



STAFF AND ASSOCIATE SPECIALIST SURGEONS: **GUIDE ON REVALIDATION**

Federation of Surgical Specialty Associations | The Royal College of Surgeons of Edinburgh
The Royal College of Surgeons of England | The Royal College of Physicians and Surgeons of Glasgow



A. Introduction

- » Revalidation is the process by which all doctors practising in the UK can demonstrate to the GMC that they are up to date and fit to practise medicine. Revalidation results in the renewal of a doctor's licence to practise every five years. Since December 2012, it is a legal requirement for all doctors in order to continue practising in the UK.
- » The requirements of revalidation are the same for all doctors and surgeons, regardless of specialty, grade, or whether or not they are on the specialist register. However, certain groups of doctors and surgeons such as Staff and Associate Specialist (SAS) surgeons face particular challenges in meeting these requirements due to the nature of their work and employment circumstances.
- » This guide attempts to identify the key challenges of practice, employment and regulation relating to SAS surgeons as they affect their revalidation, and brings together existing relevant policy, guidance and tools from the GMC, Royal Colleges, NHS Employers and other partners to assist SAS surgeons with their revalidation.
- » This document should be read in conjunction with associated GMC and College guidance as outlined throughout the resources section of this document, and particularly the following documents:
 - [GMC Good Medical Practice Framework for Appraisal and Revalidation](#)
 - [GMC Guidance on Supporting Information for Appraisal and Revalidation](#)
 - [College Guidance on Supporting Information for Appraisal and Revalidation](#)
- » If you have further questions on the revalidation of SAS surgeons please contact the Revalidation Helpdesks in one of the surgical Colleges:
 - RCS Edinburgh: revalidation@rcsed.ac.uk
 - RCS England: revalidation@rcseng.ac.uk
 - RCS Glasgow: revalidation@rcpsg.ac.uk

B. Revalidation Process and Standards

- » The process of revalidation is based on local organisational systems of annual appraisal and clinical governance. Through evidence provided in annual appraisal, doctors can demonstrate that they comply with the professional standards set out in the GMC document Good Medical Practice.
- » Most licensed surgeons will have a prescribed connection to a Trust or an organisation (called designated body) that will provide them with an annual appraisal and support them with their revalidation. This is normally the organisation where a surgeon is employed or contracted. At the end of the five year cycle, a senior doctor in each organisation called the responsible officer will take into account the information

from the previous five appraisals and make a recommendation to the GMC on a doctor's revalidation.

Key issues for SAS surgeons	Current Policy	Resources
Identifying the required revalidation standards for SAS surgeons.	<ul style="list-style-type: none"> » The revalidation process and standards will be the same for all surgeons regardless of grade, specialty or whether or not they are on the specialist register. » SAS surgeons will be assessed against the same generic framework of revalidation standards set by the GMC in the Good Medical Practice Framework for Revalidation and Appraisal. The framework is based on the GMC's Good Medical Practice and will be applied as necessary to the individual doctor. 	<ul style="list-style-type: none"> » Revalidation Guide for Surgery » Good Medical Practice » Good Surgical Practice » Good Medical Practice Framework for Revalidation and Appraisal
Finding a responsible officer.	<ul style="list-style-type: none"> » The responsible officer is identified through the designated body to which a doctor has a prescribed connection. » Since April 2012, the GMC has been contacting all licensed doctors with an information pack to help them find and confirm their prescribed connection to a designated body and responsible officer. » Doctors who have not been contacted yet, are asked to make contact with the GMC helpdesk or consult the GMC Designated Body Online Tool. » Doctors who work entirely in private practice can contact the Independent Doctors Federation and the Federation of Independent Practitioner Organisations who have designated body status and provide appraisal services and a responsible officer. » Doctors without a designated body can connect to a 'suitable person', who will be able to provide a recommendation to the GMC about their revalidation. The GMC has published an online list of approved suitable persons who meet GMC-defined criteria for suitable persons, to facilitate doctors' choice. 	<ul style="list-style-type: none"> » GMC helpdesk: 0161 923 6277 revalidation@gmc-uk.org » GMC Designated Body Online Tool » Independent Doctors Federation » Federation of Independent Practitioner Organisations » GMC – Suitable Persons: Information for Doctors

C. Supporting Information for Appraisal and Revalidation

The process of revalidation revolves around the collection and discussion of the following six types of supporting information at appraisal:

1. Continuing professional development (CPD)
2. Quality improvement activity (participation in clinical audit, review of clinical outcomes, participation in Morbidity and Mortality meetings and Multi-Disciplinary meetings)
3. Significant events (significant untoward incidents)
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints and compliments

These types of supporting information are applicable to all doctors regardless of grade or specialty but have been specified for the needs of surgery by the surgical colleges and surgical specialty associations. The specific requirements in content and frequency of collection for each type of supporting information during the five-year revalidation cycle can be found in the Surgery Guidance on Supporting Information.

Key issues for SAS surgeons	Current Policy	Resources
Lack of exposure to CPD due to insufficient support by the Trust.	<ul style="list-style-type: none"> » Surgeons should collect a minimum of 50 CPD credits per year, selected across a defined set of categories, as set out in the Surgery Guidance on CPD. CPD needs to be a genuinely development activity for the respective surgeon who needs to reflect on the learning achieved from each activity. » The selection of CPD activities should have a direct link to appraisal and surgeons' Personal Development Plan. CPD should also be linked to the priorities of the employing organisation as well as the individual surgeon's professional goals. » The GMC guidance on CPD clarifies that employers and contractors of doctors' services are responsible for maintaining the competence and developing the skills of all their medical staff regardless of grade, and facilitating access to the resources that will support this, including the time to learn. » In its guidance on effective governance to support revalidation, the GMC requires employing organisations to ensure that there are adequate resources available to support all doctors' appraisal, revalidation and CPD. » Surgeons can use the online Surgeons' Portfolio to collect and store all information relating to their CPD activities. 	<ul style="list-style-type: none"> » Surgery Guidance on CPD » Surgery CPD checklist and reflection sheet » GMC guidance on CPD » GMC Effective Governance to Support Medical Revalidation » Surgeons' Portfolio

<p>Difficulty accessing individual outcomes data to demonstrate quality improvement activity. For example, HES operating data are attributed to the named consultant. Similar difficulty of accessing individual data in other categories of supporting information, such as significant events and in the review of complaints and compliments.</p>	<ul style="list-style-type: none"> » It is part of surgeons' professional responsibility to gather and submit their supporting information on their own initiative, and keep accurate records of activity data and reflection notes. It is important to remember that all types of supporting information carry equal weight at appraisal. » In the case of activity data collected or held by the employing organisation, the GMC in its responsible officer protocol clarifies that employers are required to provide doctors with access to supporting information about their practice. » Although some of the individual outcomes data (e.g. HES data) are routinely collected by employers, much of this information is attributed to the named consultant rather than the SAS surgeon. Where no individual information is available, then team-based information may be used. In this case, the surgeon must reflect on what the information means for their individual practice. » Surgeons with no access to individual data from their employer are also encouraged to keep a logbook of individual activity in an online facility, such as the Surgeons' Portfolio. » Surgeons should also contribute their data to a national audit where relevant. Where this is not relevant, surgeons are asked to undertake a local audit and present this at appraisal. » Guidance by NHS Employers recommends that employing organisations ensure that all those involved receive direct feedback from compliments, complaints and serious untoward incidents. 	<ul style="list-style-type: none"> » GMC Supporting Information for Appraisal and Revalidation » GMC Responsible Officer Protocol » Surgery Guidance on Supporting Information » Supporting Information Checklist » Surgical Outcomes Framework Guidance » Information on Surgical Audit and Outcomes » Surgeons' Portfolio » NHS Employers – Improving SAS Appraisal. A guide for employers.
<p>Difficulty obtaining patient and colleague feedback</p>	<ul style="list-style-type: none"> » Surgeons are required to seek feedback from colleagues and patients and include those as part of the appraisal discussion at least once per revalidation cycle. Feedback will normally be collected through standard questionnaires that comply with GMC guidance and surgeons should review and act upon that feedback as appropriate. » The GMC has developed a set of questionnaires that are suitable for all doctors. The GMC also published associated guidance for employers on how to administer the questionnaires and to appraisers on how to interpret results. » Administering the feedback questionnaires is not the responsibility of the individual surgeon. Rather, the employing organisation is required to provide a process for administering the questionnaires independently of the surgeon and the appraiser. 	<ul style="list-style-type: none"> » GMC Supporting Information for Appraisal and Revalidation » GMC questionnaires and instructions on how to use them. » GMC guidance for developing and administering questionnaires

D. Appraisal

- » Annual appraisal is the cornerstone of the revalidation process. All surgeons regardless of grade need to participate in appraisal based on the Good Medical Practice Framework for Appraisal and Revalidation.
- » Appraisal should have Good Medical Practice as its focus and must cover a surgeon's whole scope and nature of their practice.
- » Appraisal for the purposes of revalidation consists of:
 - a. a summative element which involves discussion and reflection on a portfolio of evidence collected by the surgeon about their practice to demonstrate that they are keeping up to date and fit to practise. This evidence is based on the six types of supporting information described in section C.
 - b. a formative element which revolves around the surgeon's professional development and includes setting a personal development plan, identifying learning and developing needs, and setting goals and priorities for the year ahead, ensuring a balance between the individual and the employer.

Key issues for SAS surgeons	Current Policy	Resources and tools
<p>Lack of engagement of SAS surgeons in the appraisal process. Results of repeated organisational self-assessment exercises by the NHS Revalidation Support Team showed consistently lower participation levels by SAS doctors compared to consultant doctors.</p> <p>Lack of understanding of the appraisal process.</p> <p>Poor quality of local appraisal processes.</p> <p>Very small numbers of SAS surgeons having received appraiser training. Consultant appraisers are often not familiar with the specific challenges faced by SAS surgeons.</p>	<ul style="list-style-type: none"> » Appraisal is a core requirement of the new (2008) SAS contract, but the principles of appraisal are equally applicable to those who have chosen to remain on the pre-2008 contract. All surgeons are required to actively engage in appraisal as part of their professional responsibilities. » Surgeons need to identify their appraiser and familiarise themselves with local appraisal systems, with the GMC Good Medical Practice Framework for Appraisal and Revalidation and the Surgery Guidance on Supporting Information. » The NHS Revalidation Support Team has introduced a medical appraisal guide and appraisal form that can be used by all surgeons as a guide for the appraisal process. The RCP has also developed a model appraisal portfolio for SAS doctors. » NHS Employers suggest that SAS doctors and their employers consult examples of good practice from Trusts whose SAS employees have successfully engaged with the appraisal process, through a set of case studies published by NHS Employers. » According to the GMC protocol for responsible officers, and the GMC effective governance to support medical revalidation, it is the responsibility of the employer to provide robust systems for clinical governance, including appraisal and local quality assurance. Employers need to ensure that all surgeons regardless of grade have access to good appraisal with a well- trained appraiser, and an opportunity to reflect on their practice. » The NHS Revalidation Support Team has developed guidance for the recruitment, training, competencies and quality assurance of appraisers that can be used to ensure all appraisers are adequately trained. » The NHS Revalidation Support Team and NHS Employers acknowledge the value of cross specialty appraisal. They also confirm that SAS doctors are eligible to become appraisers of either SAS doctors or consultants. NHS Employers recommends that employers should train more SAS doctors to become appraisers. It is envisaged that being appraised by their peers might be a more positive experience for SAS surgeons and minimise potential apprehension about the process. » NHS Employers recommend that organisations encourage SAS participation in governance meetings. It is also recommended that employers appoint SAS tutors / leads to raise the profile and status of SAS doctors throughout the Trust, encourage educational development and improve morale. 	<ul style="list-style-type: none"> » NHS Employers - UK guide to job planning for specialty doctors and associate specialists. » NHS Employers – Improving SAS Appraisal. A guide for employers » NHS Employers – case studies of SAS appraisal engagement » RST Medical Appraisal Guide and » RST Model Appraisal Form » RCP Model Appraisal Portfolio for SAS doctors » GMC Protocol for Responsible Officers » GMC Effective Governance to Support Medical Revalidation » RST Guidance pack for appraisers: Recruitment, Training, Competency Framework and Quality Assurance

E. Job Planning

- » Revalidation encompasses all aspects of a surgeon's working life, and as such it is linked to a number of other mechanisms that work alongside the revalidation process to support doctors' performance and development, ensure that they are working in line with organisational priorities, or ensure that working practices are optimised for service and professional development.
- » Although appraisal for the purposes of revalidation interacts and has large areas of overlap with job planning, there are key differences between the two processes that may be a driver to keep them apart. The job plan is primarily employer-driven and focused on service delivery, setting the agreed personal objectives in the context of departmental objectives and the relationship with the employing organisation's wider service objectives. On the other hand, appraisal is driven by the GMC, it is based on GMC-defined requirements and is focused on personal and professional standards and development with the view to ensure patient safety and renew a doctor's licence to practise. The resulting personal development plan feeds into the doctor's job plan.
- » The Medical Royal Colleges and the British Medical Association therefore recommend that the two processes remain separate to the extent possible, in order to mitigate potential conflicts of interest.
- » It has been noted that job plans of SAS surgeons are frequently overly restrictive, with considerable impact on their ability to meet the requirements of revalidation.

Key issues for SAS surgeons	Current Policy	Resources and tools
<p>Job plans frequently provide minimal SPA time for SAS surgeons and preclude access to CPD and local postgraduate educational opportunities that would be relevant in the context of revalidation.</p> <p>Job plans for SAS surgeons often also preclude inclusion to participation in Multi-Disciplinary Team meetings and Morbidity and Mortality meetings.</p> <p>Typically, SAS job plans include heavy requirements of emergency duties with night cover at the expense of exposure to elective operating lists and other daytime-scheduled activities, which may result in skill degradation and compromise the ability of SAS surgeons to meet the standards of the revalidation process.</p>	<ul style="list-style-type: none"> » Guidance by NHS Employers and the BMA recommends a 1.5 SPA session per week on a 10 PA contract. NHS Employers further suggest that employing organisations should review SAS doctors' job plans to ensure sufficient SPA time is included. » Guidance from the Academy of Medical Royal Colleges suggests that in order to meet the requirement of revalidation each doctor will require the equivalent of 1.5 SPA sessions per week. Although the Academy advice was written with consultants in mind, it is acknowledged that as the standards for revalidation apply equally to all doctors, SAS doctors will also need equivalent SPA time to maintain competence and ensure patient safety. » Good Surgical Practice confirms that SAS surgeons must participate in CPD activity in order to maintain competence and ensure patient safety. [N.B. Good Surgical Practice is currently being reviewed. The new edition will include further considerations on appraisal and job planning for consultants and SAS surgeons.] » NHS Employers recommends that employing organisations should facilitate and encourage SAS doctors' participation in M&M and MDT meetings. » College guidance on supporting information also requires all surgeons to engage in M&M and MDT meetings to encourage learning from case reviews and meaningful discussion in the context of team-work. » RCS policy requires Trusts to ensure that all surgeons are adequately supported to maintain competence, and warns against skill degradation as a direct consequence of configuration of clinical duties. 	<ul style="list-style-type: none"> » NHS Employers - UK guide to job planning for specialty doctors and associate specialists. » NHS Employers – Improving SAS Appraisal. A guide for employers » AoMRC Advice on Supporting Professional Activities in consultant job planning. » Good Surgical Practice (currently under review) » Surgery Guidance on Supporting Information