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Anonymous: not identifiable by name

Appraiser: will normally be a senior doctor with knowledge about the context in which the appraise works

General Medical Council (GMC): an independent organisation responsible for regulating doctors across the UK

Good Medical Practice: guidance that outlines the standards of competence, care and conduct expected of all UK doctors by the General Medical Council

Responsible Officer: a senior doctor from the organisation in which the doctor works

Supporting information: Doctors are required to include six types of supporting information or evidence in their appraisals: continuing professional development; quality improvement activities; significant events; colleague & patient feedback; and review of complaints and compliments.

Glossary

What is medical revalidation and how does it work?

What is revalidation?

Revalidation is a regulatory process designed to ensure all doctors licensed to practise in the UK and registered with the **General Medical Council** are both up to date and fit to practise.

How does it work?

Doctors must show how they meet the professional standards set out in the *Good Medical Practice* guidance by producing a portfolio of 'supporting information'.

As part of the process, doctors must engage in annual appraisals with a specially trained colleague known as an **appraiser** where they discuss and reflect on the doctor's portfolio.

A **Responsible Officer** also reviews the information collected and, at the end of a revalidation cycle (usually every five years), will make a revalidation recommendation e.g. 'recommendation to revalidate', 'recommendation to defer' or 'doctor nonengagement' to the **General Medical Council**. The **General Medical Council** then makes the final revalidation decision.

What does revalidation mean for us all?

Value to patients:

Revalidation aims to improve patient safety, and quality of care, by ensuring doctors are both up to date and fit to practise.

Value to doctors:

Revalidation is designed to help encourage doctors to reflect on their practice, identify things they are doing well, and identify any areas in which they could perhaps improve.

How might I be involved?

Patients and their feedback are an important part of revalidation. Patient feedback, collected at least one every five years, forms <u>one</u> part of a doctor's **supporting information** portfolio.

It is important to note; patient feedback for revalidation is about the care provided by an individual doctor. It is not about any other professional, or the organisation the doctor works in.

Patients may be asked to provide <u>honest</u> feedback about their experience. Providing <u>examples</u> of things the doctor does well, <u>suggesting ways they could improve</u>, and <u>explaining</u> your scores can really help doctors learn from your experience.

Compliments and complaints

Although complaints form part of the **'supporting information'** portfolio, patient feedback and complaints are two separate processes.

If you have a concern, complaints can be made to:

- the hospital/practice/complaints or service manager that you visited, or
- the Patient Advice and Liaison Service (PALS) in a hospital setting

A serious complaint e.g. a doctor may be a risk to patients, can also be made to:

- The General Medical Council, or
- The Health Service Ombudsman

What happens to the information I share?

The information you share whether it is a formal complaint or feedback for revalidation will remain **anonymous.** You will not be asked to provide identifiable information such as your name or address when providing feedback.

Those involved are interested in the experiences you have to share and not who you are.