Trainee Revalidation

What it will mean for you

July 2012 Issue 2

What is revalidation?

Revalidation is the process by which doctors will demonstrate to the GMC that they are up to date, fit to practise and complying with the relevant professional standards.

Revalidation—The State of Play

Since the last issue of “Trainee Revalidation” the Wessex Revalidation Team have been involved in moving forward with the implementation project. The team have been involved in finalising the forms and paperwork that will accompany the revalidation process at both a national and local level. Unfortunately there will be more paperwork involved in your ARCP but we’re doing our best to keep it to an absolutely minimum.

Wessex Deanery Website

The Wessex Deanery website, [http://www.wessexdeanery.nhs.uk/trainee_revalidation.aspx](http://www.wessexdeanery.nhs.uk/trainee_revalidation.aspx) has been updated with all the current Revalidation information for junior doctors in training. This is obviously an ongoing project and updates will continue. The website so far includes:

- Frequently Asked Questions—an easy reference for those questions that have quick answers! If you have any burning questions that you’d like answers to please email: revalidation@wessexdeanery.nhs.uk
- Process—this section includes all the process flow charts and details of what will happen and when during your training.
- Reflective Practice—this section gives details on what is meant by reflective practice and how you should document this
- Complaints, SUIs, and Capability Investigations—This section gives an over view of how information from your employer will be used to inform you revalidation
- Document Repository—This section will include all of the local newsletters, documents, and links to national publications
- ARCPs and RITAs—on this page we try to give you the relevant details of the relationship between the revalidation process and your annual review.

Key Facts

- ARCP—Junior doctors in training will revalidate via the ARCP process either at 5 years after Monday 3 December 2012 or at their CCT date.
- Responsible Officer—This is the clinician who is responsible for making a recommendation about you to the GMC, in this case, the Postgraduate Dean
- Designated Body—This is the body to which you “belong”, in this case the Deanery rather than your employer. They will provide information regarding your practise to the RO.
- Revalidation Support Team—or the RST, is a team working with the Department of Health that is monitoring and support the implementation of Revalidation
The process by which junior doctors in training will revalidate runs in tandem with the ARCP or RITA process. Every doctor will be required to revalidate at CCT/CESR-CP date and at 5 years post full registration with the GMC (FY2 for UK doctors) for longer training programmes.

It is a requirement for all doctors to maintain a “portfolio of evidence” to support revalidation at the 5 year/CCT date, for trainee doctors this will be formed of evidence supplied at your annual review.

**Forms**

Each year you will be required to complete the following forms for your ARCP/RITA and this will then form part of your revalidation portfolio:

- **Enhanced Form R** - this form includes several declarations regarding your immediate past year of clinical practise. You will be required to submit it prior to your ARCP for review by the panel.
- **Scope of Work** - This form has been developed by Wessex to encompass any clinical work that you may undertake outside of your training programme, this may include BASiCs or charity work
- **Reflective Practice** - One of the key aspects of revalidation is the reflections you make upon any events in your training that may be considered pertinent to your Fitness to Practise, you are required to reflect appropriately on each one of these events and any others that are of interest or consequence. This includes, but is not limited to, complaints, Serious Untoward Incidents, and capability investigations
- **Exit Reports** - Collective Exit Reports will be compiled for all trainees by the Trust in which they are, or have worked in the previous year in preparation for the ARCP, these reports will detail any clinical governance issues in which you have been involved whilst working in the Trust. If you have been involved in any issues the Trust will prepare an Exception Exit Report on the events and this will be reviewed by the panel.

**What to do Now**

The things you need to be doing immediately are relatively limited. You should already be undertaking reflective practice in your training but you will need to ensure that you engage in reflective practice for EVERY event relating to clinical governance. You will need to engage with your educational supervisor as part of this process. Reflective practice can take many forms but you will need to ensure it is recorded appropriately and available to your ARCP/RITA panel upon request.

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**Programme Directors Development Days**

Dr Simon Plint, Dr Rosie Lusznat, and Mr Mark Goodwin have recently facilitated two days for the Training Programme Directors (TPDs) which included a large component regarding revalidation. As revalidation will accompany the ARCP process the TPDs will play a big role in implementing the Revalidation Project.

We will also be meeting with the Heads of School, Directors of Medical Education, and Medical Directors which will include an update on Revalidation.

The Team will also be visiting each Trust to ensure that the processes and procedures are in place to support the revalidation of junior doctors in training.

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**The Revalidation Process**

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**GMC Connections**

The GMC National Training Survey has now closed and the responses are currently being collated.
Your response to the survey will be used by the GMC to determine and record your designated body.
If you did not take part in the survey or you have changed Deaneries since responding you will need to inform the GMC of your new RO. The GMC will contact you with details of how and when to do this.
Reflective Practice

Reflective Practice is the term used to describe systematic reflection and analysis on an event which has been significant in training (learning) or employment. The purpose of reflection is to learn from our experiences. Whilst there is a tendency within the revalidation process to link reflective practice to negative events this is by no means a full representation of the scope of use. Reflective practice can be equally used for situations where the outcome was optimal and for those that represented a departure from the desired outcome. Many specialties require reflective practice as part of the training curricula and all support the use of reflection as a means to retrospectively assess challenging situations.

When documenting reflection it is important to consider and record your responses to three key questions:

- What was my involvement? – It is important to assess how you were involved as this will impact your view on the event and implications to your own practice.
- What was done well? / What could have been done better? – Reflection can be both positive and negative and many events will include both aspects.

How will my reflection inform my practise and involvement in future similar events? – The key outcome of reflection should always be consideration of the future. The impact on future practise could be either positive (In the future I will...) or negative (In the future I will avoid...) or both.

Recording Reflections

The format by which you record reflection is not set in stone, your training programme may have guidelines which you should follow, but the important part is to reflect.

What you must ensure is that your reflective practice is available to demonstrate to your educational supervisor and/or ARCP panel in relation to Significant Events.

Some ePortfolio systems have areas for reflection and if yours has you should utilise the function. Some people find a “reflective” journal or diary useful whilst others find making notes immediately after an event and then setting aside time to fully reflect on it works for them.

You should discuss with your educational supervisor if you are having problems with reflective practice and they should be able to advise what is required within your training programme and suggest alternative ways to reflect.

The 2012 Wessex Deanery Notable Practice Awards are now open. We would like to invite nominations from all trainees and educators for the commendation of innovation or good practice in education as a Department, GP Practice or Programme. This year we are also allowing nominations relating to multi-professional notable practice.

The aim is to encourage good practice and to share this across the Deanery by having a summary of the nominations on the Wessex Deanery website, which all educators can then refer to. We will invite the best ideas to present at the 2013 Haven Educators Conference. Is there a department, GP practice or training programme who you think has developed an innovative approach or has demonstrated exceptional practice in medical education? If so, here is your chance to have these efforts recognised.

Details on how to nominate, criteria and an outline of the process are available on the Wessex Deanery website along with a nomination form – Please follow the link below to the Notable Practice Website Pages

Please note that the closing date for nominations is 30 September 2012.

If you have any queries please do not hesitate to contact Siobhan O’Donnell or Professor Mark Rickenbach on siobhan.odonnell@wessexdeanery.nhs.uk or mark.rickenbach@wessexdeanery.nhs.uk
National Milestones—Updated

This is the current expected timetable for implementation of revalidation:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid 2012</td>
<td>The results of the ORSAs contribute to the Secretary of State’s assessment of readiness for revalidation.</td>
</tr>
<tr>
<td>December 2012</td>
<td>‘Go live’ decision is made and revalidation legislation is enabled—sign off is made by the Secretary of State for Health and, whilst not guaranteed, is anticipated.</td>
</tr>
<tr>
<td>Late 2012/Early 2013</td>
<td>First revalidation recommendations are made and first doctors are revalidated—this will only be Responsible Officers and their deputies.</td>
</tr>
<tr>
<td>April 2013—March 2014</td>
<td>All doctors in training who have a CCT after this date will be revalidated at CCT.</td>
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<tr>
<td>April 2014—December 2017</td>
<td>All doctors in training from the ‘Go live’ will be expected to have revalidated by this point.</td>
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The implementation plans and timetables for revalidation are still being finalised and all updates will be published as they are agreed.

“Now that late 2012 has been set as the date of implementation, we look to the GMC to ensure that there are no further delays and that the current target date is achieved.”
Rt Hon Stephen Dorrell, Health Committee Revalidation of Doctors—Feb 2011

Who’s who

Alethea Peters
Alethea, who has helped Mark set up the trainee revalidation process at Wessex, will be leaving the team as of Friday 27th July. She will be joining the NHS Management Training Scheme.
She will be replaced by Ben Fleat, who has previously worked on Specialty Recruitment and with the School of Emergency Medicine please contact Ben with any queries:

ben.fleat@wessexdeanery.nhs.uk

Mr Mark Goodwin
As the Associate Dean for Revalidation, Mark is leading on implementing trainee revalidation at the Deanery.

Dr Simon Plint
As the Postgraduate Dean, Simon is the Responsible Officer (RO) for all trainees in Wessex.

Useful Links

GMC Website: http://www.gmc-uk.org/doctors/12383.asp
RST Website: http://www.revalidationsupport.nhs.uk/index.php
Deanery Website: http://www.wessexdeanery.nhs.uk/trainee_revalidation.aspx