



## REVALIDATION for PHYSICIANS

A resource guide for physician specialties

### Clinical Genetics

#### INTRODUCTION

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

In order to maintain your licence to practice you will be expected to have at least one appraisal per year that is based on the General Medical Council's (GMC) core guidance for doctors, *Good Medical Practice*. You will need to maintain a portfolio of supporting information drawn from your current practice which demonstrates how you are continuing to meet the requirements set out by the GMC.

The GMC has set out its requirements for good medical practice, appraisal and revalidation for all doctors in three main documents. These are supported by specialty-specific guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal. You should therefore ensure that you are familiar with the following:

- [Good Medical Practice](#)
- [Good Medical Practice framework for appraisal and revalidation](#)
- [Supporting information for appraisal and revalidation](#)
- [Supporting information for appraisal and revalidation: guidance for physicians](#) (applicable across all physician specialties and approved by the Clinical Genetics Society (CGS)).

Revalidation is based on a doctor's current scope of practice. It does not dictate a set number of hours in any specialty or field of practice. All doctors, regardless of their specialty need to demonstrate that they are continuing to meet the requirements set out in Good Medical Practice.

Among the many physician specialties and subspecialties it is recognised that the details of the clinical work undertaken will differ, and that there is a great diversity of medical practice. It is important that the supporting information you provide is comprehensive and relevant to your field of practice. The purpose of this guide from the Clinical Genetics Society (CGS) is to signpost clinical geneticists to informative and practical resources for collecting the supporting information required for revalidation.

In order to revalidate, you must collect supporting information as set out in the GMC's Supporting Information for appraisal and revalidation:

- general information about you and your professional work
- keeping up to date
  - CPD
- review of practice
  - quality improvement activity
  - significant events
- feedback on professional practice
  - colleague feedback
  - patient and carer feedback
  - complaints and compliments.

This guide offers signposting to information and resources which clinical geneticists will find useful as they compile their supporting information portfolio for revalidation. Involvement in any of the suggested activities does not guarantee that you will be revalidated. However, the activities are recognised by the Clinical Genetics Society (CGS) as promoting the highest standards in the field of

Clinical Genetics.

The Royal College of Physicians hosts a revalidation helpdesk, which we recommend that you use in the event that you need advice on appraisal or revalidation: [revalidation@rcplondon.ac.uk](mailto:revalidation@rcplondon.ac.uk). You should also familiarise yourself with the resources available from the RCP: [www.rcplondon.ac.uk/revalidation](http://www.rcplondon.ac.uk/revalidation) .

#### THE CLINICAL GENETICS SOCIETY

The Clinical Genetics Society (CGS) is one of the constituent organisations forming the British Society for Genetic Medicine or BSGM ([www.bsgm.org.uk](http://www.bsgm.org.uk)) which was formerly the British Society for Human Genetics. CGS was set up in 1970 to bring together doctors and other professionals involved in the care of individuals and families with genetic disorders. Now its members are predominantly clinical geneticists. Its aims include:

- promoting and facilitating education for the genetics community, other health care professionals, those out with the profession, and the wider public
- encouraging high standards of training for professionals within Clinical Genetics
- facilitating research into basic human genetics and genetic disorders
- maintaining excellent links with patient groups
- continuing constructive dialogue with government and other politicians on genetics-related issues .

Information on its activities and publications can be obtained via [www.clingensoc.org](http://www.clingensoc.org). *The website can also be accessed via the BSGM website.*

#### SUB SPECIALTY INFORMATION

Most clinical geneticists see patients and family members who have (or at risk of suffering from) the whole range of genetic disorders. Some have sub-specialised in particular areas of clinical genetics such as cancer genetics, paediatric genetics, prenatal genetics etc. Some practice exclusively in one or more of these fields.

Nowadays clinical geneticists in training have all undergone core training in general internal medicine or paediatrics before entering higher specialist training. It is very rare in the UK for clinical geneticists to also practice in general internal medicine or paediatrics/another paediatric speciality. In the past clinical geneticists have entered specialist training from a broader range of specialties and some of these doctors continue to practice in these other fields for part of their job plan.

#### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD should encourage and support evidence-based changes in practice and career development and be relevant to your practice. All physicians should demonstrate 50 hours of CPD per year (250 hours over the five year revalidation cycle, of which 125 should be external).

##### **Recommended learning opportunities**

CPD activities should be relevant to your full scope of practice, and reflect your personal development plan. There are numerous conferences that provide excellent updates for the general clinical geneticist notably the annual BSGM conference in the autumn and the annual CGS Spring meeting. Sister societies notably the ESHG and ASHG also hold excellent annual conferences. The length of these conferences range from 1-3 days and usually attracts 5-6 credits per day.

Specialist conferences and meetings are held that will reflect specific areas of practice. Of particular importance are those related to cancer genetics and dysmorphology.

- *Cancer Genetics Group (CGG) meetings* – the CGG is a national, multidisciplinary organisation. Eligible members are those with an interest in hereditary predisposition to cancer including clinicians, counsellors and scientists. The Group hold annual winter and spring meetings. For

further information see the website (<http://www.ukcgg.org/>)

- *Dysmorphology Meetings* – the UK Dysmorphology Club meets three to four times per year (usually in London). Details of these meetings are usually found on the CGS website or via the Institute of Child Health in London which produces a dysmorphology digest (to subscribe or unsubscribe to this visit <https://www.mailinglists.ucl.ac.uk/mailman/listinfo/ich-dysmorphology>). In addition there are a number of regional Dysmorphology meetings. The CGS considers it best practice that all clinical geneticists who include dysmorphology in their practice attend at least one national or regional dysmorphology meeting per year in order to remain or become familiar with the diagnosis of rare dysmorphic syndromes. The skill in diagnosis requires exposure to patients with these conditions (usually via photographs). There are also a number of international Dysmorphology conferences – a biennial one is held in the UK (in Manchester).

Other meetings reflect established or developing specialist interests and often include meeting with colleagues from other medical disciplines and from laboratory genetics. Examples include:

- *Cardiac Genetics* – the Association for Inherited Cardiac Conditions (AICC) formed in 2011. This was inaugurated during the third Cardiff Symposium on Clinical Cardiovascular Genetics. Members include cardiologists and geneticists. The AICC was formed to provide education and training, advice on management and best practice and a forum for audit and collaborative research. It holds an annual meeting. For further information see the website <http://www.improvement.nhs.uk/aicc/>.
- *Skeletal Dysplasia Group* – this group was founded in 1979 with the aim of promoting teaching and research into the rare developmental disorders of skeletal growth (osteochondrodystrophy). Members include professionals from all relevant branches of medicine and basic sciences including geneticists, radiologists, orthopaedic surgeons, paediatricians, genetic nurses, endocrinologists and rheumatologists. The Group holds one day scientific meetings in the spring and autumn. The spring meeting is replaced by an Instructional Course on the Diagnosis of Skeletal Dysplasias on alternate (even) years. The Instructional course has recently been expanded to run over three days. For further information see the website [www.skeletaldysplasiagroup.org.uk/](http://www.skeletaldysplasiagroup.org.uk/).
- *Eye Genetics Group* – annual one day meeting is held. For further information see the website <http://www.ukcgg.com/>
- *Neurogenetics* – UK Neurogenetics club meets twice yearly
- *GeneEthics Club* – regular meetings are held to discuss ethical topics and provide an opportunity to present cases for discussion about specific ethical dilemmas in practice Those wishing to attend meetings can obtain details by e-mailing [Michael.parker@ethox.ox.ac.uk](mailto:Michael.parker@ethox.ox.ac.uk).

Many clinical geneticists have become national and international experts in one genetic condition or group of genetic conditions, often through a research interest. CPD may include attendance at national/international conferences related to these disorders – these may also involve (and sometimes be funded by) lay support groups. Similarly, specific practice for example in neuromuscular genetics may be supported by attendance at conferences such as those held by the British Myology society and the UK muscle interest group.

In addition, CPD questions are being developed based on current articles in the Journal of Medical Genetics.

The “Fundamentals of Clinical Genetics” course is held every two years in Cambridge and has been endorsed by the Clinical Genetics Society and the Specialist Advisory Committee of the Royal College of Physicians, London. This 3-day course is open to Consultants and Specialist Trainees in Clinical Genetics, with the programme designed to give delegates an up-to-date overview of the fundamental aspects of genetics which underpin clinical practice. It attracts 18 CPD points.

Other courses providing updates as technology changes are available including ones on

Bioinformatics run by the North West of England knowledge park (NOWGEN).

Some consultants may wish to demonstrate their knowledge by taking the specialty examination which will now be taken by all trainees.

#### QUALITY IMPROVEMENT ACTIVITY

##### **Clinical audit – guidelines and resources**

National audits are being established and it is proposed that one will be performed each year on topics recommended by the lead clinician group of CGS/ Council of the CGS. The results from the national audits will be presented at CGS meetings and audit reports produced that will appear on the [CGS website](#).

Local and regional audits are also undertaken. These will sometimes, even frequently involve other professionals including genetic counsellors and laboratory clinical scientists.

#### FEEDBACK ON PRACTICE

For individual doctors validated patient surveys are available from the RCP, please see <http://www.rcplondon.ac.uk/cpd/revalidation/supporting-information-tools-and-templates/feedback-and-revalidation>. These are designed for adult patients who are able to communicate in writing.

Physicians can use feedback tools approved/commissioned by their employing NHS Trusts. Instruments used for this element of revalidation must meet the guidelines published by the GMC: [http://www.gmc-uk.org/doctors/revalidation/colleague\\_patient\\_feedback.asp](http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp).

Many clinical geneticists see children and the RCPCH have developed a “Paediatric carers of children feedback form” (PaedCCF) which may be used (<http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation/rcpch-approach/assessment-paediatric-con>). This has been validated and a national pilot study published (McGraw M, Fellows S et al. [Arch Dis Child](#). 2012 Mar;97(3):206-10). Older children can contribute to this depending on maturity but no tool has yet been developed for assessing the feedback from younger children.

Guidance is available from the British Society of Rehabilitation Medicine for patients with communication problems.

For each regional service as a whole, patient surveys have been developed, however you will need to check that these are in line with the GMC guidance for use for revalidation: [http://www.gmc-uk.org/doctors/revalidation/colleague\\_patient\\_feedback.asp](http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp)