Revalidation Guidance for Educational/Clinical Supervisors

Revalidation for doctors in training will be administered through the ARCP and RITA processes.

It is the intention of the GMC that this should not impose a large amount of additional work, to either the doctor in training, or the ARCP panel.

The 3 main pieces of evidence that will be used are:

- Enhanced Form R – has been extended to form a self-declaration from the doctor in training
- New educational supervisor’s report – includes a question as to whether the educational supervisor has any concerns about the doctor’s fitness to practise.
- Trust Exit Reports – these are new and designed solely to aid revalidation for doctors in training. Each Trust will complete a report with details of any significant events that have involved trainees over a 6 month period. This will be passed to the head of school, and programme manager, once it has been received and processed by the revalidation team.

It is envisaged that the vast majority of doctors in training will have no problems with revalidation and that it will simply be a case of ensuring that the correct paperwork is documented in preparation for their eventual recommendation by the Postgraduate Dean, as Responsible Officer for doctors in training.

The role of the educational/clinical supervisor in revalidation

As an educational or clinical supervisor you will need to continue to meet with your doctor in training, complete assessments, and conduct initial, midpoint, and final reviews with them during their time in post as appropriate. This remains unchanged from the work that you already do for doctors in training.

Supervisor Reports

Each specialty training programme has its own form of supervisors report and this will continue. The new development to support revalidation is the addition of two new questions:

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<th>Details of concerns/investigations:</th>
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<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>
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<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>
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Comments, if any:
The section below is only applicable for the Clinical/Educational Supervisor of a GP trainee in a primary care placement:

If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report and notify the Deanery

These questions are asked with the expectation that you will answer them based upon your experience of working directly with the doctor or based upon reports/feedback that you have received concerning the doctor.
It is not expected that you should be undertaking additional investigation of those doctors for whom you are educationally responsible.

Revalidation for doctors in training, as for qualified Consultants and GPs, is the responsibility of the individual and doctors in training should be actively demonstrating that they have responded to/reflect upon any incident that may fall under the above categories.

**Significant Events**

All doctors in training in Wessex have been advised that they should engage in reflective practise for any event for which they have been asked to submit a report to the Trust or feel are covered by the GMC definition of significant events. Whilst it will not transpire that all of these events will be serious or significant they will form powerful learning tools and ensure that nothing relevant is missed for revalidation.

It is not possible to define the number or nature of significant events that would give rise to concern as they should all be reviewed on a case by case basis, and there are specialties where the likelihood of being involved in such an event is significantly higher than others with no implication towards the fitness to practise of anyone involved.

Each School or Specialty Training Committee should agree some basic guidance for ARCP/RITA panels and DMEs regarding the nature of significant events within their specialty that require routine reporting and examples of when revalidation issues would become a concern.

**Scope of Practise**

It is the TPD and ARCP panel’s responsibility to ensure that doctors in training are not working excessively outside of their programme. The HoS/TPD should be aware of any outside commitments which constitute more than additional locum shifts, within the Trust in which they work.

The panel is also responsible for ensuring that the doctor in training has completed the “reflection on extra work outside of training” form and had it counter signed by their direct supervisor, which should match the information recorded on the enhanced Form R.

It is not envisaged that this form should be completed for doctors in training undertaking additional shifts within their own specialty and in their “home” Trust. The TPD in the specialty should give advice upon what work is appropriate to exclude the need to complete a form. Any queries can be directed to the Revalidation Team.

For those trainees how have been out of programme during the review period of the ARCP it is important to ensure that they have collected suitable evidence to support revalidation. Further guidance is available.
from the Wessex website and should be flagged to any trainee due to go out of programme: 

Documentation for Revalidation

Blank copies of all forms can be downloaded from the Wessex Deanery website: 
http://www.wessexdeanery.nhs.uk/trainee_revalidation/documentation.aspx however it is envisaged that College ePortfolio systems will be updated to include the additional questions required in clinical/educational supervisors' reports.