



Revalidation Wessex

Wessex Educators Conference 2013

Medical Revalidation for Doctors in Training

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Agenda

- **Principles of Revalidation for Doctors in Training**
- **Process**
 - Exit Reports
 - Educational Supervisor Reports
 - Enhanced ARCP
- **Questions...**

Revalidation Principles

- Doctors in Training (from FY2 to CCT) will be subject to the same regulations as fully qualified, practising clinicians.
- Every doctor is responsible for their own revalidation and must collect evidence.
- The evidence must cover the doctors entire scope of practice.
- The Deanery to which the doctor is attached will be their Designated Body (DR).

- The Postgraduate Dean will be the Responsible Officer – will make a recommendation about them.
- The enhanced ARCP (or RITA for SpRs) process will take the place of the “Enhanced Medical Appraisal”.
- Judgements made about a doctor’s revalidation must be based only on the contemporaneous evidence available.
- Doctors in Training should not routinely look outside of their training programme to collect evidence – except where scope of practice is concerned.

Revalidation process for Doctors in Training

- “Three” points of evidence required

Trust Exit Reports – Requested by the Deanery from the employing Trust for information about fitness to practice.
Collective and Exception Reports.

Form R – Completed by Doctor in Training.
Now includes a self declaration covering the Revalidation Domains.

Educational Supervisors Reports – all supervisors reports will have two additional questions added to them along with a comments section.

All information will come to the Deanery – ESR and Form R as currently with Trust reports to the Deanery

Reflection of Work Outside of Training – this is a reflective tool to help trainees cover their entire scope of practice.

Enhanced ARCP (panel)

- ARCP process will remain in relation to the criteria/curriculum set out by the Royal Colleges.
- Will include an add on “evidence MOT” annually
- Suggested recommendation for the ARCP prior to revalidation due date.

Process for making a recommendation

Cumulative evidence is reviewed at ARCP panel (due date or final ARCP).

Panel to advise on the recommendation to be made.

Evidence reviewed by the RO – particularly if recommended “deferral”.

RO makes recommendation via GMC Connect which should link up with CCT paperwork once that is submitted.

- **2013**
- **Jan - Mar 0**
- **April - Jun 7**
- **Jul - Sep 132**
- **Oct - Dec 86**

Specialty	Total
Allergy	1
Anaesthetics	10
CA Psychiatry	2
Cardiology	3
Clinical Oncology	1
Clinical Radiology	6
D&E	1
Dermatology	2
Emergency Medicine	6
Gastroenterology	8
General Surgery	4
Geriatrics	5
GP	120
Haematology	1
Histopathology	3
ICM	1
Medical Oncology	1
Neurology	2
Neurosurgery	1
Obs & Gynae	9
Old Age Psychiatry	3
OMFS	2
Ophthalmology	5
Paediatrics	6
Palliative Medicine	1
Psychiatry	11
Public Health	2
Renal	3
Respiratory Medicine	2
Rheumatology	2
T&O	3

Trainee perspective

- Overall awareness of what is required is minimal
- Awareness varies significantly between specialties
- Trainees looking to/ relying on deanery for information and guidance

- Concerns over communication between trusts, trainee and RO

Any questions?