

## Appraisal for Revalidation

### Frequently Asked Questions

*This resource has been created using feedback from the Ipswich and East Suffolk CCG's Development Workshop held on the 24<sup>th</sup> April 2013 and hosted by Dr Simon Rudland of Stow Health Medical Practice and appraisal lead for Suffolk.*

Revalidation officially started on 3 December 2012. This is the date that regulations that the General Medical Council need to begin revalidating doctors came into force. Last December, the GMC started to tell doctors when they will revalidate for the first time. They have set your date by working with your responsible officer, who has told the GMC when they expect you will be ready for revalidation over the next few years. Your first revalidation will be sometime between April 2013 and March 2016.

Further information can be found on the [GMC website](#)

#### **How can I find out when my date for revalidation is?**

You can easily find out the date of your revalidation by logging on to the GMC website. If you don't have an account, you can easily set one up; an easy how to guide can be found [here](#)

#### **Revalidation is every 5 years; what if I have not been a fully licensed GP for 5 years?**

When preparing for revalidation, you will have regular appraisals where you can use your previous experience when in training. However, reflection and feedback will need to be appropriate to your current role.

#### **How often do we need to collect personal feedback from patients?**

Every 5 years is adequate, unless the feedback identifies a problem, then feedback will need to be repeated once you have implemented some changes.

#### **Are we able to carry over credits?**

You need to generate 50 credits in each appraisal year. Only in special circumstances can you carry credits over to the next year e.g. if on maternity leave.

#### **What is the difference between a Significant Audit Event and a Structured Case Review?**

These are the same thing.

#### **How can I evidence quality improvement activity?**

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. Quality improvement activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action, and where possible, demonstrate an outcome or change. As you can see from the list below, they don't just need to be an audit.

Quality improvement activities could take many forms depending on the role you undertake and the work that you do. If you work in a non-clinical environment, you should participate in quality improvement activities relevant to your work. Examples of quality improvement activities include:

(i) **Clinical audit** – evidence of effective participation in clinical audit or an equivalent quality improvement exercise that measures the care with which an individual doctor has been directly involved.

(ii) **Review of clinical outcomes** – where robust, attributable and validated data are available. This could include morbidity and mortality statistics or complication rates where these are routinely recorded for local or national reports.

(iii) **Case review or discussion** – a documented account of interesting or challenging cases that a doctor has discussed with a peer, another specialist or within a multi-disciplinary team.

(iv) **Audit and monitor** the effectiveness of a teaching programme.

(v) **Evaluate the impact** and effectiveness of a piece of health policy or management practice.

### **How many hours of reading is appropriate for appraisal?**

There is no set number of hours for reading, your portfolio over a five year period needs to be balanced and reflect the full scope of your clinical practice. Your appraiser will advise you.

### **As a locum, how can I effectively collect enough evidence to support my appraisal and revalidation?**

There are a number of ways that locums can collate evidence for their appraisal and revalidation. The key is to be systematic and capture learning as you go. Use technology as often as you can to capture information, such as using apps on your smartphone, using a network drive or online programmes such as Dropbox, Evernote, Osmosis and RCGP eportfolio – ask your colleagues what works best for them. Keep track of your own referrals or ask an administrator in your practice to do this for you.