Summary Report on Revalidation Focus Groups

1. Aim and Objective

The aim of the focus group project was to introduce the process of revalidation with the support, co-operation and goodwill of pathologists.

The objective of the focus groups was to:

- articulate pathologists' existing knowledge and attitudes towards revalidation;
- explore expectations of the revalidation process;
- understand feelings about change and what might mitigate negative feelings;
- debate what kinds of evidence are considered fair and appropriate;
- suggest positive ways forward in developing the revalidation process within The Royal College of Pathologists.

2. Methodology

Two focus group sessions with current Fellows of The Royal College of Pathologists were held on 19 May 2008 in London and on 21 May 2008 in Chester. The participants were self-nominated to the Professional Standards Unit and selected because they do not have active involvement in College work. Feedback was conducted verbally and via concept boards, bubble cartoons (highlighting feelings) and emotion cards.

3. Overview

Pathologists are very anxious about revalidation and they feel that they only have scraps of information and hearsay. The College has published information online and in the College *Bulletin* but pathologists are looking for more concrete facts about revalidation. It is possible that the facts they seek are not yet known. Many have grasped the idea that they now have to prove they are 'fit to practise' and want to know how often will revalidation take place, what standards will they be measured by and what happens if you fail to demonstrate you are 'fit to practise'?

There is a mix of opinion about whether revalidation is a justifiable policy. *"It's a sledgehammer to crack a nut".*

Others believe the medical profession needs to be seen to make amends to the public. The vast majority believes that the new system is unlikely to catch the 'bad apples'.

Pathologists believe that the revalidation process will be time wasting and bureaucratic. They are pessimistic because they do not believe that they personally will get anything out of it. They have deeper fears about having their professionalism challenged, being unfairly and incompetently judged, having their specialties misunderstood, losing the respect of their colleagues and ultimately losing their livelihoods.

Various ideas were put forward on how the revalidation should be conducted:

- use the existing appraisal system, directly (i.e. no extra work involved);
- introduce case study slide-based discussion to demonstrate ability;
- avoid tick box data, completed by the applicant as this is often ridiculed;
- no formal examinations, it is better to be inspected, viva-ed on the day, with an element of randomness.

The subjective nature of existing appraisal systems is a problem that must be tackled. Key areas of the assessment will depend on subjective judgement and currently pathologists are uncomfortable with it. The current 360º review process is a good start. The ideal revalidation assessment integrates three elements: data from existing systems, scope for intelligent reflection and exercising personal judgment.

There is a general lack of knowledge regarding revalidation amongst pathologists, and it was agreed that the College needs to keep them informed about developments on a regular basis. Some pathologists think the process will be ineffective and a waste of their time when their time is already fully committed. There is an assumption that revalidation won't be fit for purpose and little sense that pathologists will do any more than pay lip service to the assessment, however, it will be a case of each pathologists for themselves, as it is assumed that pathologists will not expose the shortcomings of colleagues provided no damage is being done.

The focus groups gave the following responses to various hypotheses put to them:

- **This will cost us all money but it will be worth it in the end.**
  No, it won't be worth it.

- **We're just doing this as a public relations exercise, it won't answer the problem.**
  True, it's politically driven, thanks to public anger over recent medical scandals.

- **Good pathologists will have no fears about meeting these standards.**
  No, pathologists have no fears about the quality of what they're doing. But they have everything to fear from the clumsy setting of standards and from bullying and vendettas within their departments.

- **Doctors don't trust new electronic systems.**
  There are good ones and bad ones.

- **Pathologists will be anxious about how they are judged and who will be doing the judging.**
  Yes, they are very anxious. How high will the standards be? How will they deal with the numerous pathology specialties? Will they be judged by committee?

- **Pathologists don't see why they should have to pay.**
  True, they pay enough already. Why shouldn't it be the public who pay?

There are two paradoxes that exist in the quest to identify an acceptable revalidation process:

Paradox 1
Pathologists want to feel they are being sensitively and fairly assessed but at the same time they want to set the bar as low as possible so they don't have to worry about clearing it, nor do they have to put in any extra work.

Paradox 2

Pathologists don't believe a tick box counting system can detect the subtle personal qualities that could lead to poor practice, but at the same time they refuse to accept subjective judgements as a fair assessment of another person, fearing bias, vindictiveness and bullying.

4. Suggestions for a credible revalidation process

4.1. There needs to be a basket of assessment tools within the revalidation process. Personal judgements and box ticking.

4.2. There should be the opportunity for pathologists to demonstrate excellence if they would like to but revalidation should not depend on their doing so.

4.3. Pathologists should not be asked to do extra work and preparation for the assessment. It should draw on their judgement in the now. Existing appraisal data should be used without asking individual practitioners to reformat it personally.

4.4. Subjective judgements are essential for detecting catastrophic professional incompetence and the process must find a way of stripping out personal vendettas.

4.5. Generating interesting, surprising, perhaps normative, data with respect to themselves might act as a reward for individual pathologists. Giving something back.

5. What can we learn from existing assessment methods?

- Most pathologists seem to be hounded by a desire for absolute precision.
  "If it's a microbiologist, someone has to tailor it. It needs tailoring to specialties. Does it stand legally?"
- Only a minority could accept the idea that a reasonable check across a reasonable number of measures might be good enough.
  "Just what evidence? Sitting in my clinic randomly asking for two of my bone marrow reports and a replica of my clinic consultant's letter. Making a reasonable judgement."
- It seemed a very divided profession because of the different specialties and sub-specialties in pathology.
  "I'm in a special area where I'm barely recognised by the College."
- At the same time, as each individual specialty was demanding recognition, there was an equal and opposite concern that assessment should be standardised across the profession, i.e. everyone should get the same basket of appraisal, CPD, audit, and 360º review. It is not standardised at the moment.
- There is a general lack of confidence and certainty about assessment systems once the main exams are completed.

6. Attitudes to existing assessment systems

FRCPath examination	Gold Standard. Demanding but fair. Dreaded by many.
Appraisal	Regular professional check. Largely respected and focused on individuals.
CPD	Wishful attempt at keeping practitioners up to date. Largely respected and focused on individuals.
EQA and 360º	A properly run external exercise, less frequent than the others? It's interesting to see how others rate you.

Most of the college's existing quality control systems are respected, although the CPD system is ridiculed by some. It is perceived as being too easy to get credits without doing anything effective.

Many hope the existing appraisal will double as the revalidation check.

7. Which methods of assessment are considered to be fair and respected?

- Acceptable and clear standards by which pathologists will be assessed.
- Integrating different strands of performance data.
- Having a rotating jury of assessors.
- Random audits of day-to-day work.
- Case-based discussion, probably centring on a slide.
- 360º multi-source feedback, giving new and individually based knowledge to practitioners themselves.
- Preserving anonymity. The practitioner learns and ponders but is not shamed before his/her peers.

The clear preference is for methods where pathologists don't have to put in extra work and preparation. They want to be judged on their day-to-day practice.

8. Which assessment tools are unpopular?

- Formal examinations.
- High stress assessments, such as when an assessor sits alongside you for half a day.
- Extended study and extra study time commitment.
- Recycling old data, more paperwork.
- Accumulating CPD points by attending courses/events or reading articles where there is no quality check.
- Performance indicators, such as mortality rates are too stark.

Pathologists will not opt in for more stress and effort. They are bored by repetitive paperwork. Unwillingness to engage in anything that may become personally abrasive is a genuine problem.

9. Quotes from participants on assessment tools

- *"CPD doesn't mean you're a good doctor. The number of meetings you've attended, the number of papers you've reviewed. You can clock up CPD credits. They should check on the credits you've claimed to see they're accurate."*
- *"If it's personal revalidation, you should want it."*
- *"Multi-source feedback. We have 360º reviews and this can bring surprises to the individual. They can reassess their awareness..."*
- *"It's all in the appraisal. We have FRCPath exams and then appraisal. What now?"*
- *"Every six months. Someone sits with you in clinic and tests you. You don't want that!"*
- *"Use data we already collect and minimise the impact in time and resources."*
- *"Use random case selection."*

10. The problem of subjective appraisal

The focus groups discussed the types of people the system is trying to identify; it is these who are incompetent in practice and who are likely to cause damage.

Overconfident	*"Someone who's too confident and doesn't defer to other opinions. They have no insight into their ability."*
Lazy	*"They don't follow things up that they ought to. You need to be proactive but if you're not, it won't be spotted."*
Error prone	*"There are some people where we say the angels are watching over them."*
Under stress	*"Colleagues can be causing concern through stress and have no insight into themselves."*

These are human frailties that, in all probability, individuals are unable to see in themselves. These pathologists can only be detected through the perceptions of their colleagues. For the system to work there must be elements of subjective appraisal.

11. How do pathologists feel about subjective appraisal?

As the appraiser
Don't cause trouble if you don't have to. Let them stay in position as long as they're not really hurting anybody. Especially if they're nice.
"You'd have to be very strong to raise concerns."
"They're nice people but not good at their jobs and it won't pick them up."

As the appraise
Subjective appraisal leaves an individual open to attack that may not be justified.
"It must be fair."
"It's open to malicious intervention."
"Not many people like unpleasant people even though they are good at their job."

The overriding feeling was that no one is currently able to use subjective appraisal in a calm, rational way.

12. Creating an acceptable framework for subjective appraisal

Practitioners feel uneasy when they know something is wrong and they feel impotent to act.
"We all judge each other but at what point does something become unreasonable?"
"Sometimes, when we're visiting other labs, we recognise poor performance in other Trusts. But we can't do anything about it. It's very tricky."

What might make them readier to act?

Anonymity	No personal repercussions for themselves. Confidential treatment for the named person.
Reactive not proactive	Responding to a request from the powers that be. Duty to the profession, conscience. Not initiated by *me*, not vindictive.
Shared responsibility	No action will be taken from one report alone.
Not too heavy weight	Able to raise a question, not a complaint.
Constructive for the named person	They will be helped, constructively, and not run straight out of a job.

These principles should ideally be written into the revalidation process.

13. How do pathologists get round the current system?

- Notch up a lot of CPD credits by ticking boxes, attending meetings or reviewing articles.
- Prepare for the test but don't take so much trouble day-to-day.
  "It's fine on the QA but the day to day files …!"
- Tacit deals are done between colleagues whose loyalty (or fear) for the other, outweighs their loyalty to the assessment.
  "If it's a clinical audit, the senior doctors get the junior doctors to do it".
  "With multi-source feedback, you can get bullying or letting people off."

The focus groups queried if a climate of greater openness was the way forward?

14. How do people respond to the 4 GMC categories for appraisal and assessment?

Knowledge, Skills and Performance
This is challenging their competence in areas they really care about. Their self esteem is at stake.
"This process undervalues our own self-professionalism".

Communication, Relationships and Teamwork
This evokes derision. Perceived as 'soft' measures and easy to fake. Modern concepts but not as important as knowledge.
"They should make CPD more valued, more effective. More of an agenda for change".

Safety and Quality
There is a complacency about this. It's obvious, appropriate and happening already.
"Safety and quality is a tick box. It's input from a number of consultants and it's being done".

Maintaining Trust
Nothing to worry about. The tests aren't rigorous. Pathologists don't believe they are prejudiced anyway.

The membership needs to be won over on the platform of knowledge, skills and performance. If they feel the College respects and treats them well on this front, they will probably accept the others.

15. How could the four GMC categories be assessed?

Knowledge, Skills and Performance Suggested features:	**Does this add up to an adequate assessment? Maybe**
• Conduct a clinical audit • Undertake a multi-source feedback exercise • Complete relevant EQA • Participate in CPD	• Very nearly, but elements of CPD degrades it. • Multi-source feedback is good, in principle, but raises doubts in practice. Will the assessors know enough in enough depth to assess you? *"Peer review would be a waste of time for individuals. They'd all be visiting each other. User meetings. Surgeons have no idea about pathologists."* • It is important that they feel their level of knowledge is tested. Although this is what makes them anxious. *"EQA is only the lab. It doesn't test our knowledge. We're not asked to prove we're being excellent."* Should you test their knowledge in the now, slides and case study scenarios?

Communication, relationships and teamwork Suggested features:	**Does this add up to an adequate assessment? Maybe**
• Multi-source feedback exercise • Delegate when appropriate (?) • Attend multi-disciplinary team meetings (?) • Earn the respect of your working team (?)	• Only if it comes as a result of multi-source feedback. The other criteria may well be important but they can't be assessed by the individuals in relation to themselves. • And there is a workload issue. *"If it's once every 5 years, 40% of people will be doing this in any one year. And we have to pay for it."* • Using attendance at MDT as a criterion is nonsense. There is a popular belief that people attend and neither contribute nor learn from them. *"… it can be mechanical or it could be reflective. It's the reflective which should be noted."* • There is a common acceptance that quite a lot of people aren't good at teamwork and communication but does it really matter? The important thing is to show your work around and listen for other opinions. A workable multi-source feedback covers this ground. Much importance is attached to it being anonymous.

Safety and Quality Suggested features:	**Does this add up to an adequate assessment? Yes**
• CPA inspections (teams and service orientated) • Respond constructively to appraisal and performance reviews • Take responsibility for supervising staff • Complete relevant EQA • Contribute to incident reporting (?)	• It is taken for granted that practitioners will co-operate with inspections, EQA and appraisal. This information should constitute the lion's share of revalidation testing. *"What will this achieve that a good consultant appraisal wouldn't achieve?"* • Soft criteria like taking responsibility for supervising staff can be achieved by tolerant box ticking. • Incident reporting is open to all the pitfalls previously discussed. Most people will avoid whistle blowing.

Maintaining Trust	**Does this add up to an adequate assessment? No**
• Undertake all appraisals objectively and fairly • Have attended Equal Opportunities training (?) • Treat all patients on a level playing field (?) • Respond constructively to complaints (?)	• There is no objective (or subjective) way to demonstrate most of these. The last three constitute a wish list. Attending training is no guarantee of having learnt anything. • Everyone takes it for granted they would do the right thing here. If there were a problem this would not be an adequate test. But no-one seems worried about it.

16. Departmental responsibility

The focus groups discussed the topic of whether pathologists would accept being assessed on the performance of the Department? This was a very difficult issue to pin down because participants swerved away from the issue.

Climate of discussion
About individuals, specialties, mavericks.
Anxiety about malice and gossip.
Uncertainty about staffing and people management.
Aware of socially maladept colleagues.

- This all suggests uneasiness with linking personal revalidation to the performance of the Department.
  "The team and the Department, is it part of my revalidation? Is it part of my responsibility?"
- Rationally, they know that the most effective way to see what's going on is to examine outcomes for the Department but they don't like it.
  "The interpretation of results needs to be Departmental. Like morphology, haematology. The EQA can't deal with people not being straight. There are performance indicators on what the Trusts are doing, like for the surgeons, the post-operative mortality rates. If a survey shows they have higher than average, then you take another look".

They would accept performance indicators as a tool to signal a need for further examination but they are concerned about their revalidation/livelihood being dependent on departmental performance.

17. Some other emerging issues

There is a case for drawing the assessors from amongst their peers as well as from the professional elite.

17.1 Rotating assessment panels of assessors.
"It needs to be a consultant body in your own hospital plus a separate group who are dedicated to your speciality. Could it be a rotating group…?"

17.2 Money, paying extra for something they don't want was not a major complaint. People were almost resigned. But without doubt it would grow to be a thorn in the side.
"It'll be more money. I'll be poorer and there'll be less time. The public should pay".

17.3 Is it a generation thing? Both groups felt that younger pathologists were more used to this kind of assessment than they were and would take it in their stride more easily.

17.4 The consequences of failing need to be clearly articulated, together with the criteria which would lead to failure
"Do people lose their jobs? Do you get paid a salary while it's being decided?"

18. A summary of popular and unpopular ideas

Popular
- Standardise existing appraisals.
- Use reflective, case-based discussion.
- Use existing data and systems.
- Make CPD more objective and relevant.
- Have a broad-based, separate body to over see.
- Publish clear goals.
- Randomise.

Unpopular
- Formal exam requiring study.
- 360º by external assessors.
- Cumbersome paperwork, bureaucracy.
- Inspectors and observers of individual practitioners.
- Paying for it.
- Time cost.
- Subjective assessments by colleagues.
- IT solutions.

Polarising
- Formal exam.
- Using CPD.
- 360º.
- Including audit.

19. What is the way forward?

19.1 Design the assessment so that the consultant feels some benefit from it.
- Insight into themselves.
- Learn something interesting.
- Time off from service delivery, fun, social.
- A chance to reflect, exercise their intellect.

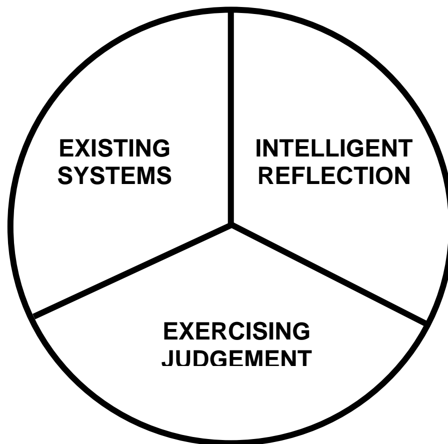
"How can appraisal and revalidation not be an onerous task? It should be fun and engaging."

19.2 College should clearly articulate the:
- reasons for revalidation and its purpose.
- standards to which the assessment is being made, with actual examples.
- consequences of failure to revalidate.
    - Advice session?
    - Mentor
    - Suspension (with pay?)
    - Probation period
    - Investigation
    - Dismissal, or what?

and communicate with each individual member.

- Work towards standardising existing appraisals, across specialties and across the country.
- Consult young pathologists about what kind of assessment is expected and acceptable. This will give you a guide about what an acceptable end position might be. The task will be to manage older members towards this point. Can young pathologists be used as advocates? Times are changing.

Balance three strands within the assessment.



Existing systems (No extra paperwork)

- Audit, using random selection.
- 360º review.
- Review by peers
- Attendance at meetings, conferences.
- Clinical outcomes.

Intelligent reflection (Stimulating, challenging, interesting, non-threatening)

- Discussing case studies, based on slides.
- Considering the impact of papers and conferences on your own work.

Exercising judgement (Sympathetic, helpful, psychologically acute)

- Moral scenarios to respond to.
- Sensitive, accurate categories in which to rate other people.
- Educating the membership to exercise proportionate, humane assessment of others.
- Statistical results – no one person is a villain.