Preparing for revalidation

Case-based discussion for diagnostic radiologists

Tools for improving professional practice in clinical radiology
This tool is designed by The Royal College of Radiologists (RCR) to help clinical radiologists to collect the supporting information required for revalidation.

The RCR would also recommend using these methods to help improve professional practice, irrespective of when the first round of revalidation is implemented.

A series of further tools and pro formas is currently in development and will be added in the future.

As the revalidation process develops and changes with implementation, the RCR will review its tools and would expect the portfolio to evolve. Any feedback to assist with this process would be most welcome.

**Relevant background RCR guidance related to professional performance**

1. *Standards for Self-Assessment of Performance* – includes a range of methods for monitoring personal professional performance
2. *Standards for Radiology Discrepancy Meetings* – including recommendations for attendance rates and documentation of cases discussed
3. *Cancer Multidisciplinary Team Meetings – Standards for Clinical Radiologists* – includes recommendations for attendance and dealing with discrepancies
4. *Standards for patient confidentiality and PACS* – guidance on professional standards for confidentiality related to radiologists’ routine work, teaching and research
5. *Standards for the communication of critical, urgent and unexpected significant radiological findings* – includes professional guidance on compliance with NPSA safer practice notice 16 and recording of action taken
6. AuditLive – a selection of recommended audits [http://www.rcr.ac.uk/CRAuditLive](http://www.rcr.ac.uk/CRAuditLive)

**List of radiology-specific tools published**

- Multisource feedback: recommended specialty-specific questions, generic questions related to performance and guidance for use
- Peer review: guidance on the use of double reporting
- Personal reflection on discrepancies and adverse events
- Self-review of practice for diagnostic radiologists
- Self-review of practice for clinical radiologists undertaking interventional procedures
- Recording attendance at radiology discrepancy meetings

**List of generic tools published**

- Reflection on complaints: a tool for clinical oncologists and clinical radiologists
- Reflection on compliments: a tool for clinical oncologists and clinical radiologists
- Reflection on serious untoward incidents (SUIs): a tool for clinical oncologists and clinical radiologists
- Revalidation audit tool
- Revalidation continuing professional development (CPD) summary tool
- Reflection on ‘near miss’ incidents: a tool for clinical oncologists and clinical radiologists
- Attendance at mandatory training: a tool for clinical oncologists and clinical radiologists
- Supporting information for health for use in appraisal and revalidation
- Supporting information for probity for use in appraisal and revalidation
Introduction

The Royal College of Radiologists (RCR) considers it important to provide tools to help Fellows and members produce the supporting information that they will require to achieve revalidation, and to support them in improving their professional practice.

The RCR has published its specialist standards framework\(^1\) which details the types of supporting information clinical radiologists will need to produce to support their revalidation.

As revalidation processes develop and change with implementation, the RCR will review its revalidation tools and would expect them to evolve over time. We would welcome any feedback from those who use the pro forma to assist with this process.

Case-based discussion

Case-based discussion allows clinical radiologists to produce a written reflection on a real case and evaluate what has been learnt and how practice may have changed as a result. This case may be a topic for discussion in appraisal.

Method

We suggest that the case-based discussion focuses on a learning case arising from a discrepancy, from a case discussed at a discrepancy meeting, or from a difficult case which raised radiological issues. It would be useful to focus on two different cases every year.

The aim should be to reflect on to what extent your input contributed to the management of the patient and what issues emerged from which your understanding has benefited. The radiological and clinical aspects of the case may be relevant and particularly your reflection on whether with hindsight, your input might have been different or improved.

The pro forma in Appendix A may help you structure and document the discussion and record any action points arising from it. Please anonymise any patient information/data used during this exercise.

Approved by the Board of the Faculty of Clinical Radiology: 22 October 2010
Reference

Appendix A. Pro forma to structure and record case-based discussion

<table>
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<tr>
<th>Date of case review</th>
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<tr>
<th>Details of patient/case and your part in the radiological assessment (please anonymise any information/data given here)</th>
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<th>Why was this a learning case for you?</th>
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<th>What did you learn?</th>
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<th>Have you changed your practice as a result?</th>
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<tr>
<th>State any particular action points to be carried out as a result of the case-based discussion</th>
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