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Medical Education @ Cardiff

Be a revalidation ready appraiser

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Revalidation

Revalidation, a statutory process managed by the General Medical Council (GMC), commenced for all doctors in the UK in December 2012. Revalidation is designed to enable the GMC to confirm that doctors remain up to date and fit to practise. Doctors will usually be revalidated once every five years.

Revalidation recommendations are made to the GMC by the doctor's Responsible Officer. These recommendations are based on satisfactory completion of annual appraisal which meets the GMC's requirements, and an absence of concerns arising from local clinical governance processes (GMC, 2012).

The appraiser's role in the context of revalidation

Appraisal plays a significant role in the revalidation process. Appraisal remains a personal, developmental process designed to support doctors and to facilitate their continuing development. It is separate from, but informed by, other processes such as performance / contract management and job planning.

However as an appraiser you now have additional responsibilities to support doctors in the revalidation process, to make judgements about the extent to which the GMC's requirements have been met and to communicate these judgements clearly to the Responsible Officer.

Reflection: What are your own experiences of revalidation do far? How would you describe to a colleague the relationship between appraisal and revalidation?

What skills and knowledge does the appraiser need?

1. Appraisal skills

Many of the skills required to be a good appraiser are generic, and many are the skills of the good doctor, for example communication, coaching, time management (Rhydderch et al, 2008). You need to be confident that you can apply these generic skills in the context of appraisal in order to make the process meaningful for the doctors you appraise. Most organisations will offer to their appraisers the opportunity to undertake training to develop their appraisal skills. In Wales this is delivered via the Wales Deanery who can be contacted on cpdtraining@cf.ac.uk The Wales Deanery also provides the Medical Online Appraiser Training programme (MOAT) which can be freely accessed at <http://revalidation.walesdeanery.org/index.php/module-1>

TIP: Keep in mind the open questions that will enable you to appraise anyone, for example:

- ▶ How do you keep up to date in this role?
- ▶ How has what you learned changed what you do, or had an impact on your patients?
- ▶ How do you demonstrate the quality of what you do?
- ▶ What further development would benefit you / your work / team / patients?

Reflection: What generic appraisal skills do you have already? How, if at all, do you need to adapt these to be an effective appraiser?

2. GMC revalidation requirements – what is required, and what is enough?

The GMC have specified the supporting information that all doctors need to provide at their annual appraisal, and the frequency with which this needs to be provided (GMC, 2012, 2). All appraisers need to be familiar with these requirements which can be accessed at <http://www.gmc-uk.org/doctors/revalidation/9622.asp>

Doctors are expected to bring the following six types of supporting information to their annual appraisal:

- ▶ Continuing professional development (CPD)
- ▶ Quality improvement activity (for example audit, case review)
- ▶ Significant events (also known as critical events / incidents)
- ▶ Feedback from colleagues
- ▶ Feedback from patients (where applicable)
- ▶ Review of complaints and compliments

In addition the individual is required to produce an annual PDP, reflect on their progress over the appraisal period and identify any constraints to that progress.

Your skill as the appraiser is to work with the doctor to agree the extent to which each piece of supporting information meets the GMC's requirements. Where further work is required this should be documented in the appraisal summary and / or PDP.

3. Whole practice appraisal – what does it mean for the appraiser?

The GMC expects doctors to provide evidence of whole practice appraisal, ie to bring to annual appraisal supporting information relating to all roles for which their professional qualification is required (GMC, 2012 2). For some professional roles this may simply mean bringing supporting information relevant to that role, for example evidence of CPD undertaken. For other more substantial roles the doctor may undertake a separate performance review or appraisal which would then be referenced as part of this appraisal. If such a review is submitted your responsibility as the appraiser is simply to report that it is present, not to challenge or question information that has been provided by another professional.

As the appraiser you need to familiarise yourself with the professional roles the doctor undertakes as part of your appraisal preparation, and consider whether the supporting information they have presented adequately reflects these roles. You should help the doctor to identify any gaps in their whole practice evidence and to consider how these might be addressed.

Many organisations will have specific guidance relating to whole practice appraisal, for example in Wales this can be accessed at <http://revalidation.walesdeanery.org/index.php/what-does-revalidation-mean-for-me>

TIP: develop your generic appraisal skills to enable you to undertake whole practice appraisal, for example with questions like:

- ▶ Are all your professional roles appropriately reflected in your supporting information?
- ▶ What are the requirements for keeping up to date in this role and how do you meet these?
- ▶ How do you demonstrate the quality and safety of your work in this role?
- ▶ What are your development needs in this role?

4. Local appraisal and revalidation processes

You need to be familiar with your organisation's appraisal processes including for example any online appraisal system which is in use (in Wales this is the Medical Appraisal Revalidation System – www.marswales.org). You also need to check any specific local requirements which form part of the appraisal / revalidation process.

How do you communicate your judgements to the Responsible Officer?

Your method of communication with the Responsible Officer is via the appraisal summary and PDP. These must be produced in a timely manner, and in a professional style which reflects the discussion accurately and is appropriate for the Responsible Officer's scrutiny. You should ensure that where the supporting information has been presented as part of the appraisal this is clearly documented, along with your judgement regarding whether the information meets the GMC's requirements and any further work required. Likewise you should ensure that your view regarding the extent to which whole practice has been represented is clearly communicated to the doctor and the Responsible Officer.

TIP: In writing the appraisal summary and PDP there are a few areas to focus on:

- ▶ Reflecting the discussion in a way which accurately acknowledges what the doctor has brought to the appraisal, and the value that you have added as the appraiser
- ▶ Facilitating the doctor's development by agreeing and documenting a SMART PDP (specific, measurable, achievable, realistic, time-bound)
- ▶ Communicating clearly to the doctor and the Responsible Officer the extent to which the requirements of revalidation have been met, and any further work that is required

Reflection: How can you as the appraiser ensure the doctor's needs are met, whilst delivering what is required for revalidation?

In addition the individual is required to produce an annual PDP, reflect on their progress over the appraisal period and identify any constraints to that progress.

Your skill as the appraiser is to work with the doctor to agree the extent to which each piece of supporting information meets the GMC's requirements. Where further work is required this should be documented in the appraisal summary and / or PDP.

Summary: the formative model of appraisal

Appraisal remains a formative process. As the appraiser you are helping the doctor to review and plan their development, and to ensure they meet the requirements of revalidation. An understanding of the requirements of revalidation is essential, along with good preparation and the generic appraisal skills to make this a meaningful discussion for the doctor.

Reflection: Review your own understanding and skills using the *FORMATIVE* model (Price C, 2010):

Factual – you need to review the information presented, to communicate this to the doctor clearly and document it accurately.

Objective – information should be reviewed against the GMC's requirements.

Realistic – you need to hold a mirror up to the doctor's own self-assessment, and be realistic about what is required and what can be achieved.

Measured – giving feedback is one of the core generic skills of the appraiser. Your feedback must be carefully weighted and considered, especially when agreeing further work required.

Assertive – you must be confident of the judgements made and communicate these assertively to both the doctor and Responsible Officer.

Train – ensure you have received appropriate training in this role. Using coaching skills as part of the discussion will also help to facilitate the doctor's reflection and development.

Illustrative – demonstrating pieces of supporting information that meet requirements, or providing examples of reflection, can be helpful.

Versatile – refining the generic appraisal skills will enable the appraiser to consider how these might be applied in different contexts.

Enthuse – try to encourage the engagement of the doctor in the process, help them to see the value of appraisal and seek their ownership of the ongoing PDP.

Further Information

License to practice and revalidation recommendations, GMC 2012 1, http://www.gmc-uk.org/LtP_and_Reval_Regs_2012.pdf_50435434.pdf
The Medical Online Appraisal Training resource (MOAT), Wales Deanery, <http://revalidation.walesdeanery.org/index.php/module-1>
Supporting Information for Appraisal and Revalidation, GMC 2012 2, <http://www.gmc-uk.org/doctors/revalidation/9622.asp>
Rhydderch, M., Laugharne, K., Marfell, N., Pownceby, P. & Lewis, M. (2008), *Developing a skills-based model to promote effective appraisal discussions amongst GPs in Wales*. Education for Primary Care 19 (5): 496 – 505
Price C (2010), *The FORMATIVE approach to enhanced appraisal*. Education for Primary Care 21(2):111-3.

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