Oxford Deanery: Trainee Revalidation

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Chair Continued Practice, Revalidation and Registration Board, GMC
Director General Practice and Revalidation, Wales Deanery
Outline

- GMC consultation
- RST/English deans pilot
- Process and roll-out
GMC perspective

– All doctors with a license to practice required to revalidate
– Safe environment
– Low risk
– Curriculum and assessments mapped to Good Medical Practice
– Annual review
– No more than currently doing
From the 1st of April 2013 trainees will revalidate on a 5 year cycle or at CCT date, whichever is sooner.
Information flows:

- Education governance
- Clinical governance
- Join up at ARCP
  - Pilot testing methods
- PG dean is Responsible Officer for doctors in training
• Information for the study was collected using the following mechanisms:

• a trainee self-declaration (Form R) of scope of work, health, probity, conduct, complaints and formal investigations including Serious Untoward Incidents (SUI) and Serious Event Audit (SEA)

• an exit report completed by employers concerning the same categories of information provided by trainees as above

• feedback from the ARCP panels reviewing information provided in the exit reports and in the self-declaration Form R completed by trainees

• feedback from doctors, employers and postgraduate deans provided in an online survey.
Findings

• Trainees found the process fair and efficient and felt that they spent very little extra time in completing the self-declaration form.

• ARCP panels and English deaneries found the information from the trainee self-declaration forms useful in considering revalidation recommendations.

• Employers found the completion of exit reports for each trainee time-consuming and resource-intensive and requested a simpler process.
Recommendations:

• A collective single exit report on all trainees from all employers and host training organisations should be completed twice a year.

• An exception exit report should be completed for each trainee named in a complaint or involved in a formal clinical governance and/or conduct investigation.

• For GP trainees, a collective exit report should be completed by the relevant PCT or local organisation maintaining the performers’ list on which the GP trainees are registered.

• The postgraduate dean should be informed of any trainee named in a complaint or involved in a formal clinical governance and/or conduct investigation.
Agreement:

• Form R

• ES/CS input

• LEP Exit report

• ARCP summary
The LEP exit report has of two parts:

1. The Collective Exit Report
   Completed bi-annually or when the trainee leaves the LEP.

2. The Exception Exit Report
   This is a more detailed report which is only completed if the trainee has been involved in an investigation (closed or open) by the LEP.
The self declaration covers:

• Full scope of practice.
• Involvements in any SUIs/Significant events (closed or still under investigation).
• Compliments and complaints.
• Probity.
• Health.
Trainees complete a Form R when they register with the Deanery, and again if their details change.

The Enhanced Form R is to be introduced between December 3rd 2012 and 1 April 2013
all trainees must complete the Enhanced Form R annually

- The form will be sent to the trainee at least 6 weeks prior to the ARCP panel.
- It must be returned by the trainee to their SPC at least 2 weeks prior to the ARCP.
• Enhanced Form R includes Scope of Practice.
• This section enables you to list all locum and non-NHS work as a doctor (even if with your current employer) completed over the past year.

**Scope of Practice** - Please list of any past and present employers/HTO placements/ time out of programme/ advisory/ voluntary roles or any other activity undertaken since last ARCP, in your capacity as a registered medical practitioner including all locum and non NHS work even if these are with their current employer/HTO.

Please continue on a separate sheet if required.

<table>
<thead>
<tr>
<th>Type of Work (OOP/clinical/non-clinical etc.)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Details of Employing/ Hosting Organisation/GP Practice</th>
</tr>
</thead>
<tbody>
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**Significant Events** - The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event which could or did lead to harm of one or more patients. This includes
The Educational Supervisor annual ARCP report is an important part of both the ARCP and the revalidation process.

It is completed by the Educational Supervisor prior to a trainee’s ARCP panel.

Depending upon the Specialty some Clinical Supervisors may be responsible for completing this report.
A meeting of the Educational Supervisor and the Trainee is held to complete this report.

The aims of this **meeting** are;

• To review the portfolio of evidence.
• Generate discussion.
  e.g. Successes; SUI; Incidents; Concerns; Reflection (declared on the Enhanced Form R).
• Facilitate agreement on completion of the report.
The aims of the Annual Report are to:

• Summarise and document any discussions.

• Signpost the evidence in the ARCP portfolio.

• Document any strengths, concerns including; Successes; SUIS; Incidents; concerns.

• Review reflection on the above.

• Recommend areas for development.
There are 2 additional questions in the Educational Supervisor Annual ARCP Report.

- Most development areas will be picked up in the current Educational process.
- The trigger point in answering ‘Yes’ or ‘No’ to the question below is ‘if the trainee has been involved in a Trust level investigation’.

![Proposed Revalidation related questions for Clinical /Educational Supervisor Report](image-url)

<table>
<thead>
<tr>
<th>Details of concerns/investigations:</th>
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<tbody>
<tr>
<td>Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint?</td>
</tr>
<tr>
<td>If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct?</td>
</tr>
<tr>
<td>Comments, if any:</td>
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Trainee Revalidation Process - Triangulation of Evidence at the ARCP Panel

1. Exit Report

2. Enhanced Form R

3. Educational Supervisor Annual ARCP Report
The ARCP panel chair completes the enhanced part of the outcome form from the documentation provided.

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<table>
<thead>
<tr>
<th>Trainee Name:</th>
<th>GMC N°</th>
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<tbody>
<tr>
<td>Expected CCT / CESR (CP):</td>
<td></td>
</tr>
<tr>
<td>Specialty Training Programme:</td>
<td></td>
</tr>
<tr>
<td>NTN/DRN:</td>
<td>GMC Training Prog Approval No:</td>
</tr>
<tr>
<td>Date of previous Revalidation (if applicable):</td>
<td>Date of expected Revalidation:</td>
</tr>
<tr>
<td>Members of the Panel &amp; appt (Lay, TPD, External, Academic etc)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
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<td>3.</td>
<td>4.</td>
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<td>5.</td>
<td>6.</td>
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<tr>
<td>Date of Review:</td>
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<tr>
<td>Period covered: From:</td>
<td>To:</td>
</tr>
<tr>
<td>Year of Training</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Grade of training programme reviewed</td>
<td>ACF / ACL / CL / CT / ST / FTSTA</td>
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Relies upon the following key aspects:

• The current ARCP processes being undertaken proficiently throughout the year.

• The timely completion and return of the Enhanced Form R.

• The timely return of LEP Exit Reports.
From the 1\textsuperscript{st} of April 2013
trainees will
revalidate on a 5 year cycle
or
at CCT date,
whichever is sooner.
- FY 2
  - Full Registration – process begins
  - ARCP Evidence & Clinical Governance

- Year 2
  - ARCP Evidence & Clinical Governance

- Year 3
  - ARCP Evidence & Clinical Governance

- Year 4
  - ARCP Evidence & Clinical Governance

- Year 5
  - ARCP evidence & Clinical Governance - Revalidation

- Year 1
  - NEW 5 year cycle begins
Year 1
• 5 year Cycle begins

Year 2
• ARCP evidence & Clinical Governance

Year 3
• ARCP evidence & Clinical Governance

Year 4
• ARCP evidence & Clinical Governance - Revalidate at CCT

FY2
• Full Registration – process begins
• ARCP evidence & Clinical Governance
7 Year Cycle

FY2
- Full Registration – Process begins
- ARCP Evidence & Clinical governance

Year 2
- ARCP Evidence & Clinical Governance

Year 3
- ARCP Evidence & Clinical Governance

Year 4
- ARCP Evidence & Clinical Governance

Year 5
- ARCP Evidence & Clinical Governance – Revalidation

Year 1
- ARCP evidence & Clinical Governance

Year 2
- ARCP Evidence & Clinical Governance – Revalidate at CCT

Year 1
- 5 year cycle begins
Proportionality

• It is what trainees are already doing

• It is minimal additional paperwork

• Feedback and future development
Local developments