

Revalidation: What you need to know



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Royal College of General Practitioners (2010) *RCGP Guide to the Revalidation of General Practitioners*. RCGP, London. Available at: <http://bit.ly/bdaFmU> (accessed 06.07.10)

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It seems that revalidation is always “2 years away”, and the recent decision by the Secretary of State for Health, Andrew Lansley, to postpone its introduction until 2012 reinforces this impression. However, confidence that it will finally happen, phased in over 5 years, is increasing.

There are many players in revalidation. The General Medical Council (GMC) is in overall control, but the Department of Health holds the purse strings. The Royal Colleges have been asked to set the standards for their specialties, and to describe the supporting evidence required. This has been my main preoccupation for the past 18 months.

What will you, as a GP, be expected to do? You will, as now, take part in annual appraisals, writing your personal development plan. You need to record all formal complaints and your response. Most of us do significant event auditing, and the record of those that involve you over a 5-year period should be included. We are asking for two clinical audits in the full 5-year cycle.

You will be expected to record your continuing professional development. In addition to the current recording, we will expect you to also record the time spent, with 1 hour equivalent to one learning credit. Any education counts – lectures, seminars, practice clinical meetings and online learning. When you look back you will see that some education resulted in real change for you and your patients. For these sessions you double your learning credits. The minimum number of credits is 50 per year – most GPs achieve far more already.

In addition to patient surveys, the new aspect of the supporting information is colleague surveys. For this you identify about six clinical colleagues (other GPs, practice or community nurses, a physiotherapist or a consultant you work with) and about six lay colleagues (practice manager or receptionists, for example). They complete a questionnaire about you. Many doctors find these questionnaires very helpful in seeing themselves as others see them, and in identifying some aspects for reflection and change.

As GPs with an interest in diabetes you may

have a role in diabetes care outside your practice. You will declare this and any other similar roles. If you have a formal contract as a GPSI, which includes quality assurance, then you will just need to say so. Otherwise you will need to provide information that shows that you are keeping up-to-date in diabetes and that your care compares well with similar colleagues.

There will be an electronic portfolio in which you can gather your supporting information and track your progress through appraisals to revalidation. One such portfolio is being developed by the Royal College of General Practitioners (RCGP) but it will be available to members and non-members.

When you submit your portfolio for revalidation you make it open to your responsible officer (RO). (Every doctor will have an RO who will be appointed this autumn. For most of us it will be the medical director in our local primary care organisation.) The RO will check the supporting evidence against the RCGP standards and then notify the GMC who will renew your licence for another 5 years.

All doctors worry about the possibility of “failing revalidation”. In a perfect world all under-performing doctors will be discovered through ongoing processes such as clinical governance and appraisal. They will then be offered support and even remediation. So the revalidation decision should be confirmation of fitness to practise and the efficacy of the local processes.

As revalidation settles in we will ensure that it is fair and effective for all types of GP. We are a very diverse bunch, from those, like you, with a special interest, to locums, sessional doctors, minor surgeons, doctors in the defence services or prisons and others. All of these will have to show that they are safe, up-to-date and fit to practise.

If you want more detail, the *RCGP Guide to the Revalidation of General Practitioners* (RCGP, 2010) gives chapter and verse. Any questions – and this has been no more than a surface skimming overview – can be found there. If not, there is a facility to email your questions or comments. ■