

Specialty standards and supporting information for revalidation

GMC-approved specialty standards and supporting information for revalidation for clinical oncologists and clinical radiologists

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Introduction

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 complying with the relevant professional standards. This will normally occur every five years.

Revalidation – relicensing and recertification

Revalidation will have two elements: relicensing and recertification.

When the Government published its proposals for revalidation in 2007, it divided revalidation into two elements – relicensing and recertification. However, since then, it has been integrated into a single system of revalidation. The GMC has concluded that revalidation will be simpler, more effective and more efficient if revalidation operates as a single set of processes with one clear outcome.

Revalidation and annual appraisal

The integration of relicensing and recertification into a single process will be helped by the fact that the information doctors will need to provide for relicensing and recertification will, to a large extent, be the same. It will be information drawn by doctors from their actual practice, from feedback from patients and colleagues, and from participation in continuing professional development (CPD). This information will feed into a doctor's annual appraisal. The outputs of the appraisal will lead to a single recommendation to the GMC from the Responsible Officer, normally every five years, about the doctor's suitability for revalidation. For most doctors, the process will be quite straightforward.

Standards for appraisal and revalidation

Each Medical Royal College has identified a range of supporting information for revalidation in line with the generic standards and criteria outlined in the GMC's *Framework for Appraisal and Assessment*.¹

The GMC's Framework sets out the domains, attributes and standards recommended by the GMC. The standards themselves represent a range of actions, behaviours and skills that would be expected of a doctor who was practising according to the stated attributes. The aim of the standards is to guide doctors in their preparation and personal reflection leading up to appraisal and revalidation and to support appraisers in the event that they need to explore further any issues or concerns that may arise about an individual's practice.

RCR's standards and supporting information for clinical oncologists and clinical radiologists

The Royal College of Radiologists (RCR) produced its specialty standards framework and supporting information checklists through its Recertification Committee, with the involvement and input of the RCR's Patients' Liaison Groups. The RCR held a consultation on its draft specialist standards framework for revalidation in September and October 2009. The majority of responses were supportive of the framework and were particularly positive about the checklists which were viewed as being clear, concise and useful. The document was then reconsidered in light of comments received before being submitted to the GMC for sign-off. The GMC approved the RCR's Specialty Standards Framework in January 2010.

The document contains two checklists – one for clinical oncology and one for clinical radiology – which list the types of supporting information (both generic and specialty-specific) that Fellows and members could use for revalidation. The specialty-specific supporting information required for each specialty is relatively different and we

therefore felt, for clarity, it was better to produce two separate checklists for the RCR's two specialties. The feedback we have received is that this is more user-friendly.

The supporting information listed for clinical oncology and clinical radiology includes a range of different types of supporting information that doctors will be able to pick and mix according to their individual practice. We would not expect Fellows and members to provide all of the supporting information listed for revalidation and have grouped the options where one would suffice.

Appendix 1 shows how the supporting information for clinical oncology and clinical radiology corresponds to the standards within the domains and attributes of the *GMC's Framework for Appraisal and Assessment*.¹

The RCR considers the development of standards for revalidation in clinical oncology and clinical radiology to be an evolving process. We would expect the standards and required supporting evidence to adapt and change as revalidation is implemented and matures.

The RCR is developing tools, templates and examples of the types of supporting information required to help Fellows and members document the evidence they will need in order to revalidate.

Approved by Council: 26 March 2010

Clinical oncology – appraisal and revalidation supporting information checklist

General

- GMC registration number
- Evidence of a licence to practise
- Medical qualifications
- Description of practice
 - Title
 - Role
 - Job summary including responsibilities and activities throughout the five years since last revalidation
 - Job plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of indemnity
- Personal development plan (PDP) for each year
- Statement of concerns and their resolution
- Statement of probity including interests and gifts
- Statement of health to confirm ability to undertake practice as described
- Registration with a GP

Peer feedback

- Multi-source feedback
- Peer review
 - Multidisciplinary team (MDT) meeting reports of which core membership

Patient feedback

- Patient surveys

Practice

- Complaints and compliments
- Incidents and quality assurance in radiotherapy (QART) compliance
- Team working and clinical continuity
- Demonstration of departmental / network clinical protocols and compliance / activity
 - Chemotherapy
 - Radiotherapy
 - Other
- Knowledge of, and compliance with, national best practice guidelines
- Case-based discussion covering range of core practices

Audit

- Clinical audit
- Case notes / records audit

Education, training and development

- CPD
- E-learning
- Internal departmental training / competency (where relevant)
 - Ionising Radiation (Medial Exposure) Regulations (IR[ME]R)
 - Treatment planning
 - Electronic chemotherapy prescribing systems
 - Intrathecal chemotherapy
 - Departmental quality systems
- Relevant specialty and local courses, including health and safety

Governance

- Meetings – audit, morbidity and mortality, MDT, radiotherapy planning and quality system
- Documentation of compliance with relevant local clinical governance policies and protocols
- Patient information and consent

Clinical radiology – appraisal and revalidation supporting information checklist

General

- GMC registration number
- Evidence of a licence to practise
- Medical qualifications
- Description of practice
 - Title
 - Role
 - Job summary including responsibilities and activities throughout the five years since last revalidation
 - Job plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of indemnity
- Personal development plan (PDP) for each year
- Statement of concerns and their resolution
- Statement of probity including interests and gifts
- Statement of health to confirm ability to undertake practice as described
- Registration with a GP

Peer feedback

- Multi-source feedback (generic)
- Peer and colleague feedback on specialty-specific performance

Patient feedback

- Patient surveys (if applicable)

Practice

- Incidents – reflective summary and critical event investigations
- Complaints and compliments if received
- Attendance at discrepancy/morbidity mortality meetings *or* evidence of reflection on error

Audit

- Review/demonstration of professional performance. Potential methods include:
 - Registry data for interventional procedures
 - Results of national reporting quality assurance programmes; eg, for breast screening
 - Review of an aspect of professional performance
 - Participation in peer radiology reports review
- Example of team audit

Education training and development

- CPD
- E-learning
- Relevant specialty and local courses, including health and safety

Governance

- Meetings attendance – audit, MDT
- Documentation of compliance with relevant local clinical governance policies and protocols
 - Observe the principles of radiation protection as governed by the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000
 - Compliance with health and safety legislation
 - Departmental rotas – in place and adhered to
 - Safety net procedures used for the notification of significant unexpected findings on imaging.
- Patient information
- Patient consent procedures
- Accreditation assessment if departmental accreditation in place

References

1. General Medical Council. *Working Framework for Appraisal and Assessment*. http://www.gmc-uk.org/Framework_4_3.pdf_snapshot.pdf (last accessed 24/02/10)
2. General Medical Council. *Good Medical Practice*. London: GMC, 2006.

Further reading

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Appendix 1. GMC's framework for appraisal and assessment with RCR supporting information

The following table shows how the supporting information for clinical radiology and clinical oncology outlined in the previous checklists corresponds to the domains and attributes of the GMC's *Framework for Appraisal and Assessment*.¹

Numbers following each standard in the specialty framework refer to paragraph numbers in *Good Medical Practice*.²

Domain 1 – Knowledge, skills and performance

Attribute	Standard	Supporting information
i. Maintain your professional performance	<ul style="list-style-type: none"> ▪ Maintain knowledge of the law and other regulation relevant to practice (13) ▪ Keep knowledge and skills up to date (13) ▪ Participate in professional development and educational activities (12) ▪ Take part in regular and systematic audit (14) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Specialty-specific MSF • Peer review of reports • Peer review of radiotherapy planning <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD • E-Learning modules; eg, validated self-assessment tools <p>Audit</p> <ul style="list-style-type: none"> • Individual and team audit data • Data submitted to national registries <p>Clinical practice and review</p> <ul style="list-style-type: none"> • Results of national reporting quality assurance programmes; eg, for breast screening • Outcome/complication data for interventional procedures • Activity performance indicators • Demonstration of professional performance/audit • Knowledge of a compliance with national best practice guidelines

<p>ii. Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ▪ Recognise and work within the limits of your competence (3a) ▪ Adequately assess the patient's conditions (2a) ▪ Provide or arrange advice, investigations or treatment where necessary (2b) ▪ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ▪ Provide effective treatments based on the best available evidence (3c) ▪ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ▪ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54, 55) ▪ Support patients in caring for themselves (21e) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Specialty-specific MSF • Peer review of radiotherapy planning • Feedback from trainees <p>Patient feedback (if appropriate)</p> <ul style="list-style-type: none"> • Patient MSFs <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD • E-Learning modules; eg, validated self-assessment tools • Attend appropriate management training courses • Attend appropriate training for course for recognised trainers as appropriate <p>Clinical governance</p> <ul style="list-style-type: none"> • Evidence of appropriate ethical committee approval for research projects as appropriate <p>Audit</p> <ul style="list-style-type: none"> • Individual and team audit data • Data submitted to national registries <p>Clinical practice and review</p> <ul style="list-style-type: none"> • Results of national reporting quality assurance programmes; eg, for breast screening • Outcome/complication data for interventional procedures • Activity performance indicators • Demonstration of professional performance/audit • Attendance at appropriate audit, morbidity and mortality, MDT and radiotherapy planning and quality system meetings
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<p>iii. Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ▪ Keep clear, accurate and legible records (3f) ▪ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ▪ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<ul style="list-style-type: none"> • Case-based discussion covering range of core practices <p>Not applicable with current electronic radiology systems for CR.</p> <p>Peer feedback</p> <ul style="list-style-type: none"> • Peer MSF <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient MSF <p>Audit</p> <ul style="list-style-type: none"> • Case notes/records audit <p>Clinical practice and review</p> <ul style="list-style-type: none"> • Case notes/records audit
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Domain 2 – Safety and quality

Attribute	Standard	Supporting information
<p>iv. Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ▪ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ▪ Take part in systems of quality assurance and quality improvement (14) ▪ Comply with risk management and clinical governance procedures ▪ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ▪ Provide information for confidential inquiries, significant event reporting (14g) ▪ Report suspected adverse drug reactions (14h) ▪ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Patient feedback</p> <ul style="list-style-type: none"> • Patient MSF <p>Clinical governance</p> <ul style="list-style-type: none"> • MDT meetings • Contribution to the National Patient Safety Agency (NPSA) and confidential enquiries • Outcome of accreditation assessment • Ensure appropriate rotas in place and adhered to • Ensure safety net procedures used for the notification of significant unexpected findings on imaging • Attend mandatory training • Documentation of compliance with relevant local clinical governance policies and protocols <p>Audit</p> <ul style="list-style-type: none"> • Participation in relevant audits. • Individual and team audit data • Data submitted to national registries • Significant event audits. <p>Clinical practice and review</p> <ul style="list-style-type: none"> • Attendance at discrepancy/morbidity and mortality/MDT/radiotherapy planning and quality system meetings • CPD – with appropriate reflection and changes to practice. • Demonstration of departmental/network clinical protocols and compliance/activity

<p>v. Respond to risks to safety</p>	<ul style="list-style-type: none"> ▪ Report risks in the healthcare environment to your employing or contracting bodies. (6) ▪ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26, 28) ▪ Take action where there is evidence that a colleague's conduct performance or health may be putting patients at risk. (43, 44) ▪ Respond promptly to risks posed by patients ▪ Follow infection control procedures and regulations 	<p>Peer feedback</p> <ul style="list-style-type: none"> • MSF <p>Education, training and development</p> <ul style="list-style-type: none"> • Compliance with health and safety rules and attendance at local health and safety courses • Internal departmental training/competency <p>Clinical governance</p> <ul style="list-style-type: none"> • Contribution to NPSA and confidential enquiries. • Observe the principles of radiation protection as governed by the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 <p>Clinical practice and review</p> <ul style="list-style-type: none"> • Clinical incident reporting • Reflective summary and critical event investigations. • Quality assurance in radiotherapy (QART) compliance
<p>vi. Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ▪ Make arrangements for accessing independent medical advice when necessary (77) ▪ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Peer MSF and patient feedback to include generic question on health concerns. • Be registered with a GP • Hep B vaccination certificate • Self-certification of absence of health issues liable to affect performance

Domain 3 – Communication, partnership and teamwork

Attribute	Standard	Supporting Information
<p>vii. Communicate effectively</p>	<ul style="list-style-type: none"> ▪ Communicate effectively with colleagues within and outside the team (41b) ▪ Explain to patients and/or involved parties when something has gone wrong (30) ▪ Listen to patients and the community and respect their views about their health (22a, 27a). ▪ Give patients and the community the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ▪ Respond to patients' and their community's questions (22c, 27b) ▪ Treat those close to the patient and the community considerately (29) ▪ Pass on information to colleagues involved in, or taking over, your patients' or community's care (40, 51–53) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • MSF <p>Patient feedback</p> <ul style="list-style-type: none"> • MSF • Examples of patient information used for clinical care, research and consent <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD – communication skills <p>Clinical governance</p> <ul style="list-style-type: none"> • Complaints and compliments • Contribution to NPSA and confidential enquiries <p>Clinical practice and review</p> <ul style="list-style-type: none"> • Attendance at discrepancy/morbidity and mortality/MDT/radiotherapy planning and quality system meetings
<p>viii. Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ▪ Treat colleagues fairly and with respect (46) ▪ Support colleagues who have problems with their performance, conduct or health (41d) ▪ Act as a positive role model for colleagues (41) ▪ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Generic MSF <p>Clinical governance</p> <ul style="list-style-type: none"> • Compliance with local clinical governance policies and protocols • Departmental rotas in place and adhered to

		<p>Clinical practice and review</p> <ul style="list-style-type: none"> • Attendance at discrepancy/morbidity and mortality/MDT/radiotherapy planning and quality system meetings
<p>ix. Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ▪ Encourage patients and the community to take an interest in their health and take action to improve and maintain it (4, 21f) ▪ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve) patients in teaching or research. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Colleague MSF <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient MSF • Examples of patient information used for clinical care, research and consent <p>Clinical governance</p> <ul style="list-style-type: none"> • Complaints and compliments

Domain 4 – Maintaining trust

Attribute	Standard	Supporting information
x. Show respect for patients	<ul style="list-style-type: none"> ▪ Implement and comply with systems to protect patient confidentiality. (37) ▪ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ▪ Treat each patient fairly and as an individual (38–39, 21c) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • MSF <p>Patient feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical governance</p> <ul style="list-style-type: none"> • Compliance with local clinical governance policies and protocols
xi. Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ▪ Be honest and objective when appraising or assessing colleagues and when writing references (18–19) ▪ Respond promptly and fully to complaints. (31) ▪ Provide care on the basis of the patient's needs and the likely effect of treatment (7–10) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • MSF • References and letters • Teaching evaluations <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient MSF
xii. Act with honesty and integrity	<ul style="list-style-type: none"> ▪ Ensure you have adequate indemnity or insurance cover for your practice (34) ▪ Be honest in financial and commercial dealings (73) ▪ Ensure any published information about your services is factual and verifiable (60, 61) ▪ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63–65, 67–68) ▪ Inform patients about any fees and charges before starting treatment (72a) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • MSF • Attendance at discrepancy/morbidity and mortality/MDT/radiotherapy planning and quality system meetings

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