



Medical Revalidation and Commercial Support for CPD

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REVALIDATION



Revalidation
pilots

Responsible
Officers
in place

Revalidation
consultation

Licence to Practise
introduced
16 November 2009

Licence to Practise



- Decide by 14th August
- Issued November 2009

http://www.gmc-uk.org/doctors/licensing/faq/faq_licence_to_practise.asp

What is revalidation?

- Revalidation is a set of procedures operated by the GMC to secure the evaluation of a medical practitioner's fitness to practise as a condition of continuing to hold a licence to practise.

(Adapted from the Medical Act 1983)

- To create public confidence that all licensed doctors are up to date and fit to practise.

(GMC, March 2005)

GMC and the rôle of the Colleges

- GMC Guidance on CPD, April 2004
 - CPD should cover all areas of professional practice
 - CPD should cover all aspects of “Good Medical Practice”
 - “Organisations”:
 - should advise on content and evidence
 - should confirm participation

GMC and the rôle of the Colleges

- GMC Guidance on CPD, April 2004
 - Appraisal ensures relevance of CPD through Personal Development Plan
 - Doctors must record enough CPD to meet appraisal and revalidation requirements
 - Public and patient involvement in planning, standard setting and monitoring of CPD



Last Updated: Thursday, 9 December 2004, 11:50 GMT

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Shipman report demands GMC reform

The General Medical Council is doing too little to protect patients, the latest report from the Shipman Inquiry has said.

The report criticises the GMC for "looking after its own" and recommends a radical shake-up in its structure.

The GMC says it is making wholesale changes, but the report said its reforms did not go far enough.

The inquiry was set up in 2001 after GP Harold Shipman's conviction in a bid to prevent such events occurring again.

Dame Janet Smith, who is chairing the inquiry, said that there should no longer be a majority of GMC members elected by doctors.

The 1,300-page report, the fifth the inquiry team has produced, makes over 100 recommendations.



Harold Shipman is believed to have killed at least 215 patients

MAIN RECOMMENDATIONS

- ◆ Change GMC structure to remove medical majority
- ◆ The GMC to no longer have sole responsibility for assessing doctors' fitness to practise
- ◆ The GMC to be directly accountable to Parliament
- ◆ Improvements to the way doctors' performance is assessed

BBC NEWS:VIDEO AND AUDIO

[Inquiry suggests measures to protect patients](#)

 [VIDEO](#)

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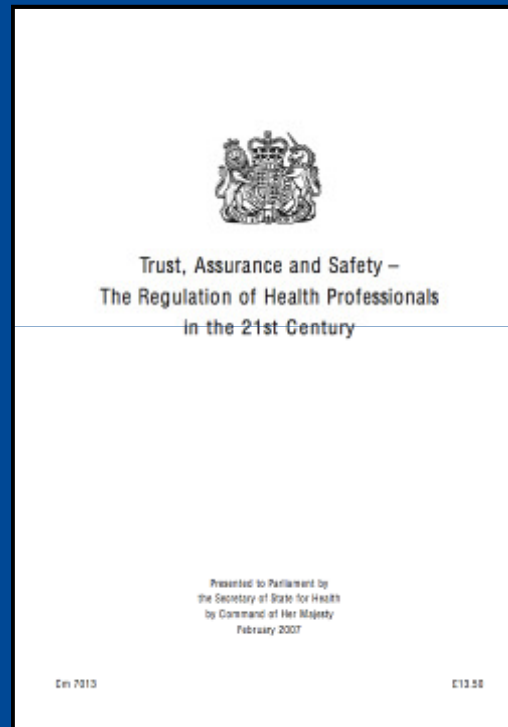
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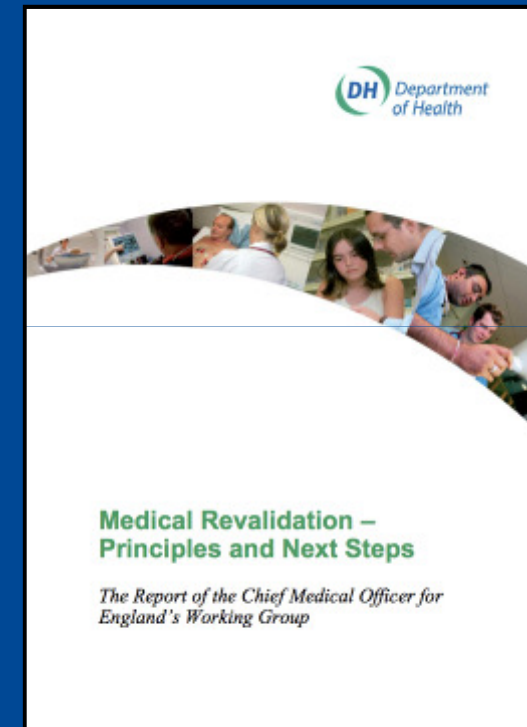
Evolution of the reform of medical regulation



July 2006



February 2007



July 2008

'Trust, Assurance and Safety'

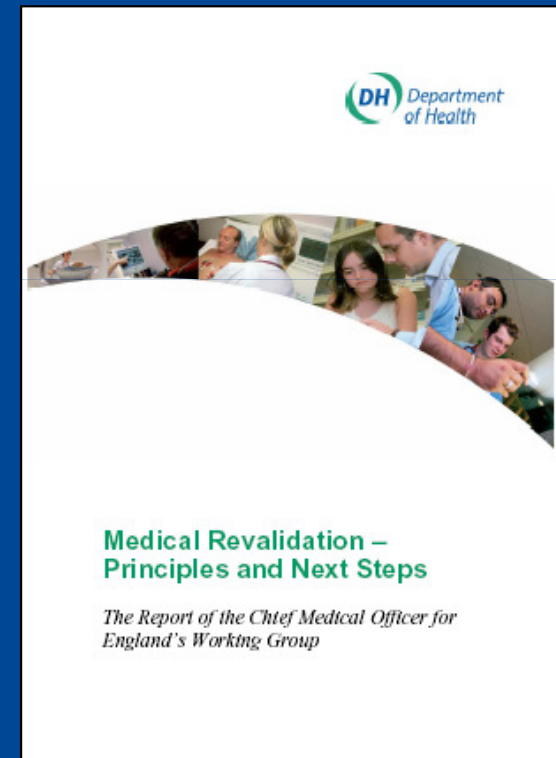
- Revalidation has two components:
 - Relicensure
 - Specialist recertification
- One process – two outcomes
- Appraisal to be revised and strengthened
- GMP translated into a framework for appraisal and assessment

Relicensure (generalist skills)

- Multi-source feedback
- Patient questionnaires
- Complaints – reflection and learning
- Clinical incidents – reflection and learning
- 5 satisfactory annual appraisals
- Successful specialist recertification

Recertification (specialist skills)

- *“Recertification will be based on standards for specialist practice set by the medical Royal Colleges.....”*
- *“The evidence that doctors are meeting those standards will need to be drawn, primarily, from their actual practice”.*



Recertification (specialist skills)

- *“Appraisal will continue to provide a predominantly formative facility, with the **core module** providing the evidence of fitness to practice required for revalidation”*
- *“Relicensure and recertification should form **intertwined strands of a single process**”.*
- *“Important to **avoid a single high stakes test** and ensure . . . a wider assessment of practice over the five-year period”*

3 aims of revalidation

- To confirm that licensed doctors practise in accordance with the GMC's generic standards (relicensure)
- For doctors on the GP register and specialist register to confirm that they meet the standards appropriate to their speciality or general practice (recertification)

3 aims of revalidation – 2008

- To identify, for further investigation and remediation, poor practice where local practice is not robust enough to do this or does not exist

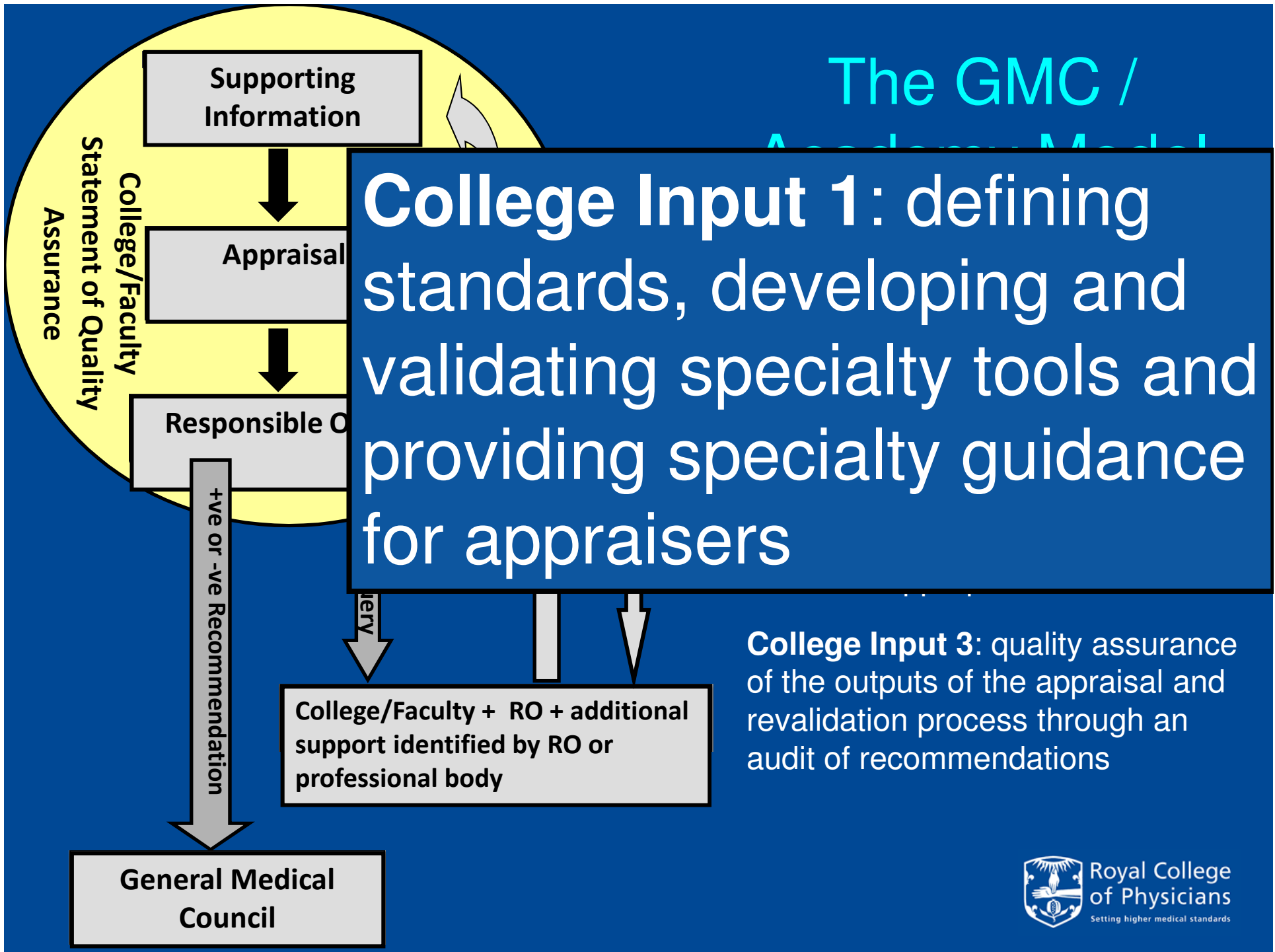
Revalidation = Relicensure + Specialist Recertification.

The GMC /

Appraisal Model

College Input 1: defining standards, developing and validating specialty tools and providing specialty guidance for appraisers

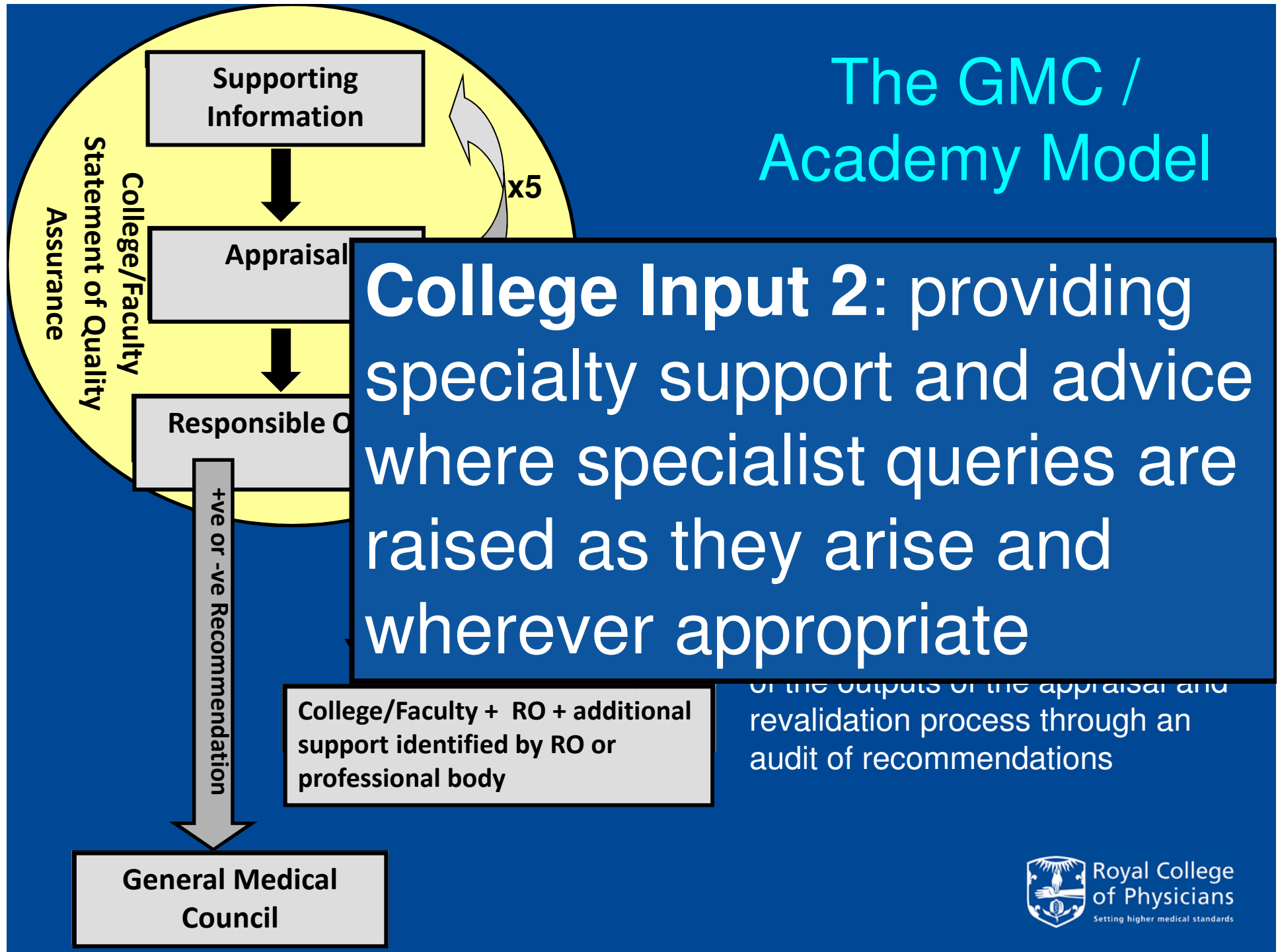
College Input 3: quality assurance of the outputs of the appraisal and revalidation process through an audit of recommendations



The GMC / Academy Model

College Input 2: providing specialty support and advice where specialist queries are raised as they arise and wherever appropriate

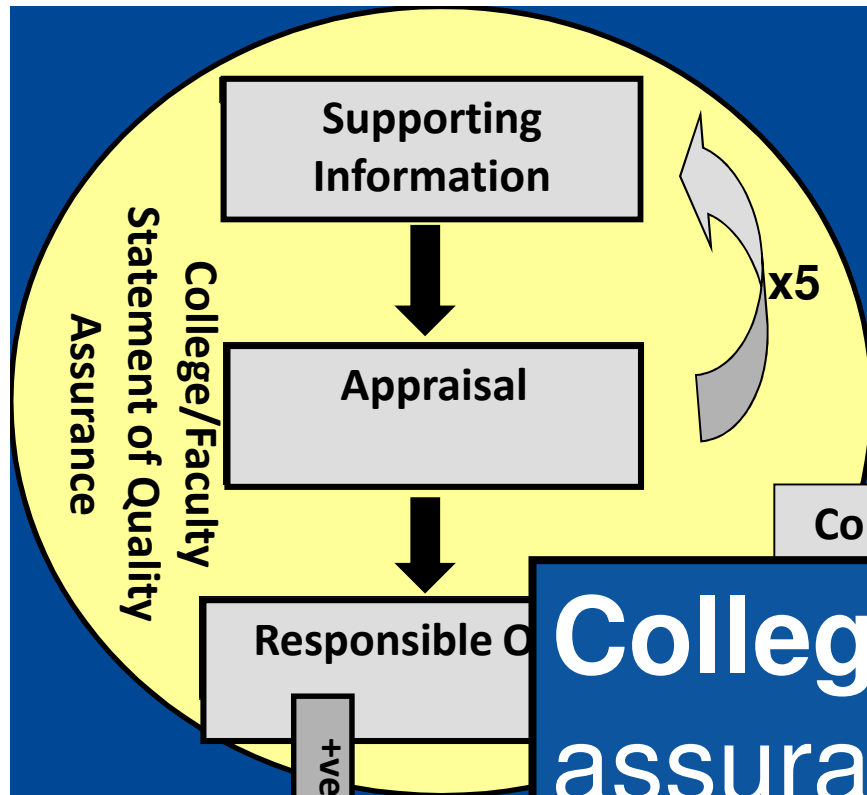
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The GMC / Academy Model

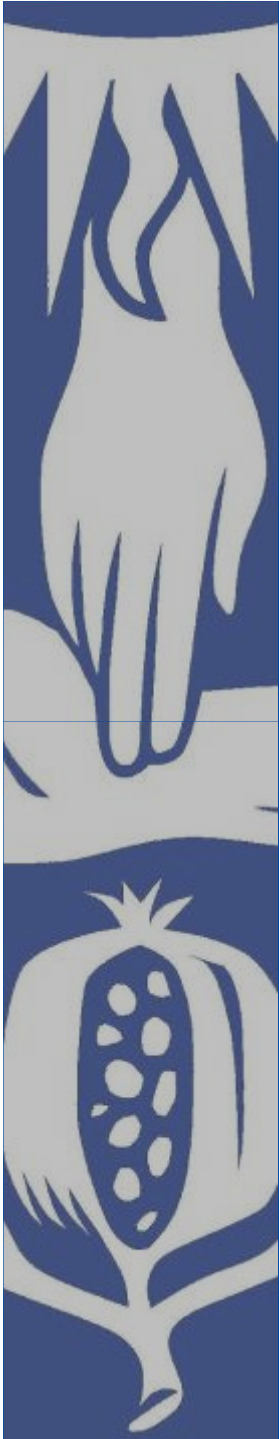
College Input 1: defining standards, developing and validating specialty tools and providing specialty

College Input 3: quality assurance of the outputs of the appraisal and revalidation process through an audit of recommendations



General Medical Council

Appraisal



The GMC's Revised Framework

1. Knowledge, skills and performance

- Maintain your professional performance
- Apply knowledge and experience to practice
- Keep clear, accurate and legible records

2. Safety and quality

- Put into effect systems to protect patients and improve care
- Respond to risks to safety
- Protect patients and colleagues from any risks posed by your health

The GMC's Revised Framework

3. Communication, partnership and teamwork

- Communicate effectively
- Work constructively with colleagues and delegate effectively
- Establish and maintain partnerships with patients

4. Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

Academy Nine Categories of Supporting Information for Appraisal

- Peer feedback
- Patient feedback
- Training
- Development
- Clinical Governance
- Audit
- Clinical Practice
- Practice Review
- Professionalism

Revalidation for Physicians

- An unrestricted license to practice
- Regular, satisfactory, annual appraisal
- Meets requirements of GMC's Framework
- MSF and Patient Survey
- Review of incidents + validated complaints
- CPD related to professional practice
- National and local audit and quality improvement activities

The Checklist

■ Peer Feedback

- Validated Multi-source feedback
- Teaching assessment or feedback
- Review of Personal development Plan

■ Patient Feedback

- Validated Patient questionnaire
- Reflection and learning from substantiated complaints

The Checklist

■ Audit and Quality Improvement

- One full audit cycle or other approved Quality Improvement exercise
- Participation in national or other multi-centre audit,
- Review of communication skills.

■ Education, Training and Development

- Record of “open book” knowledge assessments
- Specialty-specific training, assessment or re-assessment of skills.
- Evidence of reflection, learning and development through CPD

THE CMO's working party report

- Participation in CPD will be an important means for doctors to demonstrate their continuing fitness to practice
- It would be easier if variations were confined to what doctors did rather than how they recorded their CPD.
- CPD schemes will increasingly focus on the outcome of an individual's programme in terms of its clinical effectiveness

THE CMO's working party report

- It will be desirable to increase the linkage between CPD and appraisal.
- The more that credits can encompass the value of the learning and not simply the time spent in CPD the better a measure they will be of CPD activities.
- Effective CPD schemes are flexible and largely based on self-evaluation.

Academy of Medical Royal Colleges

- Develop a core template for CPD guidelines against which other CPD schemes will be compared / mapped.
- Compare the College and Faculty CPD schemes with the recommended template
- Outline the implications of developing formalised CPD systems appropriate for revalidation in all specialties.

Physicians and the Pharmaceutical Industry

INNOVATING FOR HEALTH

Patients, physicians,
the pharmaceutical
industry and the NHS

**Report of a Working Party
February 2009**

<http://www.rcplondon.ac.uk/pubs/contents/76673804-76c5-4ab3-89a0-92d44e45edc3.pdf>

Innovating for Health

- Patient disillusionment with medicines policy.
- A failure of trust between the NHS and the pharmaceutical industry
- *“...the role of industry in CPD has predominated partly because of the failure of the NHS to make financial provision for CPD and partly as marketing pressures from industry have intensified”.*

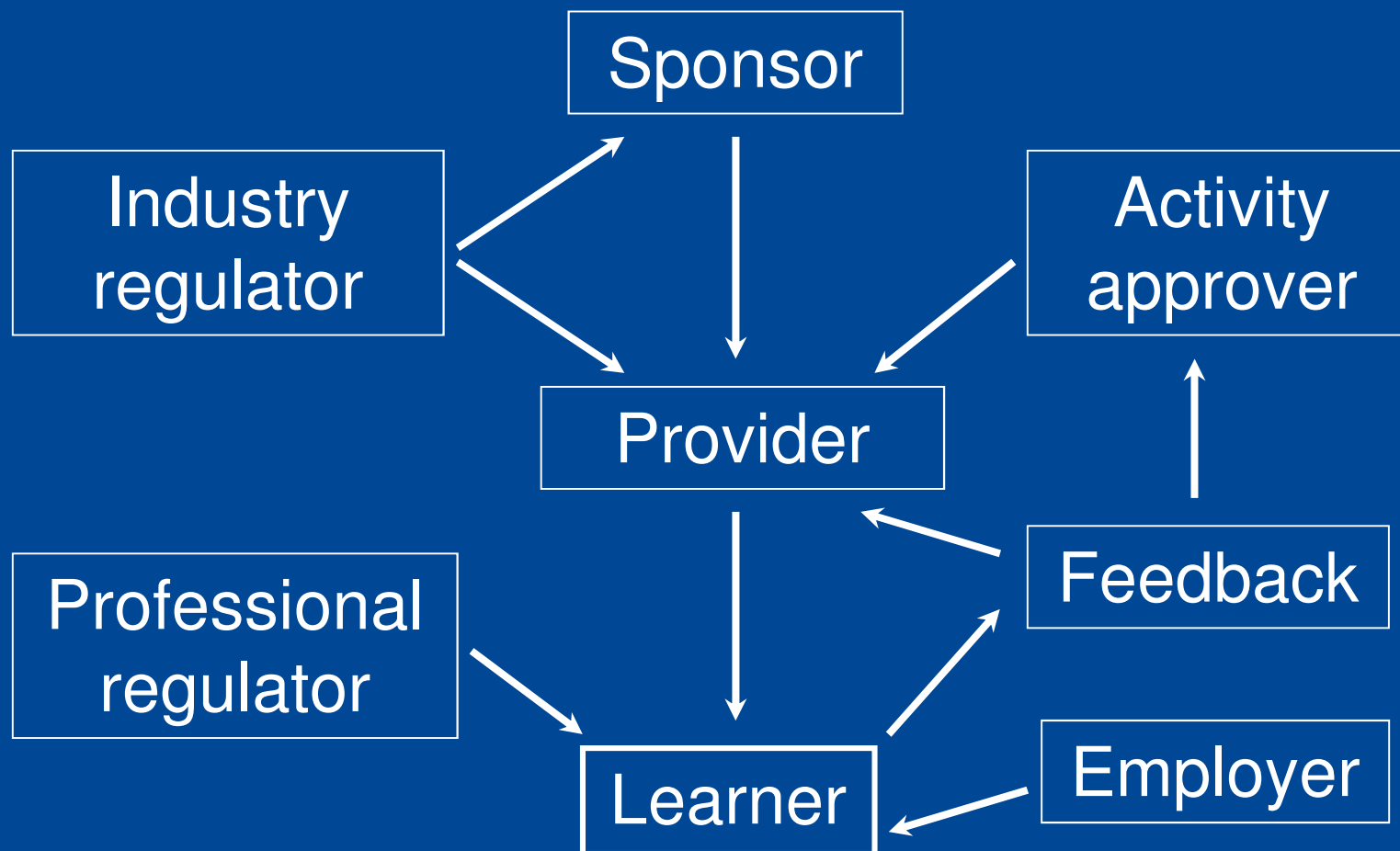
Innovating for Health

- 3.40 New ways should be found to reduce the reliance of postgraduate medical education on sponsorship by pharma . . . and industry.
- Alternative sources of sustainable funding should be sought – for example, through the Royal Colleges and DH.
- The implications of this for organisations such as the Royal Colleges and specialist societies should be considered carefully.

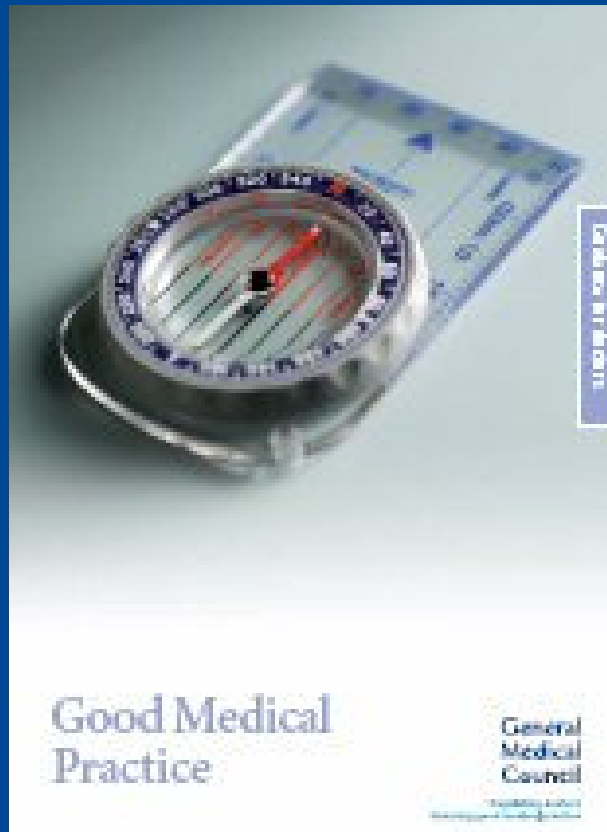
Innovating for Health

- 3.41 In the spirit of a more balanced and mutually respectful partnership, all gifts to doctors, including food and travel, become untenable and should end.
- 3.42 The ABPI and its members should establish a pooled fund to invest in medical education.
- 3.43 Any honorarium or fee, commercial or otherwise, paid to a doctor should be declared on a publicly accessible database.

Regulatory arrangements in place




The Professional Regulators



“You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients”

CPD in NHS Trusts

- The organisation should provide support for professional development
- A CPD strategy agreed by the Board is in place
- There is a written description of the relationship between CPD and industry
- There are monitoring / reporting processes to provide assurance on the effectiveness of CPD systems



Federation of RCPs' Approval Criteria

Current Federation approval criteria

- Appropriate target audience
- Commercial sponsorship/vested interests
 - do not influence structure or content
 - must be declared
- Specifically defined learning objectives
- Effective teaching methods
- Expert teachers/facilitators/providers
- Satisfactory evaluation record

Commercial influence

- Commercial “organisers” must not determine content or speakers
- Scientific providers/organisers must ensure freedom from commercial bias
- Conflict of interest of providers and speakers declared, or:
- A statement of “No conflict of interest” signed by the provider(s)

Commercial support

- What is generally accepted:
 - Honoraria, travel and accommodation expenses for speakers
 - Presence of the sponsor(s) at the venue of the meeting
 - Unrestricted educational grants
 - Single or multiple sponsors
 - Sponsored satellite symposia – provided all other quality criteria are met.

Commercial support

- What is **not** accepted:
 - Payments to selected delegates / invitees
 - “Excessive” payments (fees) to speakers
 - Presence of the sponsors in the lecture hall
 - Banner headlines projected or fixed within the lecture hall or seminar room

Commercial support

- What is **not** accepted:
 - Commercial logos on powerpoint presentations
 - Single commercial sponsors where the meeting is exclusively to do with a company product
 - Presentations by commercial company employees
 - CPD approval used as a form of inducement

One Possible Solution?

- Concentrate on small groups ✓
- Agree objectives for educational activities ✓
- Evaluate providers, and providers evaluate effectiveness ✓
- Health institutions commit resources ??
- Increased use of new technology
- Creation of a central fund ??
- Ask doctors to pay ??

Pisacane A. *Rethinking Continuing Medical Education*.
BMJ 2008; 337: 490-491

Summary

- A plea for sanity
- Understand and develop common ground
- Provide high quality education to the profession
- Improve patient care
- Reassure patients and the public

Revalidation: Information for Doctors

and Frequently Asked Questions

Revalidation

General
Medical
Council

Issue 1 | June 2009

Regulating doctors
Ensuring good medical practice

www.gmc-uk.org



Medical Revalidation – Principles and Next Steps

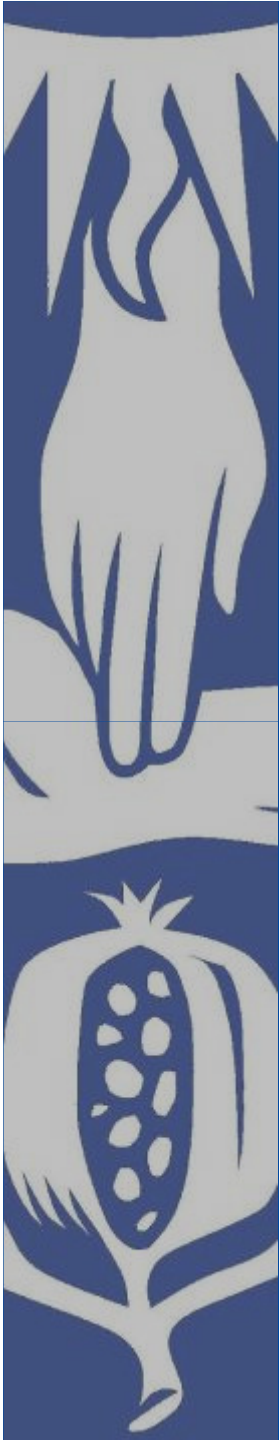
*The Report of the Chief Medical Officer for
England's Working Group*



Royal College
of Physicians
Setting higher medical standards

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