Appraisal and revalidation: a guide for junior doctors

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Abstract

If you are a doctor and want to practise in the United Kingdom, you need registration with the General Medical Council (GMC) and a license to practise. An annual appraisal is essential to be able to demonstrate fitness to practise for revalidation. However, many doctors do not know this, or the process whereby they can fulfil their obligations to the GMC. Junior doctors in training are able to provide evidence for re-validation through the Annual Review of Competence Progression (ARCP) process. Junior doctors who have taken, or are taking time out, of training posts for a variety of reasons need to be aware of the need to provide evidence of having participated in the appraisal process in order to revalidate. Similarly, junior doctors who are leaving foundation training but not entering another training post, such as clinical teaching fellows, clinical surgical fellows, working overseas or locum doctors, need to be aware of their revalidation responsibilities. The professional regulation of doctors has taken great strides forwards since 2012 when revalidation was launched. The General Medical Council (GMC) framework is based on core guidance for doctors contained within '*Good Medical Practice*'. All licensed doctors in the UK now have to have an annual appraisal and need to demonstrate with supporting information how they meet the values set out in *Good Medical Practice*. All doctors who wish to hold a licence to practise are legally required to be revalidated every 5 years to prove they are up to date and fit to practise. Revalidation provides the link between core guidance for doctors, *Good Medical Practice* and regular appraisal.

Keywords Appraisal; assessment; general medical council; revalidation

Introduction

The cycle of annual appraisal and 5-yearly revalidation is now well embedded in both doctors thinking and the National Health Service (NHS). All licensed doctors in the UK now have to have a nominated responsible officer, undertake annual appraisal and demonstrate with supporting information how they meet the values set out in the four domains of the General Medical Council (GMC) publication *Good Medical Practice*.[1] *Good Medical Practice* is used to inform the education, training and practice of all doctors in the UK. It is designed to provide a framework within which doctors can remain up to date and maintain a clinical practise.

The value and benefit for patients and the profession of a revalidation process is less contested in 2018 than it was at its introduction in 2012.[2] The Royal Commission on the National Health Service (Merrison Committee) first proposed some form of 'relicensure' of doctors. In the 1970s no process was in place to ensure doctors remained fit to practice and up-to-date throughout their careers. The subsequent 1999 GMC hearings that followed the recognition of the high mortality of paediatric cardiac surgery performed at the Bristol Royal Infirmary placed a spot-light on the performance of individual doctors. The principles of a formal process of revalidation for all doctors was a recommendation from the inquiry report. Revalidation based on these recommendations was close to implementation in 2005 when a public enquiry was launched into the actions of serial killer and GP Harold Shipman. The revalidation plans then in place were criticised by Dame Janet Smith, chair of the Shipman enquiry, as inadequate. In 2006 the then chief medical officer for England, Liam Donaldson, wrote '*Good Doctors, Safer Patients: Proposals to Strengthen the System to Assure and Improve the Performance of Doctors and to Protect the Safety of Patient*'. This article describes the model of appraisal and revalidation that was implemented by the GMC 7 years later and continues unchanged to this today.

There is an emphasis in this article on the implications of this process for doctors in training

- Foundation Year 2 (FY2)
- GMC-approved LETB/Deanery post
- Fixed-Term Specialty Training Appointment (FTSTA)
- Locum Appointment for Training (LAT)

Doctors in training revalidate by meeting the requirements of their UK training programme. While in a designated training post a doctor's responsibilities for appraisal and revalidation are fulfilled through the training process, this is not the case once outside of programme. All doctors in training should therefore be aware of the regulatory framework within which they practice, both for when they complete training and for any medical practise outside of a training programme (i.e. locum or Trust fellow posts). Failing to comply with revalidation puts a licence to practice at risk.

Licence to practise

Holding a licence to practise allows a doctor to carry out certain activities including prescribing medicines and treating patients. All doctors holding a licence need to demonstrate to the GMC that they are up to date and fit to practise in the UK. The process by which they do this is by having regular appraisals with their employer and submitting evidence gathered to the GMC. This process is called revalidation.

It is possible to hold GMC registration without a licence, this shows that a doctor is in good standing with the GMC but should not practice within the UK. This might be used when working abroad, moving from clinical medicine to a pure academic role or following retirement from clinical practice whilst undertaking medico-legal or royal college work.

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Advice on the need for a licence to practice can be sought from employers, medical defence or indemnity organizations or independent legal advisors.

To maintain a licence to practice doctors not in training (see designated training posts listed above) need to participate in the process of appraisal and revalidation. They need a responsible officer to provide the GMC with the confirmation that that have provided their designated organization with the supporting evidence required.

Designated body and responsible officer

The responsible officer (RO) in most NHS organizations is the organization's Medical Director. Doctors employed wholly by one NHS hospital have that NHS organization as their designated body for the purpose of revalidation. The designated body for doctors who work for more than one NHS organization will depend on where they spend most of their practice, and what basis they are employed. The GMC provides advice on understanding the rules.[3]

For UK trainees your responsible officer and designated body depends on the country in which you are training. In England, Wales and Northern Ireland, your deanery (i.e. Wales Deanery, Northern Ireland Medical and Dental Training Agency) is your designated body and post graduate dean your responsible officer. In Scotland, your responsible officer is the medical director for NHS Education for Scotland in combination with the Dean of Postgraduate Medicine for NHS Education for Scotland's (NES) South East Region.

The responsible officer is accountable for the quality assurance of the appraisal and clinical governance systems in their organization. Improvement to these systems will support doctors in developing their practice more effectively, adding to the safety and quality of health care. This also enables early identification of doctors whose practice needs attention, allowing for more effective intervention. The responsible officer for each designated body must:

- understand their responsibility for revalidation
- maintain a list of doctors for whom they hold responsibility for revalidation
- manage the organizations appraisal process
- make recommendations to the GMC on each doctor's fitness to practice.

Every doctor must provide the GMC the details of their designated body and responsible officer. You can view these by using the GMC's online list of registered practitioners. Enter your GMC number and then click on 'This doctor is subject to revalidation' and a pop up will come up giving details of your designated body and responsible officer.

Appraisal

The annual process of appraisal is the starting point for revalidation. An appraiser is a registered doctor of at least 5 years standing who has received specific training. It is not mandatory to have an appraiser from the same specialty. For an appraisal, the doctor provides a portfolio of information on their practice and performance ('supporting information') along with reflection on specific areas of their practice. The appraisal itself is a discussion between the doctor and their appraiser at which the portfolio is reviewed. The appraiser writes an appraisal outcome documenting the reviewed evidence and discussion. Once the appraisal output has been signed off as agreed by the appraisee it is submitted to the responsible officer.

The process of appraisal has four main purposes:

- to allow a doctor to demonstrate fitness to practice for revalidation
- to help a doctor enhance the quality of their work by planning their professional development, including addressing training needs
- to help a doctor consider their personal needs
- to help a doctor to work effectively and develop their career.

The information in a portfolio for a meaningful appraisal discussion will vary dependent on the doctor's medical specialty. Surgeons, for example, would be expected to include evidence of clinical outcomes, such as those from national registries. It is usually required for a doctor to provide the following information at every appraisal:

- personal information concerning employment
- scope and nature of work
- supporting information
- review of previous personal development plan
- achievements, challenges and aspirations.

The supporting information portfolio is expected to provide evidence of the evaluation of the quality of a doctor's work, and reflection on the clinical care they provide. It is also required to provide feedback on how others, patients and colleagues perceive them. This supporting information is considered in each of six areas.

1. **Continuing professional development (CPD)** – for example record of study leave/CPD and reflections, examination results, attendance and record of clinical governance, attendance at regional and local teaching.
2. **Quality improvement activity** e.g. audit, quality improvement project.
3. **Significant events** – involvement in critical incidents.
4. **Feedback from colleagues** – statement from consultant/trainer and 360° from team.
5. Feedback from patients.
6. Review of complaints and compliments.

Whilst it is not necessary for an appraisal to be structured around this framework, the areas it covers must be discussed. This framework should allow you to reflect on your practice and approach to medicine, reflect on the supporting information you have gathered and what it says about your practice, identify areas of practice where you can make improvements or develop your skills, and demonstrate that you are up to date and fit to practise.

The NHS Revalidation Support Team appraisal process is outlined in Figure 1.

An annual appraisal is the most important element of demonstrating your fitness to practise and will also focus on your professional development needs, agree and monitor your personal development plans. The Medical appraisal guide (MAG) describes how medical appraisal can be effectively performed and explains clearly what doctors need to do prepare. The updated 2016 version can be accessed online.[6]

The NHS has developed an appraisal folder which contains the MAG and an appraisal checklist which can be downloaded

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