



## Guidance on the pathology framework for pathfinder revalidation pilots

### 1 Background

Revalidation is the process by which doctors will have to demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise and that they are complying with relevant professional standards. The original concept involved two elements:

- **relicensing**, which related to attributes of relevance to all doctors
- **recertification**, which involved the assessment of specialist skills and is conceptually linked to obtaining a place on the Specialist Register.

However, it is clear that these two elements will now be addressed by a single process.

Furthermore, doctors will revalidate on the basis of their actual practice. This means that they cannot be assessed against the curriculum associated with their Certificate of Completion of Training (CCT). Indeed, the assessment of specialist skills will not be limited to those who are on the Specialist Register.

The objectives in developing revalidation are:

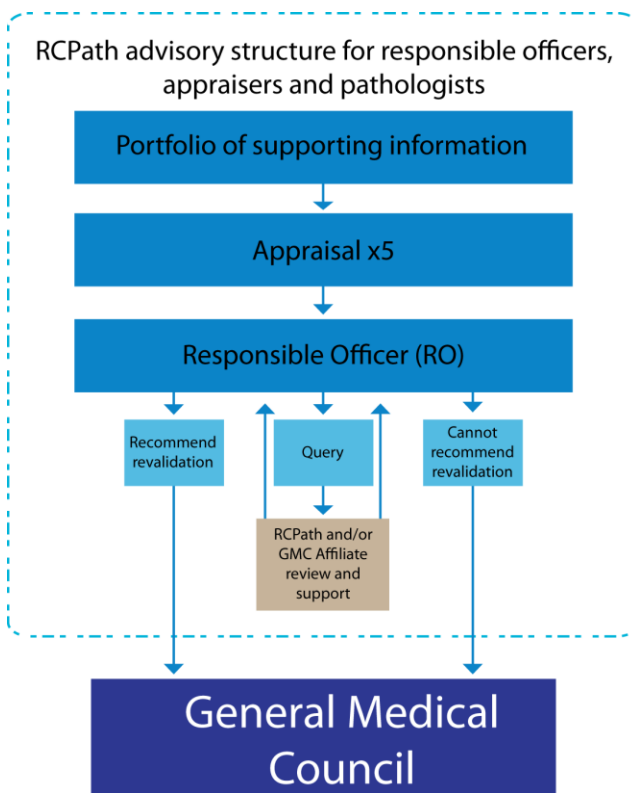
- revalidation must command the confidence of patients, the public and the profession
- revalidation should facilitate improved practice for all pathologists
- the process should identify those whose practice falls below acceptable standards and give advice and monitoring to allow recertification to be reconsidered. There should be early warning of potential failure so remedial action can be taken
- the process should allow those who are working to College standards to recertify without undue difficulty or stress
- there must be equity across the specialty, independent of differing areas of practice, working environments and geographical location
- revalidation should be affordable and flexible, starting simple to allow further development
- the process should incorporate as far as possible information already being collected in clinical work and use existing tools and standards where available.

### 2. How will revalidation work?

The process of revalidation is subject to piloting and evolutionary development, the outcome of which will not be known until end of 2011. Figure 1 describes the proposed model and the role of the RCPATH.



**Figure 1**



### **3 Explanation of specialty work in support of revalidation**

#### **3.1 Specialty frameworks**

The Royal College of Pathologists has developed a pathology framework<sup>2</sup> to support revalidation. It is based on the GMC's *Good Medical Practice Framework for Appraisal and Assessment*. The initial draft of the pathology standards and supporting information framework was prepared by the Revalidation Task Force, which represents all pathology specialties, and the Lay Advisory Committee.

The framework was developed with a process of widespread consultation, including all College members, and with lay input. It was submitted to the GMC in November 2009 and was approved in January 2010.

The framework should be used by pathologists to assist in preparing for revalidation. Pathology encompasses a variety of disciplines and types of practice therefore there is no requirement to provide supporting information for areas that are outside the scope of individual practice.

This guidance should be read in conjunction with pathology specialty framework. The Professional Standards Unit would appreciate feedback on this guidance document – please email [psu@rcpath.org](mailto:psu@rcpath.org) with your comments and suggestions.

At this stage, the framework tries to indicate how a pathologist might legitimately demonstrate compliance with each of the GMC's 12 attributes of Good Medical Practice.<sup>1</sup> It is likely that some pathologists will have other forms of supporting information that are not listed in the framework; this does not mean that such material cannot be used, merely that you will need to justify its inclusion to your appraiser.

It is recognised that the framework says relatively little about the quality and quantity of supporting information that is needed to satisfy each attribute, nor are many items identified as ‘mandatory’. This is deliberate. To some extent, professional judgement will always be needed on whether a pathologist’s practice is at an acceptable standard, and the diversity of employment of pathologists makes it difficult to be prescriptive.

We hope to use feedback from the pilot study to enhance the precision of this guidance. So if you feel that detailed advice is lacking, we suggest you use your own judgement and tell us what you did. During the pilot phase, mistakes will not seriously harm anyone, but we need to learn everything we can before revalidation goes ‘live’. Your input and advice is therefore most welcome.

### 3.2 Pathology supporting information

Each item of potential supporting information is described below. Only those marked with an asterisk (\*) are expected over a five-year revalidation period. All others represent a range of options, some of which may not be currently available or appropriate to some pathology disciplines. This list is not exhaustive.

Pathologists participating in pathfinder pilots are not expected to provide all supporting information for all attributes in any one year, as supporting information should be accumulated over a five-year period. Each pathfinder pilot may have specified the minimum supporting information required during the pilot. Pathologists are encouraged to provide additional specialty-specific information to ascertain whether the supporting information is readily available. Once again, your feedback to [psu@rcpath.org](mailto:psu@rcpath.org) would be appreciated.

It is an individual’s responsibility to demonstrate how the supporting information they provide relates to the four domains and 12 attributes set out in the GMC’s *Framework for Appraisal and Assessment*.<sup>3</sup>

#### General information

Supporting evidence	Description
GMC registration number*	State GMC registration number
Evidence of a license to practise*	Written or electronic confirmation of licence from GMC
Medical qualifications*	List all registrable medical qualifications
Description of practice*	Includes title, role, job summary, including responsibilities and activities throughout the five years since last revalidation, and a job plan for each year where available
Description of voluntary roles undertaken in capacity as doctor*	This can include work for a medical royal college, e.g. examiner, contribution to advisory board of a charity or <i>pro bono</i> practice
Appraisal for each year*	Contained in appraisal record, currently Form 4
Description of indemnity*	Provide evidence of cover, e.g. certificate
Personal development plan (PDP) for each year*	Copy of plan from appraisal record, currently Form 4

## General information (continued)

Supporting evidence	Description
Statement of concerns and their resolution*	Contained in appraisal record, currently Form 4
Statement of probity including interests and gifts*	Contained in appraisal record, currently Form 4
Statement of health to confirm ability to undertake practice as described*	Contained in appraisal record, currently Form 4
Registration with a GP*	Contained in appraisal record, currently Form 4

## Peer feedback

Supporting evidence	Description
Peer feedback	<p>Peer feedback may take many forms, but must include a multi-source feedback* (MSF) exercise. The tool that is used to generate the feedback should conform to the GMC's principles and standards for MSF.<sup>3</sup></p> <p>One MSF should be undertaken in a five-year period and must be completed before the end of the third year to allow time for action planning and repeat MSF if indicated.</p>

## Patient feedback

Supporting evidence	Description
Patient feedback	Patient feedback may take a variety of forms, including results of patient satisfaction questionnaires or surveys and formal clinical service reviews. All doctors with patient contact should provide evidence of patient feedback.

## Practice

Supporting evidence	Description
Complaints	Evidence of satisfactory complaints governance
Compliments	Evidence of compliments from records
Incidents, including contribution to NPSA and confidential enquiries	Statement on status of incidents
Consultant advisory activity	Any documentary evidence of consultant advisory activity. There is no standardised format for the recording of this activity. It may be kept as a log (audit, electronic, printed or handwritten) and should conform to agreed standards of patient confidentiality

## Practice (continued)

Supporting evidence	Description
Referral practice	List any professional relationships that aid the practice of an individual, group or network. Contained in appraisal record.
Compliance with relevant laws and regulation	Self declaration, contained in appraisal record
Compliance with clinical guidelines	Self declaration containing in appraisal record of development/uptake/compliance with specialty guidelines and standards of care
Formal statements as part of medico-legal reports	Self declaration, contained in appraisal record
Outcome or performance data, where available	Contained in appraisal record

## Audit

Supporting evidence	Description
Audit*	Evidence of clinical audit must be provided Audit work should be of high quality and demonstrate that the audit cycle has been completed; this should include evidence that actions resulting from the audit were identified and implemented and, where indicated, led to demonstrable change
Case notes/record review	Provide report or results of the review

## Education, training and development

Supporting evidence	Description
CPD*	Evidence of satisfactory participation in CPD (as defined by this College) is required. Participants in the RCPATH CPD scheme will have an official 'Annual statement of participation in CPD' as evidence of participation in a quality-assured scheme. Pathologists who are not participants in the RCPATH scheme will need to provide their evidence for review. Individual CPD activities will also be used as supporting information.
Specialty certificates or courses including communication skills	Certificates or other records, including CPD portfolio
Mandatory local training	Certificates or other records

## Governance

Supporting evidence	Description
Meetings – attendance at multidisciplinary team and directorate/management meetings	Minutes of meetings or evidence of completion of work arising from meeting
Documentation of compliance with relevant local clinical governance policies and protocols including: <ul style="list-style-type: none"><li>• adverse drug reaction reporting</li><li>• participation in external quality assessment (EQA) schemes. Participation should be appropriate to specialist interests as agreed at appraisal. It should be accompanied by personal reflection on performance and CPD where necessary</li><li>• compliance with quality-assurance framework</li><li>• service accreditation assessment</li><li>• risk management</li><li>• handover policy and documentation</li><li>• health and safety legislation</li><li>• liaison with child protection teams</li><li>• ending relationships with patients</li><li>• laboratory handbook and information leaflets</li><li>• business plans</li></ul>	Minutes of meetings, official documentation, formal feedback or certificates and self declaration where appropriate

## 4 Appraisal

Appraisal should be conducted in accordance with Department of Health's guidance on strengthened medical appraisal.<sup>4</sup>

The appraiser should be in the same pathology specialty wherever possible. Where this is not possible, every effort must be made to obtain specialist advice and support into the interpretation of supporting information.

## 5 Pathology advice to support revalidation processes

The Royal College of Pathologists will develop a supporting advisory structure to provide pathology advice to those undertaking appraisals, to responsible officers making revalidation recommendations and to individuals preparing for appraisal and revalidation. It will take time to develop such a structure and to train all those involved.

In order to provide pathology advice to the pathfinder pilot(s), the College will run a central advisory service coordinated by the Professional Standards Unit. This will enable the College to provide timely and consistent advice to all those at the pilot sites. This will also allow the College to evaluate the types of advice required and quality-assure the advice that is issued.

All enquiries should be made directly to the Professional Standards Unit, which will monitor, classify, distribute and follow up all incoming requests for advice. Pathology advice obtained

through other routes will not be official advice. The advice or response to queries will be provided centrally by an appropriately qualified professional drawn from the College's Revalidation Task Force or Specialty Advisory Committee structure. Anonymous advice will not be given. Enquirers will be expected to give their name and position. The advice given will remain confidential.

It is planned that all requests will be acknowledged within two working days and a response provided in ten working days. As this service is new, these targets may need to be revised.

To access the revalidation advice service, please email [revalidationadvice@rcpath.org](mailto:revalidationadvice@rcpath.org)

## 6 Further reading/references

1. General Medical Council. (2006). *Good Medical Practice*. London: GMC.  
[www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)
2. *Revalidation: The Way Ahead. Annex 2 Specialty and General Practice Frameworks*.  
[www.gmc-uk.org/static/documents/content/Revalidation\\_way\\_ahead\\_annex2.pdf](http://www.gmc-uk.org/static/documents/content/Revalidation_way_ahead_annex2.pdf)
3. General Medical Council. (2008) *Framework for Appraisal and Assessment*.  
London: GMC. [www.gmc-uk.org/doctors/licensing/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/licensing/revalidation_gmp_framework.asp)
4. Department of Health. Strengthened Training for Appraisal.  
[www.revalidationsupport.nhs.uk/Strengthened\\_Medical\\_Appraisal.asp](http://www.revalidationsupport.nhs.uk/Strengthened_Medical_Appraisal.asp)