Medical Revalidation: Challenge and opportunity

Dr Susie Lapwood
Helen and Douglas House Hospices for children and young adults
APPM Education and Training working party
South of England Revalidation Delivery Board
GP appraiser
slapwood@helenanddouglas.org.uk
www.appm.org.uk/revalidation

Together for Short Lives Leaders of Care day 12 Dec 2012

Association for Paediatric Palliative Medicine

Introduction

Association for
Paediatric
Palliative
Medicine

ARE
YOU
READY?

Association for
Paediatric
Palliative
Medicine

Outline of presentation: emphasis on opportunity and challenges

- General questions about medical revalidation:
  - Purpose, process, timescale?
- Specific issues for children's hospices and hospice doctors:
  - Incorporating PPC in appraisal
  - Supporting information
  - Patient / carer feedback
- Questions for discussion groups?

www.appm.org.uk/revalidation
slapwood@helenanddouglas.org.uk

Association for Paediatric Palliative Medicine

Association for Paediatric Palliative Medicine

What do you want from revalidation?

Association for
Paediatric
Palliative
Medicine

I hope you want…

- Your doctors to be able to revalidate successfully
- Your doctors to become the best paediatric palliative medicine doctors they can be
  - Support best practice
  - Support professional development
  - Highlight difficulties

In order to provide the best possible care for your patients…

Association for Paediatric Palliative Medicine

- Efficient
- Effective

Association for
Paediatric
Palliative
Medicine

What is Medical Revalidation?

Association for
Paediatric
Palliative
Medicine

What is Medical Revalidation?

- The purpose of revalidation is to provide greater assurance to patients and public, employers and other health care professionals that licensed doctors are **up to date and fit to practise.**
- As of 3 December 2012, Doctors who wish to retain their licence to practise in the UK now need to demonstrate this.
- Licensed doctors will revalidate, usually every 5 years, by having annual appraisals, incorporating information from the whole of their practice (ie all medical roles), based on the GMC core guidance 'Good Medical Practice' (2006)

Association for Paediatric Palliative Medicine

Revalidation principles

- *'To assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and are practising to the appropriate professional standards'*

  GMC: Revalidation – The Way Ahead 2009

- *'Will be based on **robust local systems**, that supports high quality care in the organisations and practice settings where that care is delivered'*

- *'Must not create unnecessary burdens which distract doctors from caring for their patients but at the same time must be robust enough to **provide assurance for the public**'*

  GMC: Revalidation – A statement of Intent Oct 2010

Association for Paediatric Palliative Medicine

The opportunity…

- to celebrate good practice,

- support professional development

- flag up what needs to change

Revalidation should

- Be relevant to the doctor's day to day practice
- Add value for both patients and doctors
- Appraisal and clinical governance remain foundational

GMC: Revalidation – A Statement of Intent Oct 2010

Association for Paediatric Palliative Medicine

Revalidation overview

In all the documents there are 2 main themes:

- To improve the quality and safety of patient care
- To strengthen professional development

…. also an additional theme:

- To reinforce systems which identify those doctors who require support

NB Unlikely to ‘catch the next Shipman’

Association for
Paediatric
Palliative
Medicine

Revalidation – the opportunity

- Not just to 'tick the box' for doctors to revalidate, but to
- Ensure paediatric palliative care is fully included in doctors' supporting information, appraisals, PDP and ongoing learning.
- In order to improve standards of medical input to paediatric palliative care

Association for
Paediatric
Palliative
Medicine

Revalidation – The Process

Association for
Paediatric
Palliative
Medicine

Quality Assurance by:

- Medical Royal College and Faculties
- Systems regulators (for example, the Care Quality Commission)
- General Medical Council

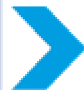
Supporting information including:

- Colleague and patient questionnaires
- Continuing professional development
- Clinical Audit

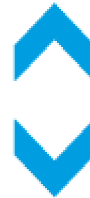
Appraisal x 5

Responsible Officer

Recommendation on Revalidation



General Medical Council



Advice from medical Royal Colleges/Faculties if required

Medical Royal College/Faculty input including:

- Defining standards, supporting information, and providing specialty guidance for appraisers, appraisees and Responsible Officers
- Providing spcialty support and advice where queries about specialist practice are raised
- Quality Assurance

Timescale

- Started 3 Dec 2012
- RO makes recommendation based on doctor's portfolio (appraisals and supporting information)
- All doctors likely to be revalidated by end of March 2016:
  - Responsible Officers year 0 (now to March 2013)
  - 20% year 1 (April 2013-)
  - 40% year 2 (April 2014 –
  - 40% year 3 (April 2015- March 2016)

Association for Paediatric Palliative Medicine

Terminology and abbreviations

New language!

- RO Responsible Officer
- DB Designated Body
- ORSA Organisational Readiness Self Assessment (for revalidation)
- RST Revalidation Support Team

- PCT Primary Care Trust
- PCO Primary Care Organisation
- HB Health Board (Scotland)
- LHB Local Health Board (Wales)

- MSF Multi-source feedback
- SEA Significant event analysis

Association for Paediatric Palliative Medicine

More opportunities…

- Shape systems to optimise relevant, formative, efficient whole practice **appraisal and professional development**

- Improve quality and flow of **supporting information** to inform practice improvements (organisational and personal): audit, significant event, MSF, outcomes

- Develop **collaborative working relationships** (internal and with other HC providers)

Association for
Paediatric
Palliative
Medicine

Challenges for hospices?

- Need to develop new systems to support revalidation
- Small organisations (efficiency / expertise / objectivity)
- Varying roles and relationships in / with NHS
- If independent of NHS, lack access to NHS information, support and governance systems (including revalidation)
- Aligned with hospital or community or both?
- Variety of employment relationships with doctors (directly employed, SLA, Hon contracts)
- May be Designated Body for some doctors, and not others
- Specialty small and developing fast

  (especially Paediatric Palliative Care).

Association for Paediatric Palliative Medicine

Challenges for hospice doctors

All the above, plus:

- Portfolio careers
- Variety of employers and employment relationships
- Who is our Responsible Officer?
- How to make appraisal and revalidation relevant, proportional and objective, across whole practice?
- Who will appraise?
- How to obtain relevant, personalised supporting information (team approach to care, lack of access to NHS info systems, patients at end of life, minors and/ or

  non verbal)?

Association for Paediatric Palliative Medicine

Checklist for hospices:

By now…

- Is your hospice a **Designated Body** for revalidation for any of your doctors?
- If so, have you **appointed an RO** (usually externally e.g. hospital NHS trust or PCT RO) , and arranged a scheme for your doctors' whole practice **appraisal?**
- Have you ensured that your hospice has **procedures for medical appraisal** and /or performance and they dovetail with the NHS procedures for your doctors?
- Do you know that all your doctors have an **appraiser (revalidation trained)** for this year? Ask them!
- Does your organisation have a procedure to identify, investigate, triangulate and manage **performance concerns** about doctors?

Association for Paediatric Palliative Medicine

- What **questions** are still unanswered?
- What are the **challenges** you / your organisation face in preparing for revalidation?
  - Supporting information?
  - Whole practice appraisal?
  - Specialty /site specific versus external and objective?
  - Contracting for RO and appraisal services
  - Developing policies (medical appraisal, identifying concerns, remediation)

Association for Paediatric Palliative Medicine

4 main challenges for hospices

- 1. Whole practice appraisal : including PPC in appraisal and PDP
- 2. Supporting information - PPC-specific
- 3. Patient / carer feedback
- 4. Ensuring doctors have access to PPC education and training

NB Information sharing with RO for starters / leavers / concerns

Opportunity to support and inform professional
Development of doctors in PPC:
Leading to better PPC doctors!

Association for Paediatric Palliative Medicine

Responding to the challenges

Association for
Paediatric
Palliative
Medicine

Q. Whole practice appraisal?

Bottom line:

- Need to include **supporting information** from all roles.
- Need **balanced PDP addressing** all areas.
- Match **palliative care element to PPC curriculum**

Opportunity to ensure PPC is well represented in a doctor's appraisal and PDP

Association for Paediatric Palliative Medicine

Q How will we ensure relevant 'whole practice' appraisal for doctors with multiple roles?

A. **May vary** across 5 year revalidation cycle.

Suggest

a) single appraisal covering both roles, with supporting information from both (if RO is happy for this, this may sometimes be 'internal'), or

b) 2 appraisals (e.g. one within hospice feeding information into an external 'revalidation' appraisal) or a mix.

APPM recommend at least 2 'specialist' appraisals in 5 year cycle.

Association for Paediatric Palliative Medicine

Whole practice appraisal

- NB RCGP: ‘GPs who work as a doctor outside standard clinical general practice should record all those activities and provide evidence that
  - they are suitably trained and skilled to take on that work;
  - that they keep up to date in that work;
  - and that the quality of that work is appropriate’.
- Similar statement in RCP revalidation recommendations.

- Curricula:
- Palliative medicine:
- http://www.gmc-uk.org/Palliative_Curriculum_220410_V0.13.pdf_32485351.pdf

- Paediatric Palliative medicine:: http://www.act.org.uk/page.asp?section=169§ionTitle=Curriculum+in+Paediatric+Palliative+Medicine)

Association for Paediatric Palliative Medicine

Q. Appraisal: for doctors without prescribed NHS connection, who will do their appraisal, who will pay for it?

- If RO is external. RO would agree appropriate appraisal system with the hospice, but hospice may need to pay (and/ or offer reciprocal appraisal services?)
- If RO is internal, still need to ensure objectivity in appraisal.
- Opportunity to devise systems to optimise relevant, formative whole practice appraisal with objectivity (needs thought)
- **Use 5 year cycle positively** (mix of internal / external / specialty specific and generalist appraisal).

Association for Paediatric Palliative Medicine

Q. Does my appraiser need specialist palliative care knowledge?

- Probably not. Appraisal is being seen as a generic skill.
- But appraisal needs to cover **whole practice** even if outside appraiser's field.
- Need to balance availability of **specialty-specific** appraisers and risk of collusion, with value of specialist knowledge especially in a small field.
- APPM suggests specialist appraisal input at least twice in 5y.

Opportunity to inform and optimise appraisal pattern for each doctor (with RO agreement)

Association for Paediatric Palliative Medicine

Example appraisal pattern

For our 3 doctors with a prescribed connection outside hospice, they will have an external ‘revalidation appraisal’

- consider an annual internal development review (with a senior doctor, but could be with a nurse manager), timed for report to be included in supporting information for external revalidation appraisal.
- Revalidation appraisal should include supporting information from hospice role.

Association for
Paediatric
Palliative
Medicine

Example appraisal pattern 2

For our (3-5) senior docs with prescribed connection to HDH: after discussion with (external) RO, working on

- Annual internal 'performance review appraisal / job planning' (not necessarily with doctor).
- At least 2 internal revalidation appraisals in 5 years (trained medical appraiser, specialty and context-specific knowledge)
- At least 2 external revalidation appraisals in 5 years (alternate): generic medical appraiser with related interest if possible.
- Appraiser, appraisee or RO can recommend an external revalidation appraisal in any year.
- Information flow via supporting information (toolkits), summary reports and PDPs, early report of concerns.
- Need to train more hospice appraisers

Association for Paediatric Palliative Medicine

Q How many appraisals could be with same appraiser over 5 years?

A. Local recommendations vary, so check: Some recommend 2 or 3 appraisals with same appraiser, some discourage it. *Continuity and depth versus collusion*.

Personally recommend some continuity, and balance of internal and external, specialist and generalist input over 5 year cycle, but depends on local setting, job mix, and what RO agrees.

Association for Paediatric Palliative Medicine

Q. What about Supporting Information? –

GMC statutory requirements (April 2011)

Framework: 12 attributes across 4 domains

1. Knowledge, skills and performance
2. Safety and Quality
3. Communication, partnership and teamwork
4. Maintaining trust (honesty and integrity, respect for patients, fair treatment of patients and colleagues etc)

http://www.gmc-uk.org/static/documents/content/Meeting_our_requirements_in_the_first_cycle.pdf

Association for Paediatric Palliative Medicine

Supporting Information – GMC requirements

Reflect on implications for individual practice

Demonstrate over a 5 year cycle:

1. **CPD** (focus on evaluation and impact, developmental), av. 50h/yr
2. **Quality improvement activity** (e.g. clinical audit, review of clinical outcomes, case review / discussion e.g. 2 per annum etc)

   NB ATK Toolkit includes practice development, PUNS/DENS and research and training in Quality Improvement section
3. **SEA** (log participation in discussion, learning, actions)
4. **Patient feedback** where applicable, or parent / carer feedback (administered independently of doctor and appraiser).
5. **Colleague feedback** (administered independently).

   NB Model questionnaires and guidance on GMC website
6. **Review of complaints and compliments**

Association for Paediatric Palliative Medicine

What about patient feedback for palliative care, minors / non verbal / learning disabled patients?

- Work ongoing.
- See GMC generic tool + guidance; RCPCH, Rehabilitation Medicine, have tools available or in development.
- Needs analysis separate from appraisee and appraiser
- Needs feedback individualised for doctor.
- Minimum patient number?
- Consider proxy patient feedback
- Other forms of feedback as backup (user groups etc)?

Association for Paediatric Palliative Medicine

Qu. What about patient feedback (2)?

GMC guidance and example:

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

RCPCH tool:

http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation/rcpch-approach/assessment-paediatric-con

Association for Paediatric Palliative Medicine

Q. What about PPC education and training?

Resources on line:

www.togetherforshortlives.org.uk/professionals/resources

For GP handbook, symptom control manual

www.appm.org.uk for Master formulary

ACT pathways

Study days and conferences:

APPM annual study day

Cardiff International PPC conference, RCPCH conference

Courses:

Cardiff Diploma in Palliative Medicine (paeds)

Association for Paediatric Palliative Medicine

What hospices need to do now

- Ensure all doctors working for the hospice have a system for *annual peer appraisal reflecting whole practice.*
- Consider how to ensure the *Paediatric Palliative Care aspect* of their work is reviewed, appraised, and information fed into the revalidation process whether or not their ‘prescribed connection’ is to hospice.
- Review the GMC list (and specialty requirements) re *supporting information*, and consider how this can be collected and made readily available for doctors.
- Check / update your *policies and procedures* for medical appraisal, education and training, monitoring and investigation of performance issues.
- *Consult resources* (see list) for updates and information.

Association for
Paediatric
Palliative
Medicine

Questions to ponder...

- What **questions** are still unanswered? …
  (Whole practice appraisal, supporting information, patient / carer F/B)
- How can you make the most of the **opportunities** revalidation will bring?
- What are the **challenges** you face in preparing for revalidation?
- What examples of good practice can you share?
- What do *you* / your organisation need to **do next**?

slapwood@helenanddouglas.org.uk

Association for Paediatric Palliative Medicine

SO …

ARE YOU READY?

What more do you need to do?

How can you make the most of this opportunity?

Association for
Paediatric
Palliative
Medicine

Association for
Paediatric
Palliative
Medicine

Recent Guidance

- **Core Specialty-specific guidance (RCGP, RCPCH, RCP), June 2012**

  http://www.aomrc.org.uk/revalidation/revalidation- publications-and-documents/speciality-guidance.html (+ college specific guidance)

- **GMC Revalidation guidance for Independent Sector, October 2011 (page 13: What questions should I be asking?)**

  http://www.gmc-uk.org/Revalidation_guide_for_the_independent_sector___October_2011___Final_.pdf_45049240.pdf

- **APM and Help the Hospices joint guidance on revalidation December 2011**

- NB: APPM revalidation page for updates and

  Paediatric palliative medicine curriculum

  www.appm.org.uk

Association for Paediatric Palliative Medicine

Further links and resources

Organisational readiness for revalidation 1st self assessment tool and briefing note / RO JD

http://www.revalidationsupport.nhs.uk/files/ORSA_2010-11_v1.0.pdf

http://www.revalidationsupport.nhs.uk/files/Briefing_for_DBs_on_ORSA_exercise_010211.pdf

Revalidation Support Team website

http://www.revalidationsupport.nhs.uk/ and www.appraisalsupport.nhs.uk for more general information about revalidation and appraisal. The former hosts the draft 'Medical Appraisal Guide' at http://www.revalidationsupport.nhs.uk/medical_appraisal_guide/

and 'Responsible Officer newsletters' at : http://www.revalidationsupport.nhs.uk/RO_News.asp

RCGP Revalidation guide for GPs v 7 (June 2012)

.

Association for Paediatric Palliative Medicine

Other Links and Resources

Responsible Officer guidance (July 2010)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119418.pdf . Page 13 has table ' How do I find out who my responsible officer is?'

GMC: 'The Way Ahead: Preparing for the introduction of medical revalidation: a guide for NHS leaders in England' (July 2011). http://www.gmc-uk.org/Revalidation_guide_for_NHS_leaders__July_13_2011_.pdf_42622587.pdf

GMC: Good Medical Practice framework for appraisal and revalidation (revised April 2011) http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

GMC: Supporting information for appraisal and revalidation (revised April 2012)

GMC: Guidance on colleague and patient questionnaires (revised April 2011)

http://www.gmc-uk.org/doctors/revalidation/9575.asp

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

GMC: 'Good Medical Practice' guidance for doctors (2006)

http://www.gmc-uk.org/static/documents/content/GMP_0910.pdf

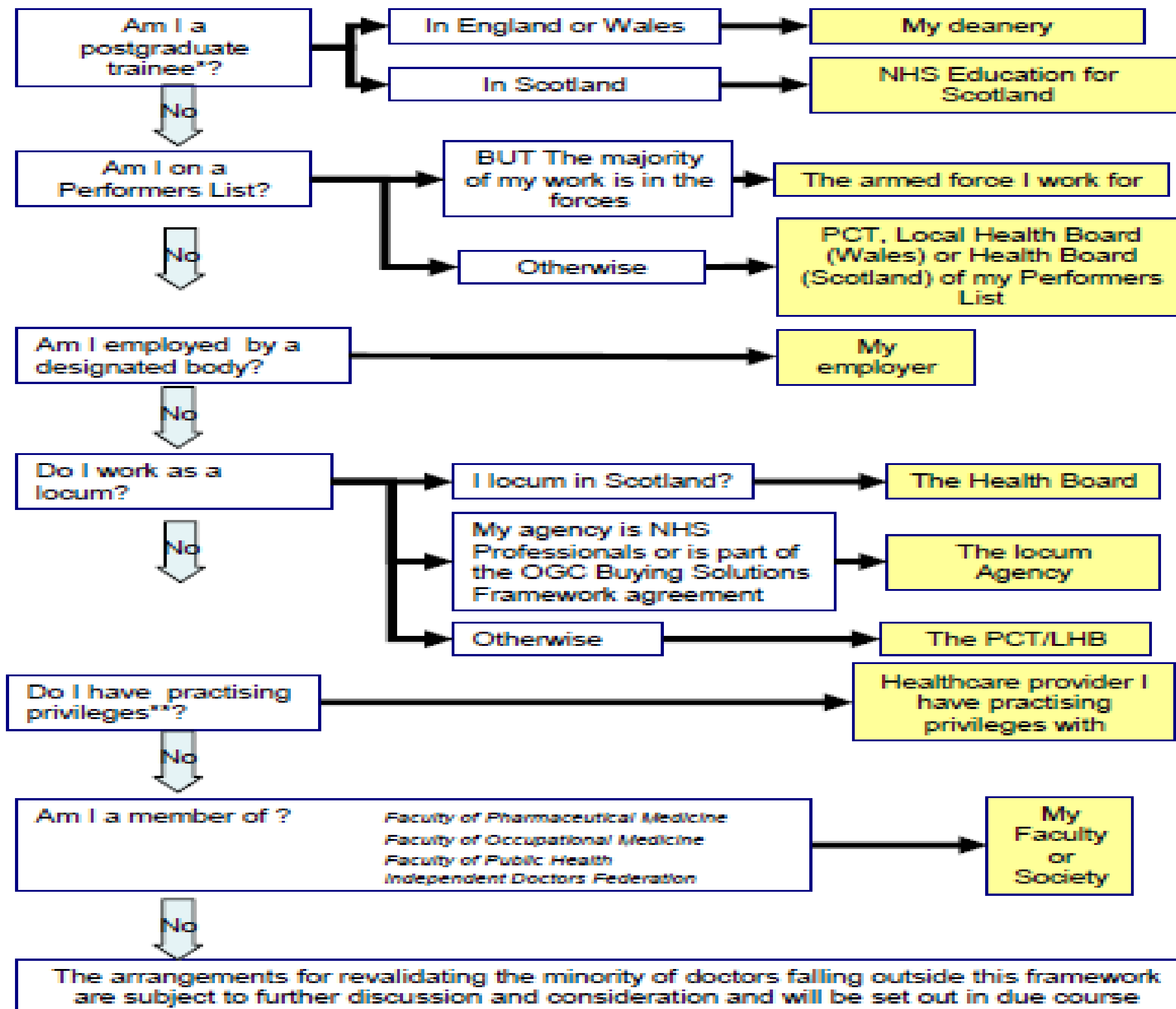
Association for Paediatric Palliative Medicine

THANKYOU

Association for
Paediatric
Palliative
Medicine

How to find your responsible officer

3.28 Figure 2 below shows how individual doctors can find out who their responsible officer is. It is intended as a guide to supplement the regulations (Regulation 10).



* The medical practitioner is a doctor in training who is a member of a foundation or specialty training programme managed by a postgraduate medical deanery

** "Practising privileges" means the grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital