

Revalidation

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Perhaps it is too early to say, but almost a year after the first group of doctors began to revalidate, the process seems to be going smoothly – at least as far as logistics are concerned. There are still big questions to be answered, however, especially whether or not revalidation will ultimately deliver the improvements in patient safety and assurance of standards that it was intended to provide. And it is clear that there are some notable creases to be ironed out. The College has a team aimed at ensuring that all surgeons have the necessary support to be able to revalidate and understanding exactly what steps should be taken when difficulties occur.

Initial reports from the General Medical Council (GMC) tentatively show that revalidation is going to plan and that most doctors are being revalidated successfully.¹ While surgeons may have a range of views on revalidation, it seems that most understand and are engaged in the process.

The College's revalidation team, together with the specialty associations, have written a range of surgeon-specific guidance, concerning supporting information, appraisal and continuing professional development (CPD). We are now developing guidance on collecting patient feedback and guidance for SAS (staff, associate specialist and specialty) surgeons who might not have had previous expectation of an annual appraisal. We have also created tools such as example appraisal portfolios. All these are available at www.rcseng.ac.uk.

www.rcseng.ac.uk/surgeons/working/revalidation. We have a dedicated helpdesk for surgeons, appraisers and responsible officers at revalidation@rcseng.ac.uk.

There is still more work to be done, however. It is important that all surgeons have the same opportunities to revalidate successfully. This means that all surgeons must have easy access to high-quality appraisals, CPD activities, and accurate outcomes data. We are concerned that this is not always the case, and much of our focus in the next year will be in these areas. We are liaising with the surgeons' portfolio (www.surgeonsportfolio.org) and membership services. In December 2012 the NHS Medical Director, Professor Sir Bruce Keogh, announced the requirement to publish surgeon-level activity and survival rates from nine surgical audits. The College supports a move to greater transparency and openness and is working with the Healthcare Quality Improvement Partnership and specialty associations to ensure that the data produced for each surgeon is accurate and supports enhancements in patient care.

In the next few years we will continue to work with the GMC to ensure that the revalidation process improves. Introducing a system that is suitable for the 230,000 licensed doctors in the UK² seems to have been a logistical success, but it does mean that the standards have been necessarily generic. We will work to ensure that more specialised standards are adopted. In particular, we expect measuring surgical outcomes to become an integral and mandatory part of surgical revalidation. This will be essential so

that revalidation is a meaningful process rather than simply a box-ticking exercise.

We will continue to work closely with the specialty associations and other colleges to provide a unified voice on behalf of surgeons to the GMC. One development that we are keen to follow is planned GMC-commissioned research, which will look at the impact of revalidation and evaluate its implementation.³ It is essential that this research and our own projects are relevant to surgeons.

The College firmly believes that the introduction of revalidation has been a positive step forward for both surgeons and patients. It is a real opportunity to improve patient safety and quality of care – surgeons can demonstrate that they are already working at a high standard. The tools should allow a more formative process so that each surgeon is able to reflect on all aspects of their work and talk through opportunities to develop themselves and their practice. Our concern is to make sure that this is not a wasted opportunity, and that we can support surgeons and help develop the revalidation process so that it is relevant for surgery.

We would welcome your suggestions or feedback. You can email us at revalidation@rcseng.ac.uk.

References

1. General Medical Council. *More than 7,500 UK doctors revalidate in first six months of new checks*. www.gmc-uk.org/news/23178.asp. (Accessed 19 September 2013)
2. General Medical Council. *GMC Chair is first UK doctor to revalidate*. www.gmc-uk.org/news/14243.asp. (Accessed 19 September 2013)
3. Plymouth University. *Plymouth evaluates doctor revalidation*. www.plymouth.ac.uk/pages/view.asp?page=40320. (Accessed 19 September 2013)