

ACADEMY OF MEDICAL ROYAL COLLEGES

Project Title	Specialty Revalidation – Tri Faculty Pilot
Lead College or Faculty	Faculty of Occupational Medicine (FOM) Other Faculties involved: Faculty of Pharmaceutical Medicine (FPM) Faculty of Public Health (FPH)
Project Contact	Dr Rob Thornton and Mrs Rachel Cooper (FOM)
Date Project Approved	26 March, 2010
Date Project Finished	31 July, 2012
Aims and Objectives	<p>As set out in the project application:</p> <p><u>Overarching project aim:</u></p> <p>To ascertain a full understanding of how the whole process of revalidation will work for doctors working outside traditional NHS settings, from the three specialties of Occupational Medicine, Pharmaceutical Medicine and Public Health. To work with a broad range of participants, from all parts of the UK and also those overseas, who wish to revalidate. Also, to pilot as wide a range of working environments as possible.</p> <p><u>Specific project aims:</u></p> <ul style="list-style-type: none"> • To test the process of collating the relevant supporting evidence needed for appraisal, such as MSF and CPD. • To test the systems of appraisal. Appraisal should be conducted to the AQMAR standards and incorporate the specialty specific elements. • To increase our understanding of the demands of the three Faculties' roles as 'Designated Bodies' for appointing a Responsible Officer. To also increase our understanding of the role of a RO, in practice. • To gain a greater understanding of the potential role the Faculties will have in quality assuring the revalidation process. • To examine how an E-Portfolio system is likely to work in practice and ascertain if any further modifications would need to be made (Depending if a prototype/spec is available in time). • To identify how communication flows between the doctor, appraiser, RO and GMC work in practice. • To gain a greater understanding of the impact and cost of revalidation. With particular focus on each doctor to be revalidated and also each Faculty.

Objectives:

- To recruit and work with circa 100 (this was reduced to 50 per specialty when the funding was reduced) members from each of the three Faculties, who work in different settings, to pilot the revalidation process. The process will cover from gathering supporting evidence, to appraisal, to the RO's outcome.
- To recruit and train three pilot Responsible Officers, one per Faculty and test their role according to the DH regulations and guidance.
- To undertake an audit of the supporting information provided for appraisal, the appraisal outcome and the associated RO recommendation.
- To make available access to the E-Portfolio system for all participants of the Pilot, if system is at the required development phase in time.
- To gain structured feedback, in the shape of questionnaires from all participants, appraisers and ROs. To facilitate smaller focus groups to obtain more detailed feedback and explore any concerns.
- Appoint a critical evaluator to provide a critical evaluation of the whole process, across the three Faculties. It should include how communication has flowed between the Doctor, Appraiser and RO and also a review of impact and costs on the Doctors and each Faculty.

Methods and Methodology

As set out in the project application:

Scope:

The pilot will be as inclusive as possible, recruiting participants from all three specialties in all parts of the United Kingdom and those based overseas who wish to revalidate. Where possible it will also include doctors not on the specialist register but working in those specialties.

Sample size:

To ensure a representative sample, the following number of participants is anticipated, although this is dependent on funding and the ability to recruit volunteers:

OM	100-50
PM	100-50
PH	100-50
Total	300 150

Recruitment of Participants:

The three faculties will seek expressions of interest from potential participants as soon as possible. As well as routine faculty communication channels with members, some specific targeting of participants may be required to ensure the full range of working environments is covered. Prospective participants will be informed of the process, timeframe and will sign a consent form to signal participation.

Supporting information and appraisal:

Once recruited, participants will receive an electronic specialty specific briefing pack. Where doctors are in an appraisal scheme, they will be required to use the appropriate

specialty standard in their appraisal. If available in time, they could collate their supporting evidence, using the E-Portfolio, developed by the 'cohort', using AoMRC funding.

Where possible, appraisal should be conducted to the AQMAR standard and information on this would be supplied. Participants will also be required to supply details of their appraiser, as a separate information pack and consent form will be circulated to them. All forms and information packs will be common to the three faculties (aside from the specialty standards).

As the faculties will be concentrating on doctors who are not employed in traditional NHS settings, it is likely that some participants will not currently be participating in an appraisal scheme. Therefore, the pilot will include the FPM and FPH appointing and training their own appraisers regionally. The FOM will work with the Society of Occupational Medicine (SOM), to ensure the SOM's current, established regional network of appraisers are adequately trained.

Responsible Officer Role:

Some participants will be working in a setting that is approved for appointing a RO and may wish to test that role as part of the pilot. However, consistent with the aims of the pilot, it is envisaged that the majority of participants will either work in other settings, or their own organisation will not yet be ready to test the role.

The three Faculties have been designated by the Department of Health as organisations required to appoint a RO. The detail of how that will work in practice awaits the final version of the DH regulations and guidance, and has therefore yet to be defined. It will however form a vital part of the pilot and will be offered to those participants who cannot relate to a RO in any other way.

The mechanism will need further scoping but will include:

- The appointment of the individual ROs;
- Identification of additional resources required to support the RO function;
- Analysis of the requirements of RO audit of evidence;
- Training in E-portfolio;
- Consideration of the revalidation recommendation.
- There will be no revalidation recommendation made to the GMC as part of the pilot.

Quality Assurance:

One of the proposed roles for colleges/faculties is in providing QA of the revalidation process. There remains some uncertainty about how this will be undertaken but for the purpose of this pilot it will take the form of an audit of the supporting information provided for appraisal, the appraisal outcome and the associated RO recommendation. The pilot will also include a scoping exercise on the quality assurance of clinical governance processes for England and Wales. An audit standard will be developed and one or more audit teams (depending on numbers) will provide the assessment. The team(s) will include representatives of all 3 faculties and lay membership.

Evaluation:

At pilot stage, evaluation will centre around revalidation processes rather than the outcome of revalidation itself: an evaluation of whether or not revalidation might pick up doctors likely to fail at some point in the future is not possible without long term follow up.

All participants, including appraisers and RO, will be invited to provide structured feedback through questionnaires. We feel that it would be sensible to try to use the same or similar questionnaires for obtaining feedback from the RO, appraisers and

	<p>appraisees as those used in the Revalidation Support Team's Pathfinder Pilots. This would enable us to compare data more easily and also avoid duplication of work.</p> <p>A number of focus groups will be arranged to obtain more detailed feedback and explore any concerns. The outcome from these and the QA process will be collated into a report that will be overseen by a small team from the three faculties.</p> <p>These processes will feed into a robust critical evaluation through the appointment of a nominated critical evaluator using validated evaluation methodology. An important element of the evaluation will be to capture the cost of revalidation to the individual, the employer and the Faculties.</p>
<p>Main Findings</p>	<p><i>What were the main findings/outcomes of the project? What conclusions were drawn following the project?</i></p> <p>The findings of the pilot for each specialty are outlined in each of the Frontline reports and summarised in the appendix to the Evaluation Reports, entitled 'Comparison of the Results'. Below we have outlined some of the key findings, which correspond to each project aim of the pilot.</p> <ul style="list-style-type: none"> ● To test the process of collating the relevant supporting evidence needed for appraisal, such as MSF and CPD: <ul style="list-style-type: none"> - It was felt that simpler, more specific guidance, particularly around the evidence requirements, for appraisal would have been more helpful. - Appraisees found that the GMC domains and attributes did not fit well with their roles and struggled to match evidence to the attributes. - Appraisees from all three specialties found it difficult to find 15 respondents to their MSF questions, citing that the requirement was too many, particularly for those doctors in independent practice. - Appraisees found the MSF reports difficult to comprehend. ● To test the systems of appraisal. Appraisal should be conducted to the AQMAR standards and incorporate the specialty specific elements: <ul style="list-style-type: none"> - On the whole, the actual appraisal meetings resulted in positive feedback, from appraisees. There was a significant increase in the following comments; <i>"I intend improving the way I undertake my medical practice as a result of my strengthened appraisal"</i>, <i>"My appraiser performed my appraisal well"</i>, <i>"My appraiser was objective."</i> - When appraisees were asked what the most common difficulty was in preparing for appraisal, the majority of appraisees from FOM and FPH cited IT issues. Those however from FPM cited understanding the evidence required. - It is worth noting that only 39% of appraisers in FPM were <i>"confident in the assessment of the supporting information"</i>, this was in comparison to 100% in FPM and 77% in FOM. - There was some concern amongst ROs over the variation of the quality of the write-ups of the appraisal summaries, of appraisers. Some write-ups were incredibly detailed, others had vital information missing. - Not all appraisees understood the importance of describing the scope of their whole practice. - Appraisers often cited that they had difficulty with the IT and therefore asked doctors to bring paper copies of evidence to appraisal. They also felt that simpler guidance on the requirements of appraisal would have been helpful. ● To increase our understanding of the demands of the three Faculties' roles as 'Designated Bodies' for appointing a Responsible Officer. To

also increase our understanding of the role of a RO, in practice:

The pilot proved valuable to test the role of the RO. The following findings came up for them:

- At the RO focus group, ROs felt that the system was not designed to deal with participants who work outside of the UK.
- At the focus group, ROs also reported that doctors employed in many organisations are subject to confidentiality clauses in their employment contracts that may limit the supporting information they can bring to appraisal.
- ROs were given a good insight into how long it will take to read appraisal summaries and check that those doctors he/she is responsible for are on track for revalidation. This was also useful for the Faculties, in order to ensure that the RO is adequately resourced.
- ROs raised concerns over the variation in the quality of appraisers and recognised this would need to be addressed through appraisal training.

- **To gain a greater understanding of the potential role the Faculties will have in quality assuring the revalidation process:**

- Quality assurance of core pilot revalidation recommendations was provided by the other two faculty ROs looking at a sample of 15 portfolios selected by them. For the companies participating in the pilot, the RO quality assured every recommendation. Some disagreements did occur, but not frequently.

- **To examine how an E-Portfolio system is likely to work in practice and ascertain if any further modifications would need to be made (Depending if a prototype/spec is available in time):**

- The three Faculties in their roles as designated bodies found the opportunity to use an E-system for the pilot as being invaluable. This is because it helped to give a more accurate picture of how the information would flow between the appraiser, appraisee and RO.
- Both appraisers and appraisees did cite that they encountered problems with uploading information or operating the system in general. It must however be noted that the system we used was a prototype and the functionality and stability of the system over the last twelve months has greatly improved. Appraisees also felt that scanning documents was time consuming and many took larger documents with them to appraisal.

- **To identify how communication flows between the doctor, appraiser, RO and GMC work in practice:**

- Through the use of the E-system, the information appeared to flow well, across all parties.
- As an addition to the pilot, we worked with the GMC to test their method of recording recommendations. The ROs therefore made 'dummy', anonymous recommendations and sent them to the GMC. ROs deferred more pilot participants than they think they will need to when revalidation is formally introduced. This was partly due to appraisees not completing the key forms and appraisers not ensuring that the scope of the whole of the appraisees' practice was taken into account.

- **To gain a greater understanding of the impact and cost of revalidation. With particular focus on each doctor to be revalidated and also each Faculty:**

- Firstly, the pilot results revealed the following from appraisees:
- FOM – 48% of appraisees perceive the benefits to be medium-high or high and 42% perceive the costs to be medium-high or high.
- FPH – 19% of appraisees perceive the benefits to be medium-high and 63%

	<p>perceive the costs to be medium-high or high.</p> <ul style="list-style-type: none"> - FPM – 24% of appraisees perceive the benefits to be high or medium high and 56% perceive the costs to be medium-high or high. - When revalidation is formally introduced, appraisees accessing appraisals and the RO's of the three Faculties will also have financial costs to bear, which their colleagues in NHS settings will not have. These are likely to be between £800-£1000, per doctor, per annum. - The pilot has helped the three Faculties to measure the type of workload involved in carrying out this function and it helped to prove that each Faculty appears to be adequately resourced to manage the requirements. It is however hard to predict until revalidation is formally introduced.
Communication	<p><i>How were the results and findings of the project communicated? Who was the audience for these communications?</i></p> <p>The results have been communicated to Faculty boards and will be communicated to the following:</p> <ul style="list-style-type: none"> - Academy of Medical Royal Colleges - Pilot participants of the three Faculties - Members of the three Faculties <p>Each Faculty is writing a summary of their results and these will be disseminated to the pilot participants. They will also be incorporated into our newsletters and added to our websites. We will also make the full reports available to those members who require them.</p>
Applicability of the Project to other Specialties	<p>Most doctors from other specialties will be revalidating through the NHS, therefore our pilot is not very applicable to other specialties.</p>
Further Work	<p>No further work will take place for the pilot. Each Faculty is now spending a considerable amount of time preparing for the introduction of revalidation at the end of the 2012. We have therefore been continuously building on the work we undertook during the pilot. This work has been made easier, by the fact that we know that we tested a process which appeared to work. This has been very reassuring.</p> <p>We are taking on board the many key learning points which emerged during the pilot, which includes: ensuring the IT is as user friendly possible, ensuring the appraisers are well trained and ensuring that the appraisees are well prepared and are familiar with the latest versions of the guidance on supporting information for appraisal and revalidation.</p>
Additional Information	<p><i>E.g. - any issues that arose throughout the project in terms of the project design, methodology, process, risks or budget?</i></p> <p>As reported in previous updates to the Academy, the project over-ran significantly, mainly due to an underestimation in the time it took to get the project up and running. This was because we wanted to ensure that the pilot acted as an accurate simulation of the real process. We feel that it achieved this; it however impacted on the amount of staff time dedicated to the pilot. We made some savings in other areas of the budget and we have reallocated this to staff time, to compensate.</p> <p>We also would like to take this opportunity to thank the Academy for the opportunity to run such a comprehensive pilot. The three Faculties are in a unique position, being</p>

	<p>designated bodies, which are not healthcare providers and whose ROs will be at arm's length from the doctors they will be responsible for. We feel much more confident in dealing with our statutory requirements, because we have the assurance that we have piloted a system, which on the whole appeared to work.</p>
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