The Keep it Simple Revalidation Guide

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KEEP IT SIMPLE
Revalidation – Keep it Simple...

Revalidation finally started on 3rd December 2012. Initially only Responsible Officers will be revalidated, then from April 2013 – 2014 20% of all doctors will undergo the process. But don’t worry, it should not make your heart sink! A lot of guides, papers, action-packs and toolkits out there are making it seem much more complicated and onerous than it actually is, or that ‘force-feed’ you to do things you may not want or need to. It should be a simple process, adapted to your needs, and is about recognising and encouraging the good practice we already demonstrate at each appraisal. We believe that GPs are busy enough coping with the demands of clinical work, so to make revalidation a successful process we need to keep it simple, enjoyable and clinically relevant. And you should be the one who chooses what is relevant to you and your patients.

The NB Revalidation Guide is here to help guide you through this simple process. To help you maximise what you get out as time-efficiently as possible, in our Revalidation Guide you will find:

- 5 year Revalidation Checklist
- CPD Framework
- Significant Event Framework
- Audit Framework
- Complaints/Compliments

And of course, hundreds of ideas for all of the above in the NB Practice Points found throughout the Hot Topics booklet.

All of these resources can be downloaded from [www.nbmedical.com](http://www.nbmedical.com), and then uploaded into your on-line appraisal folders.

**The Fundamentals**

Revalidation is a 5 year review process for every doctor. It will be essential for continuing to be licensed to practice by the General Medical Council. Revalidation simply links annual appraisals with the license to practice from the GMC.

Every 5 years we will have to submit a portfolio for assessment to our local CCG’s Responsible Officer (of whom you should now have details) who can then make a ‘recommendation of fitness to practice’.

Every 5 year Revalidation cycle our portfolio will need to demonstrate:

- **5 appraisals** with PDPs, including supporting information consisting of a minimum of:
  - **250 Continuing Professional Development (CPD) credits** (50 credits/annum)
  - **10 significant event audits** (which may simply be a case review demonstrating reflection and change) including any actual ‘significant events’
  - **1 clinical audit** – audit, change in practice then re-audit
  - **1 colleague multi-source feedback questionnaire**
  - **1 patient feedback questionnaire**
  - All complaints should be reflected on (as should compliments)
CPD Credits

This is the main area people get concerned, simply due to the amount required. However, a minimum of 50 credits can easily be achieved in a year. **So, what is a credit?**

- **1 CPD credit** = 1 hour of educational activity including planning and reflection

  This can be courses, online modules, reading, audit, case reviews, journal club, etc. They should be balanced across a range of learning activities

- **Doubled if demonstrates ‘IMPACT’**

- **Credits are self-assessed and validated by your appraiser**

- **GPs generally underestimate how many credits they should earn for their work**

- **Credits should cover all professional activities and recommendations from your PDP**

  This includes clinical, management and teaching roles and if you have an area of special interest this should also be included

Key to making this 50 credit target easy is gaining IMPACT from your learning, which doubles the number of credits. So, if you have 25 hours of CPD, and they all have IMPACT, you will have already reached your minimum 50 credits for the year.

You can demonstrate this by reflective writing, case reviews, audits, introducing new practice initiatives, protocols etc. around your CPD topic.

So, simply by coming on the Hot Topics course you will earn 6 CPD credits. **But you can then claim additional credits for any subsequent work that you do, and these will be doubled if they have an impact.** The course book is stuffed full of ideas for you to choose from. For example, you highlight improving end of life care as a major area for your PDP for the year ahead and subsequently do 7 hours work of reading the topic, looking at the resources, doing an audit, preparing a presentation, and devise a new practice policy/guideline. All of this has impact, so the credits claimed will double to 14.

To make it even easier use our CPD template. You can either print these out before any reading/practice meetings/courses you attend to document learning as you go along, or even better complete them electronically and then upload them into your appraisal folder.

**IMPACT is straightforward. If you can demonstrate that your CPD will have a positive effect on patients, service or other people (such as through teaching) then it has IMPACT**
Other Supporting Evidence

Included are templates for reflecting on case reviews, audits and complaints and compliments as well as CPD.

Currently, there is no standardised format for multi-source feedback or patient questionnaires. These may be locally determined and commissioned by CCG’s.

The GMC has their own questionnaires for free download, but you should not collate the results yourself – this could be a member of your practice with experience in providing feedback, or the whole process can be done through private companies – the RCGP has a recommended list.

And what system will we have to use for our appraisals? We will all be familiar with the NHS Appraisal Toolkit, recently updated by Clarity. The RCGP have also produced their own online Revalidation ePortfolio. In the end, which we use will also be locally determined by our CCG’s.

Sessional GPs

Revalidation can seem particularly challenging for sessional GPs lacking a regular base. But think outside the box a little and it can still be easy. It’s just sometimes an alternative approach is required: consider prospective audits such as on antibiotic prescribing or acute referrals, and join a local peer group for discussion of significant events. Even participation in an online peer group can be considered.

So for all the GPs out there, now that you have all the tools for revalidation you’ll find it simple.
This checklist can be used as an aide memoir to your progress in achieving the minimum required supporting information each 5 cycle revalidation cycle. Tick off the boxes as you complete a piece of work.

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<tr>
<th>No. Achieved</th>
<th>CPD Description (50/year, 250/cycle)</th>
<th>Case Review (10/cycle)</th>
<th>Appraisal (5/cycle)</th>
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# The Keep it Simple Revalidation Guide 2013

## 5 Year Revalidation Cycle Checklist

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CPD Framework

Learning Subject: ...........................................................

Date learned: ...........................................................

Where have you learned this? (Hot Topics course, practice meeting, online module, etc)

What are the learning points?

Why is this relevant to your practice? (Is this in your PDP? Is this a weak area for you/your practice?)

How will this IMPACT your practice? (e.g. improve patient care through implementation of new guidance, increase workplace satisfaction with new service, educate others through teaching)

What further learning needs have you identified, if any?

How long did this take you? (1 hour = 1 credit) ...........................................................

(Remember this is time taken to learn and reflect)

Does this provide IMPACT? (Doubles credits) YES/NO

TOTAL CPD CREDITS: ...........................................................

ANNUAL CPD RUNNING TOTAL: ...........................................................
Case Review/Significant Event Audit Framework

Case Review Subject: 

Date of event: 

Date discussed with team: 

Discussed with whom? 

Why did you choose this case to review? *(Highlighted in PDP, area of perceived weakness, etc.)*

Why was this case interesting?

What was the outcome?

Reflect on what could have been done differently and/or what went well?

What IMPACT has this had on you and your practice? Any further learning needs identified?

How long did this take you? *(1 hour = 1 credit)*  

(Remember this is time taken learning + reflection)

Does this provide IMPACT? *(Doubles credits)*  YES/NO

TOTAL CPD CREDITS: 

ANNUAL CPD RUNNING TOTAL:
Audit Framework

Audit Subject: ........................................................................................................................................

Date of Audit: ................................................. Date of Re-audit: .................................................

Why have you chosen this audit? (What were the audit criteria and standards?)

What were the findings? (How did these compare to your set standards? Who were the findings discussed with?)

Has improvement been successful on re-audit?

What IMPACT or changes resulted from this audit?

Any further learning needs identified from this audit?

How long did this take you? (1 hour = 1 credit) ............................................................... (Remember this is time taken learning + reflection)

Does this provide IMPACT? (Doubles credits) .............................................. YES/NO

TOTAL CPD CREDITS: ...........................................................................................................

ANNUAL CPD RUNNING TOTAL: ..........................................................................................
Complaint/Compliment Framework

Complaint/Compliment: 

Date of complaint:  

Date discussed:  

What was the nature of the complaint or compliment?

What was your involvement?

What was the outcome?

Reflect on what could have been done differently and/or what went well?

What IMPACT has this had on your practice? Any further learning needs identified from this case?

How long did this take you? (1 hour = 1 credit) 

(1 hour = 1 credit) 

(Remember this is time taken learning + reflection)

Does this provide IMPACT? (Doubles credits)  

YES/NO

TOTAL CPD CREDITS: 

ANNUAL CPD RUNNING TOTAL: