The key changes between the fourth and fifth editions of RCGP revalidation guide

Changes to this version of the guide reflect the need for streamlining and simplification as identified in the GMC’s 2010 consultation. GPs should therefore take note of the following:

The 13 areas of supporting information in the last version of the guide have been rearranged to bring them in line with a common structure agreed by the AoMRC. The supporting information is now sorted under four areas:

- general information
- feedback
- quality of practice
- education

The precise requirements for supporting information have been changed in the following ways to place the RCGP in line with other Colleges:

- the RCGP now requests one colleague survey rather than two in the full 5-year revalidation cycle
- the RCGP now requests one patient survey (PSQ) rather than two in the full 5-year revalidation cycle
- the RCGP now requests one audit (complete cycle) rather than two in the full 5-year revalidation cycle
- the RCGP now requests ten significant event audits in the full 5-year revalidation cycle

<table>
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<th>Generic heading</th>
<th>Supporting information</th>
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| General information   | Personal details & description of practice  
                          Contextual details  
                          Participation in annual appraisal, PDP & review of PDP  
                          Statement of probity and health |
| Feedback on practice  | Colleague survey  
                          Patient survey  
                          Review of complaints  
                          Compliments |
| Quality of practice   | Significant Events audits  
                          Clinical auditing  
                          Extended practice |
| Education             | Learning credits |

Current Proposal for Data Set Required for Revalidation

Appraisal documentation and supporting information from April 2009 onwards may be submitted to the Responsible Officer, but this is not essential. Formal collection of evidence as outlined below will start on 1/4/12. Early adopters who have previously undergone strengthened medical appraisal will be able to volunteer for revalidation from April 2012. For all other GPs, the first revalidations will start in April 2013. The Responsible Officer will also have access to clinical governance & performance data. Based on all this information, the Responsible Officer will make a recommendation for revalidation.

PDPs- generally 3 to 5 “SMART” goals should be agreed & generally a minimum of 2 out of 3 of the targets will need to be met for satisfactory completion of the appraisal, with an explanation of why any goals have not been achieved.

Clinical Care

- 10 significant event audits in the 5 year cycle. The GP must be directly involved and the event must demonstrate areas for improvement, reflection and implementation of change. The GP must be directly involved in the implementation of the change. Use of a reflective template (e.g. SRT on the appraisal toolkit) is to be encouraged
- These significant events need to be formally shared with the primary care team or a group of peers. This is a significant challenge for those who do not have links to specific practices & appraisees will need to consider joining groups such as sessional GP groups or OOH groups
1 completed audit CYCLE i.e. perform audit, and re-audit to demonstrate improvement. The doctor needs to be significantly involved in directing & reflecting upon the audit (but not data collection). An alternative is a “Quality Improvement Project” e.g. a change in service delivery instead of a second audit. There may be other methods to demonstrate good practice available to locum doctors, OOH doctors and other special groups.

**Good Medical Practice**
- 50 CPD credits are required each year. Credits can be claimed for all sorts of learning e.g. reading, courses, PUNS & DENS, professional discussions etc
- 1 credit=1 hour of learning. Recording of the learning on an Excel spreadsheet/Word document is to be encouraged
- Credits can be doubled if the learning leads to documented significant changes in practice
- The documented reflection on personal learning is an essential aspect to achieving these credits

**Patients**
- Result of 1 patients’ survey, with reflection. (Must be 1 within the first 3 years of the revalidation cycle and relate to the INDIVIDUAL practice of the appraisee. If over a year ago, a record of subsequent action must be included)
- Reflection on all complaints or declaration of no complaints
- Currently, there is no agreed format for the patients’ survey-so you may want to delay until it is available

**Colleagues**
- Result of 1 Multi Source Feedback, with reflection. (Must be 1 within the first 3 years of the 5 year revalidation cycle. If over a year ago a record of subsequent action must be included)
- Currently, there is no agreed format for the MSF & it is suggested this is not undertaken until this becomes available

**Teaching/Research/Management/GPwSIs**
- Declaration of Professional Roles
- Performance management evidence will be needed in each role e.g. appraisal in that role, training undertaken & qualifications
- Evidence that you are qualified to undertake this role and are up to date and can demonstrate that you are fit to practice in this role

**Probity**
- Standard probity declaration
- Has medical indemnity insurance
- Need to be registered with a GP from another practice
- Self declaration regarding any performance procedures by PCT, GMC, National Clinical Assessment Service, criminal proceedings

**Health**
- Self declaration

**Wessex Deanery Appraisal and Revalidation Service and**
**Wessex Deanery Appraisal and Revalidation Service - Resources and Information** (This includes all templates)
- [www.appraisalsupport.nhs.uk](http://www.appraisalsupport.nhs.uk)  Put RST into the search box, or Google Leicester Statement
- [www.rcgp.org.uk](http://www.rcgp.org.uk)  Practising as a GP CPD
- [www.wessexlmcs.com](http://www.wessexlmcs.com)  A Practical Guide to Revalidation