

Organisational Response to the White Paper on
Medical Regulation- *Trust, Assurance and Safety*

Academy of Medical Royal Colleges

Specialist Recertification Project Plan

Version 2 - Updated April 2008

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1. Introduction

1.1. Background

Revalidation is a process where doctors will be required to “periodically **demonstrate** their continued fitness to practise ... and for specialist doctors, to **demonstrate** that they meet the standards that apply to their particular medical specialty” (DH 2007: 6). If demonstration fails then an **evaluation** (GMC guidance relating to Medical Act, 2002) of evidence would be required, progressing to **assessment** if it is deemed necessary. We believe that if this definition for revalidation is used and the requirement of *demonstration* is emphasised then there will be much more robust and willing participation from the Medical Profession. Despite the fact that the White Paper will undoubtedly be adopted the difficulties that will be encountered without this clarification will, in our view, be almost insurmountable.

Our understanding of the Scope and Implementation of Revalidation:

- Revalidation is for all doctors practising in the UK not holding a recognised training post.
- It should not be burdensome for the profession (or the service) but attempt to harness the tools employed in working life.
- Standards required should not vary according to Geography or Specialty.
- Standards required must be clearly defined for each career level of practice ('Role of the Doctor' requested by Tooke).
- Early identification of difficulty within the 5 year cycle is germane to implementation so that remedial action can be sought at the earliest possible opportunity.
- Electronic systems of recording and support are essential to avoid gross disruption to clinical service.
- We assume that this work is being developed (and funded) for implementation UK-wide.
- A phased roll-out - there should be no 'big bang' introduction of revalidation. As each specialty develops the components needed within the identified, agreed framework we wish to encourage piloting, validation where possible in a reasonable time frame and introduction. Some aspects will be introduced well before 2010 but we do not anticipate that all this work will be completed by 2010 and expect that there will be continuing development as revalidation becomes the norm, to fit with local processes, service delivery and professional ownership.

Medical Colleges and Faculties, in collaboration with their associated specialties have traditionally taken the lead in educating, training and setting the standards in their specialist areas that are essential for safe and effective patient care. In setting these standards the Colleges and Faculties work alongside other professional bodies and stakeholders including the Academy of Medical Royal Colleges and its members; Department of Health; General Medical Council; Healthcare Commission; Postgraduate Medical Education and Training Board; the British Medical Association; Patients and the Public.

The Chief Medical Officer's report *Good doctors, safer patients* and the subsequent White Paper *Trust, Assurance and Safety*, represent an opportunity for Colleges and Faculties to offer their expertise in setting standards for the development of specialist recertification as a component of revalidation. This role encompasses three key elements that should be overseen by the Academy of Medical Royal Colleges (AoMRC) to ensure consistent development and implementation across the different medical specialties:

- In association with their specialist societies, the Colleges and Faculties should continue to set educational, professional and clinical standards for their medical specialty. The purpose of revalidation and medical regulation is not solely to identify doctors whose performance is not of a sufficiently high standard, it is also to

encourage good practice and the ongoing development of standards and quality in medical care

- The Colleges and Faculties will need to develop and establish methods for the *demonstration* of the practice of an individual practitioner mapped against the specialty standards. Revalidation needs to reflect demonstration of both the doctor's conduct (measure of professional behaviour) and clinical competence
- The Colleges and Faculties will have the responsibility for signing off a positive statement of assurance that the individual practitioner has demonstrated that he/she has met the appropriate standards for specialist recertification. This statement and certification would then be submitted to the General Medical Council (GMC), who will be the regulatory authority.

2. AoMRC Specialist Recertification Project Plan

2.1. Project Purpose and Scope

The purpose of this Project Plan is to outline the proposed Specialist Recertification work programme and to inform of work thus far for the Academy of Medical Royal Colleges and in particular to assess the implications of changes in medical regulation, scope the necessary development work and initiate specific projects to further the development and introduction of revalidation. It is anticipated that the Academy will have a clearer picture of the further work and infrastructure required to enable them to support Colleges in the implementation of specialist recertification by the end of 2008.

2.2. Specific Project Objectives

1. *Evaluate the appropriateness of current standards for doctors outlined in Good Medical Practice for Physicians and revise them for specialty recertification through consultation with patients, healthcare providers, the Medical Royal Colleges and Faculties, the GMC and other relevant stakeholders.*
2. *Establish three Academy working groups on Continuing Professional development (CPD); Multi Source Feedback (MSF) and E-portfolio to define the standards and criteria for the use of each of these methods and evidence to demonstrate practice for specialist recertification.*
3. *Establish an Academy working group to consider how the non-clinical work of doctors could be demonstrated and included in specialist recertification.*
4. *Establish an Academy working group to identify how the Colleges and Faculties could best support those doctors who are struggling, for whatever reason, to provide sufficient evidence to demonstrate their practice for specialist recertification.*
5. *Identify the tools needed and support the Colleges and Faculties to develop, pilot and validate a range of cross-specialty tools for use in specialist recertification.*
6. *Investigate, develop and outline a large scale, multi-Trust pilot of revalidation incorporating those tools developed and validated by the Colleges and Faculties for specialist recertification. NB: this is a long term objective that would require additional resource.*

2.3. Project Timescale

The timescale for the completion of the first three work-streams outlined below is the 2 years from January 2008 until December 2009.

2.4. Project Work-streams

2.4.1. Work-stream 1 – Setting Standards

Clear standards will need to be set for specialist recertification, taking into account the variation of practice across the medical specialties, against which the performance of doctors can be assessed. Although standards for re-licensure will be the ultimate responsibility of the GMC, it will be necessary for the Medical Colleges and Faculties to participate in their development and to be assured that the standards are being met. For re-licensure, the standards for all doctors will be agreed by the GMC with key stakeholders and are based on the latest edition of *Good Medical Practice*.

For specialist recertification, the generic standards outlined for relicensure will need revision in accordance with the requirements outlined in the White Paper including

- cost effectiveness
- proportionality
- effective use and recognition of professional time

Using the generic standards and criteria outlined in the GMC's *Draft Framework for Appraisal and Assessment derived from Good Medical Practice*, Colleges and Faculties have been asked to adapt and develop these criteria to their medical specialty and to identify the appropriate types of evidence that clinicians of different grades could use to demonstrate their performance against these criteria. Colleges and Faculties will further define these standards through working with their specialist societies to define standards and/or evidence for sub-specialist practice. We anticipate this workstream will be completed by the end of 2008.

2.4.2. Work-stream 2 – Defining Standards and Criteria for Methods and Evidence used to Demonstrate Specialist Practice

A second work-stream of the project aims to develop a portfolio approach to re-certification with the identification of a selection of appropriate and acceptable methods for the doctors to demonstrate that they meet these defined standards. It is anticipated that there will be several common, generic types of evidence that will be applicable to all doctors of all medical specialties such as CPD; MSF and Patient Surveys.

At the end of 2007, each College and Faculty completed a template requesting information on revalidation work already completed, additional work required, time-scales and some guide of projected costs. This was not a 'bidding process'. The data provided a 'snapshot' of the differences and commonalities between specialties and their progress towards revalidation. It also enabled us to identify the most urgent work-streams.

Following analysis of the templates, the Academy has established 5 working groups:

1. CPD Working Group (through Academy DoCPD Group) Chaired by Dr Alistair Thompson, Paediatrics and Child Health

- Evaluate the range of CPD models in use throughout the UK and overseas
- Establish common standards and requirements around CPD that should be implemented in all CPD systems used in medical colleges and faculties (e.g. internal/external; approval; audit) using the 10 principles already agreed (and recently revised) by the Academy
- Convert principles into standards and establish minimum requirements for recertification
- Identify costs and resource requirements associated with the development of existing CPD systems

- Monitor progress of Colleges and Faculties in implementing changes to their CPD systems to address the defined standards and requirements
- Monitor progress of Emergency Medicine/ RCPLondon CPD project looking at the effectiveness of CPD

2. E-portfolio Working Group Chaired by Prof Andy Adam, Radiology

An e-portfolio is seen as an essential component for revalidation. An electronic system must, at a minimum, have the ability to record activity, offer space for reflection on learning and self assessment, give 'amber' and 'red' warnings and proffer options for advice on remediation and invite in a 'guest' to review activity. The objectives of this group would be to:

- Evaluate the range of E-portfolio systems in use or available throughout the UK
- Consideration of issues around data security, data access and confidentiality of data
- Draw on the existing experience and expertise around this area available in a number of the Colleges and Faculties
- Establish common standards and minimum specifications for all E-portfolios systems developed for medical colleges and faculties.
- Consider issues of interoperability and compatibility between systems developed for trainees and between colleges and faculties
- Identify costs and resource requirements associated with the development of an E-portfolio system for use in recertification

3. MSF Working Group Chaired by Barbara Wood, Academy Patient/Lay Group Chair

- Taking into account the work completed by the Picker Institute on surveying existing MSF tools, evaluate the range of MSF and Patient Tools available throughout the UK
- Establish common standards and requirements around MSF and Patient Surveys that should underpin any tools used for specialist recertification
- Recognise that there will be different needs and degrees of patient input between specialties
- Evaluate existing tools according to the standards
- Consider the further development of specialty specific tools or bolt-on questions
- Identify costs and resource requirements associated with the use of MSF and Patient survey tools for recertification and any additional expenses linked to the development of specialty specific elements

4. Non-Clinical Work Group (professional activities) Chaired by Dr Steve George, Public Health

This group will work on broadly identifying and considering issues associated with the demonstration of the non-clinical work of doctors for specialist recertification. Such work could include that of:

- Educationalists
- Deans
- Medical Managers
- The Wider NHS
- Academics

5. Remediation Chaired by Dr Mike Cheshire, Physicians (London)

This group will consider how the Colleges and Faculties could best support those doctors who are struggling, for whatever reason, to provide sufficient evidence to demonstrate their practice. It will look at issues related to Health (Mental and Physical), Probity, Behavioural issues etc. This group contains representatives from NCAS; BMA and a number of Colleges and Faculties It will aim to produce a register of suggested pathways by which a doctor may seek assistance at an early stage in the revalidation cycle both generic and specialty related.

2.4.3. *Work-stream 3 – Developing and Validating Tools for the Assessment of Standards*

In addition to the generic methods and evidence outlined above, different medical specialties have already developed, or are seeking to develop, speciality specific methods that are appropriate for the recertification of their members. The Academy will work with the Colleges and Faculties to identify and fund work on specialty tools that could be developed and validated, with priority given to those tools that would be applicable across more than one medical specialty.

Work in progress - Technical Skills for Surgeons and Procedural Interventions

The GMC has provided funding to the Academy to support a two year project to assess the appropriateness of a range of tools for demonstrating technical skills in surgery and non-surgical procedures for specialist recertification. This work is being undertaken through the Department of Bio surgery and Surgical Technology at Imperial College London.

2.4.4. *Large Scale Pilot*

The Academy will investigate, develop and outline a large scale, multi-Trust pilot of a revalidation incorporating those tools developed and validated by the Colleges and Faculties for specialist recertification. This work requires a lot more research and thought, however, we felt that it is important to flag up this work-stream as one that we are working to in the longer term.

We would like to identify 4 Trusts willing to participate in the pilot project – one PCT; one Mental Health Trust; one NHS DGH Trust and one Foundation Trust. We would also like one ISTC to participate in the pilot to include the private healthcare sector. We would try to find pilot Trusts from each of the four countries and covering both urban and rural locations. It may be important to include an incentive for Trusts who participate in the pilot and this will need to be discussed further with the GMC and Departments of Health.

The pilot would include trialling the more generic processes associated with revalidation, including appraisal and MSF, with other specialty specific aspects such as workplace and clinical skills assessment tools. Resources would be required to cover the administration of the pilot, co-ordination with the specialties and analysis.

3. Project Resources

3.1. Project Funding

Funding for this project has been made available to the Academy from:

- A. The **GMC** have been funding the Academy to carry out work on revalidation for the last two years. The funding available for 2007-09 is as follows:
- £60,800 for project on review of assessment of technical skills
 - £50,000 for project on review of effectiveness of CPD
- B. The **Department of Health of England** granted £1.5 million to the Academy in 2007 and a further £2.4 million in 2008 to enable and oversee the development of standards for specialist re-certification by the Medical Royal Colleges and Faculties. We define the finance currently available as destined for *development* of revalidation not *implementation*. The cost of implementation will be substantial and must be discussed outside the remit of this report. This grant is intended by DH to support:
- Development projects
 - Pilot studies
 - Consultation events
 - Administrative, project and IT support
 - Communications
 - Production of regular reports

Currently, this money is being used to support the salary of the Academy project manager and expenses incurred by the working groups. The disbursement of these monies has been discussed in the Academy and the general view is that it should be used to support the work-streams needed over the coming months to develop the standards, systems and processes that will be required to support a robust process for revalidation. It is well recognised that the financial implications of development will be more easily borne by the larger Colleges and that smaller Colleges/Faculties may need 'seeding funds' as they develop standards.

3.2. A Note about Procurement

We are aware that there is considerable commercial interest in revalidation (e-portfolios and MSF). In the longer term the implementation and administration of revalidation processes is likely to be a financial burden on individual doctors and we therefore do not regard the disbursement of College monies as bound by NHS procurement regulation, which appears to be a false assumption of some commercial groups.

3.3. Project Personnel

- Judith Hulf, President Royal College of Anaesthetists, Vice-Chairman of the Academy is leading the work on Revalidation for the Academy
- Kirstyn Shaw, PhD has been seconded from the RCP London, for 6 months in the first instance, to work as the Academy Revalidation Project Manager.

4. Conclusion

The aim of the document has been to outline a Specialist Recertification Project Plan for the Academy of Medical Royal Colleges and in particular to assess the implications of changes in medical regulation, scope the necessary development work and initiate specific specialty projects to further the introduction and implementation of revalidation. At the conclusion of this project, it is anticipated that the Academy will have a clear picture of the further work and infrastructure required to enable them to support the Medical Colleges and Faculties to implement specialist recertification for doctors. We will provide reports as our work progresses.

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