Appraisal toolkit and that provided by the RCGP. All have appropriately supported the quality of Appraisal and may be provided in Revalidation-ready formats post April 2012. The NHS Revalidation Support Team is currently piloting an electronic form which will hopefully be available for use from April 2012 and guidance will be provided with regard to the MSF. The LMC are actively involved in these initiatives.

The population of the Appraisal documentation as outlined above and its timely provision to the Appraiser satisfies the requirements for Revalidation and enables the Appraisal discussion to have the appropriate formative focus to support reflection and further development. Whilst there may be some understandable reservations concerning the introduction of Revalidation, it is important to appreciate and be reassured that our local arrangements are intended to be practical and reasonable and support professional development. This is reflected throughout the Appraisal Policy for example with the approach to the 50 credits which is expected to provide an overview of the doctor’s programme but is not intended to be unnecessarily arduous or time consuming. The aim of the appraisal programme is to help doctors provide the evidence needed to prove their ongoing fitness to practise and not to add excessive paperwork to the process. All doctors are busy and it is essential that appraisal can be integrated into day to day practice.

**Anticipated Key Actions from April 2012**

- Prompt initiation of the revalidation-ready appraisal programme accepting there may be some changes as not all the national guidance is finalised
- The first cycle will be shortened to 3 ¼ year in view of the delay in implementation
- The MSF must be included in the documentation for revalidation to take place
- The doctors included in the first cohort will include the RO, Associate Medical Directors (AMDs); and some of the GP Appraisers, GP Educators and clinical members of the Clinical Commissioning Groups.

These developments will be supported by regular LMC/cluster ‘roadshows’ and further updates in order to keep the medical community informed of progress and any new developments from national guidance.