Medico Research Chronicles

ISSN No. 2394-3971

Review Article

REVALIDATION AND GOOD MEDICAL PRACTICE

S V Krishna Reddy[1], Ahammad Basha Shaik[2]

Department of Urology[1],
Community Medicine & Biostatistics[2],
Narayana Medical College, Nellore, Andhra Pradesh, India

Submitted on: November 2014
Accepted on: November 2014
For Correspondence
Email ID:
vijaya.nel@gmail.com

Abstract
Revalidation is a renewal process by which practicing doctors demonstrate to the Medical Council or the designated body on a regular basis (e.g., every 5 years) that they remain up to date and fit to practise.The rationale behind revalidation is that the process will give patients greater confidence that doctors are abreast of the latest developments in the area of medicine in which they practice, and it will help clinicians to reflect regularly on how they can improve their practice. Revalidation and renewal of registration are issues of concern to most practicing doctors. Keeping up-to-date with current knowledge is essential part of renewal of license to practice. Training needs of doctors are addressed in postgraduate courses and the gap in training and updating of knowledge addressed through continuing medical education programs. Principles of good medical practice exhort practitioners to keep up-to-date in knowledge and skills, familiarize themselves with developments in their field, and take part in educational activities that maintain and further their competence. These are the basic aims of revalidation.

Introduction

Traditionally, professionals such as doctors, lawyers and teachers studied, qualified, undertook professional training and were then left largely to their own practice. By and large, the only time their regulator would become involved in their practice would be if they failed to complete a set amount of annual Continuing professional development (CPD) or their fitness to practice was called into question due to either their misconduct or poor health. More recently, a number of regulators have introduced systems where professionals' ongoing competence is assessed and revalidated.

Revalidation potentially represents one of the most significant developments in the history of the National Health Service (NHS), with implications for patient experience, patient safety and quality improvement. Revalidation has a chequered history and remains a controversial initiative within the medical profession: typically being perceived as lacking clarity in terms of purpose and direction. "Revalidation" is a broad term used to refer to the policy of proactively ensuring that practitioners who

are registered to practice are still safe and competent to do so. This contrasts with the policy of investigating competence only when complaints are made or concerns are raised [1].

The United Kingdom is the first country in the world to introduce the mandatory revalidation of its medical workforce. Although first proposed at the General Medical Council (GMC) in 1998, Revalidation remains an issue very much of the moment. Since 1858, the system for regulating qualified doctors has been the addition of their names to a professional register, maintained by the General Medical Council. The professional register is an enduring historical tradition, reflecting a trust in doctors continuing to be fit to practice throughout their careers, unless otherwise highlighted. However, reports in 2001 & 2004 of the public inquiries into Bristol Royal Infirmary and Harold Shipman called this into question: trust alone was no longer regarded a sufficient guarantee of fitness to practice, and calls were made from both within and outside the profession for trust to be underpinned by objective assurance. The name given to the proposed policy intervention that would guarantee objective assurance was Revalidation.

The General Medical Council had already undertaken work on its disciplinary procedures and Revalidation, when Sir Liam Donaldson, Chief Medical Officer for England, was asked in 2008 to undertake a broad review of medical regulation. His second report *Medical Revalidation – Principles and Next Steps* (2008) asserted that Revalidation had three main aims:

- To confirm that licensed doctor's practice in accordance with the General Medical Council generic standards (relicensing).
- For doctors on the specialist register and General practitioners (GP) register, to confirm that they meet the standards appropriate for their specialty (recertification).
- To identify those who require further investigation and remediation, poor practice where local systems are not robust enough to do this or do not exist.

Revalidation: A change in continuing professional development?

If Revalidation is now to become a meaningful activity, it is vital to arrive at a clear consensus on its definition, objectives and processes. It is important to gain a clear understanding of the conflicting discourses that may be identified between individuals, organizations, past documentation and contemporaneous spoken intentions. An understanding of why such contention surrounds Revalidation may help us in developing a shared vision that is workable for all parties. For example, in order to implement a reliable Revalidation strategy, we must reach some consensus on the definition and operationalisation of those key aims of patient safety and quality of care. If we can identify which conceptions, attitudes and practices provoke controversy, we may be better able to work *with them* in developing a more consensual understanding.

Remarkably, only five years ago, hospital specialists were under no formal obligation to record participation in Continuing Medical Education (CME). No one seriously doubted that such education took place, but the system had never been challenged. In recent years, and with apparently ever increasing pace, all this is changing. Traditional, didactic, lecture based teaching of undergraduates is slowly vanishing from many undergraduate curricula. Postgraduate hospital training has been brought into line with Europe so that, within 7 years of full registration, it is theoretically possible to become a consultant. Revalidation itself will happen once every five years, but doctors will need to complete an appraisal every

year to support the revalidation decision of their responsible officer. A good appraisal will not only assure appraisers and responsible officers that doctors are fit to revalidate, it will also allow doctors to review their professional performance, identify their personal development needs, and work towards their career aspirations. The Royal Colleges were charged with developing and monitoring a structured system of Continuing Medical Education and chose to use the "points" system of which there was experience elsewhere. As a meaningful educational exercise which impacted favorably on patient care the points system was impossible to defend vigorously, and was ignored by an important minority. More recently still, our entire profession has been exposed to regular and fundamental criticism. There was a real risk that we would lose the right to self regulation. The General Medical Council has now announced that every doctor will be required to undergo a process of appraisal that will lead to revalidation, allowing the doctor to remain on the national register. The preparation and process for appraisal will vary slightly for different groups of doctors. Hospital consultants and staff, associate specialist, and specialty doctors will be appraised by another consultant or by their respective clinical directors and, in most cases, will be revalidated by a responsible officer at their employing trust. GP [general practitioner] similarly will be appraised by a peer, although they will be revalidated by a responsible officer in the local area teams of the National Health Service (NHS), Commissioning Board. When the date for revalidation approaches, a responsible officer will review the information from the doctor's annual appraisal, along with clinical governance information from the doctor's employing organization, to decide whether the doctor should be revalidated. Most doctors will be recommended for revalidation and the General Medical Council (GMC) will continue their license to practice. If annual appraisals are being done effectively, this revalidation process itself should sail by without a hitch [2].

While it is possible react to these changes with a combination of resentment and paranoia, the profession should grasp this opportunity for change. There seems to be a definite divide between those who are not fazed by it and those who resent it: age. Younger general practitioners, who have recently finished their training, see revalidation as glorified appraisal, something they have been doing since at least their vocational training scheme started and something today's medical students do, rightly, from the moment they start training. The sensible introduction of personal portfolios should allow us to maintain and improve standards of care, and allow us to demonstrate these standards to our peers, our employers and our patients. The other fear is that revalidation will be used to remediate locums. A hard group to regulate, and potentially the easiest group to target, it gives the government an opportunity to demonstrate they have teeth and aren't afraid to use them in defending patients against bad doctors, in a group where disruption will not really have much impact on the day to day running of primary care.

The constant stream of advances in treatment means that medicine in the 21st century is vastly complex. At the same time, patients' needs and expectations are increasing. In an age of choice, and transparency about services, patients rightly want and need to know that they are getting the best care possible. This means that the role of the General Medical Council (GMC) as a medical regulator (to reassure patients that the care and treatment they receive is of high quality and safe) is tougher than ever before. Our core guidance is *Good Medical*

Practice [3], which also influences medical standards in 14 other countries around the world including the USA, New Zealand, Portugal, South Africa, India, Japan and the United Arab Emirates. It was clear that simply maintaining the medical register did not go far enough. That is why at the end of 2012 the General Medical Council introduced revalidation, a groundbreaking system that puts the UK at the forefront of ensuring that medical practice is of a high quality, that doctors are supported in their professional development and, most importantly, that patients can have confidence in the doctors they consult.

The General Medical Council guidance, *Good Medical Practice Framework for appraisal and revalidation*, highlights the key principles of good clinical practice that you should meet to be revalidated[4].The framework is divided into four domains: knowledge, skills, and performance; safety and quality; communication, partnership, and teamwork; and maintaining trust [5]. The GMC requires that doctors bring evidence of six types of activity at least once in each five year revalidation cycle:

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

Considering the scale of what is involved, it was inevitable that this was not going to be an overnight process. Progress is already promising, with almost 25,000 doctors revalidated in the first year [6], but we are only at the beginning of what is, effectively, the biggest change to medical regulation for 150 years, and the first system of its kind anywhere in the world. Revalidation has acted as a driver to ensure that employers and those who contract with doctors have robust systems of appraisal in place [7].

Revalidation recommendation

To have their revalidation recommendation made, doctors must have completed at least one appraisal within the five year revalidation cycle, signed off by them and their appraiser. This will then need to be approved by a responsible officer. The responsible officer will come from the designated body, the organization that is supporting the individual doctor with their appraisal and revalidation. All doctors should identify their designated body and their responsible officer. The General Medical Council knows the designated bodies for most licensed doctors on the medical register. The name of a doctor's designated body will be displayed in their General Medical Council online account.

The responsible officer at this designated body will then make a recommendation to the General Medical Council about whether a doctor should be revalidated. The officer can make one of three recommendations. They can:

- Make a positive recommendation that the doctor is up to date, fit to practice, and should be revalidated.
- Request a deferral because they need more information to make a recommendation about the doctor. This might happen if the doctor has taken a break from practice.
- Notify the General Medical Council that the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation.

Doctors who do not engage with appraisal and revalidation may have their license to practice revoked.

The General Medical Council (GMC) model has met with some criticism. According to a January 2014 article in trade paper Pulse, as of January 2014 only 23 of 8,000 GPs had concerns flagged about them as part of revalidation, leading some to question whether revalidation has been as effective as might have been hoped. In addition, a

January 2014 survey of over 5,000 hospital doctors and General practitioners showed that 53% of those surveyed queried whether revalidation would help identify and deal with doctors who are not fit to practice. In response, the Chief Executive of the General Medical Council (GMC) told Channel 4 News:

"[Revalidation] is not a panacea, but a contribution to patient safety and we will develop the model over time. We recognize that it is a work in progress and we are already working to evaluate its impact. We will listen and learn from the experience of those who are going through the process."

Matters such as the context of a registrant's practice, whether they are employed by the National Health Service (NHS) or are independent and the degree of risk should rightly influence the revalidation model. The National Medical Council (NMC) is currently consulting on its own revalidation model and hopes to introduce this from 2015.

Revalidation and Good medical practice- An Indian prospective

The directives of the Medical Council sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action[8]. Revalidation is the process by which doctors will have to demonstrate to the Medical Council that they are up to date and fit to practice and that they are complying with the relevant professional standards [9]. Revalidation has two elements: relicensing and recertification.

The purpose of recertification is to show that practicing doctors who undertake specialist practice continue to meet the particular standards that apply to their medical specialty or area of practice [10]. Basic knowledge and skills, while fundamentally important, will not be enough on their own. As undergraduate and postgraduate education may be insufficient to ensure lifelong physicians' competencies, it is essential to remedy gaps in skills, and to enable professionals to respond to the challenges of rapidly growing knowledge and technologies, changing health needs and the social, political and economic factors in the practice of medicine. Continuing professional development (CPD) is the basic process to identify gaps in professional's development and help them fill these gaps. This is a continuous process of acquiring new knowledge and skills throughout one's professional life. In contrast to continuing medical education (CME), which involves updating only *clinical* knowledge, Continuing professional development also embraces developing and improving a broad range of skills necessary for medical practice such as management skills, communication, teaching and learning skills, and knowledge of information technology [11]. Continuing Medical Education (CME) depends highly upon learner motivation and self-directed learning skills [12].

Conclusion

We recognize that financial and time constraints weigh heavily throughout the health system, but revalidation is an investment that will benefit both patients and doctors themselves in the long term. We are also, in effect, only requiring the health system to do what it should have been doing for many years, and what most patients I have spoken to believed was already happening. Over the coming months and years we believe we will see tangible evidence of further improvement, including changes that will benefit patients, underpinning their trust in the medical profession, and changes that will benefit doctors, helping them to improve the quality of their practice.

Conflict of interest: None declared.

Source of Funding: None

References

1. Buckley G. Revalidation is the answer. *BMJ* 1999; **319:** 1145-6
2. NHS Revalidation Support Team. Medical appraisal guide: A guide to medical appraisal for revalidation in England. March 2012. www.revalidationsupport.nhs.uk/CubeCore/.uploads/documents/pdf/MAGmodelappraisalformv3.pdf.
3. General Medical Council. Guidance for Doctors: Good Medical Practice. Available at: <www.gmc-.org/static/documents/content/gmp_0910.pdf >; 2013.
4. Conlon M. Appraisal: the catalyst of personal development. *BMJ* 2003:327:389-91.
5. General Medical Council. The *Good Medical Practice* framework for appraisal and revalidation. March 2011. www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf.
6. GMC Press. 25,000 doctors have their licences renewed in first year of checks. Press release. Available at: <http://www.gmc-uk.org/ news/23578.asp>; 2013 [accessed 03.12.13].
7. NHS Revalidation Support Team. Majority of organisations ready for revalidation. Press release, 15 August 2012. Available at: <http://www.revalidationsupport.nhs.uk/news_media/newsarticle.php?id=19>.
8. Medical Council of India. [last accessed on 2010 Jan 3]. Available from: http://www.mciindia.org/know/rules/ethics.htm.
9. General Medical Council (UK) [last accessed on 2010 Jan 2]. Available from: http://www.gmc-uk.org/doctors/licensing/revalidation.asp.
10. Medical Council of India. [Last accessed on 2010 Jan 3]. Available from: http://www.mciindia.org/meetings/GB/2008/MNGB%2013.11.2008%20(Part-2).pdf.
11. Northern Ireland Medical and Dental Training agency. [Last accessed on 2010 Jan 2]. Available from: http://www.nimdta.gov.uk/generalpractice/professional-development/what_is_cpd/
12. Wojtczak A. Glossary of Medical Education Terms. 2002. [last cited on 2002, last accessed on 2010 Jan 3]. Available from: http://www.iime.org/glossary.htm,