Royal College of Physicians

bsg
BRITISH SOCIETY OF GASTROENTEROLOGY

REVALIDATION for PHYSICIANS

A resource guide for physician specialties

Gastroenterology and Hepatology

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 (SI)** drawn from your current practice which demonstrates how you are continuing to meet the requirements set out by the GMC.

This document should be read in conjunction with GMC and RCP documents:

- Good Medical Practice
- Good Medical Practice framework for appraisal and revalidation
- Supporting information for appraisal and revalidation: guidance for physicians applicable across all physician specialties and approved by the British Society of Gastroenterology. This document is purely for guidance and is not exhaustive. It does not make any recommendations regarding general medicine.

This document refers to the six types of SI (and general information) that you will be expected to provide and discuss at your appraisal at least once in a five year cycle. These are:

- general information about you and your professional work
- keeping up to date
    - CPD *(see below)*
- review of practice
    - quality improvement activity *(see below)*
    - significant events *(see below)*
- feedback on professional practice *(refer to guidance for physicians)*
    - colleague feedback *(refer to guidance for physicians)*
    - patient and carer feedback *(refer to guidance for physicians)*
    - complaints and compliments *(refer to guidance for physicians)*

BRITISH SOCIETY OF GASTROENTEROLOGY

The British Society of Gastroenterology (BSG) exists to maintain and promote high standards of patient care in gastroenterology and to enhance the capacity of its members to discover and apply new knowledge to benefit patients with digestive disorders.

Full details of the British Society of Gastroenterology can be found via www.bsg.org.uk

SUB SPECIALTY INFORMATION

Full details of the BSG sections and relevant guidelines can be found at www.bsg.org.uk

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD should encourage and support specific changes in practice and career development and be relevant to your practice such as training and appropriate endoscopy-related updates. CPD is not an end in itself but should be reflective. All doctors need to demonstrate 50 hours of CPD per year (250 hours over the five year revalidation cycle of which 125 should be external (RCP website). It is essential that all doctors maintain a clear diary of activity and reflection; the BSG would recommend

the on-line diary of the RCP.
http://cpd.rcplondon.ac.uk/Login.aspx?ReturnUrl=%2f

Recommended learning opportunities

The BSG website has a useful education site and numerous helpful clinical guidelines. The BSG website and regular BSG e-newsletters provide detailed information of forthcoming academic meetings which can be used as good quality training opportunities. *Gut* and *Frontline Gastroenterology* are leading UK gastroenterology journals and provide a wealth of information for learning.

QUALITY IMPROVEMENT ACTIVITY

Recommended guidelines and audit resources

For the purposes of revalidation you must demonstrate that you regularly participate in activities that review and evaluate the quality of your work and allow you to reflect on your practice. For instance personal participation in Endoscopy User Group Meetings is encouraged.

All gastroenterologists/hepatologists should practise in line with BSG http://bsg.org.uk/clinical/general/guidelines.html or NICE guidelines in their sub-specialty area. Where this is not possible the reasons for this variation in practice should be clearly documented.

Examples of quality improvement activity include:

Clinical Audit

The BSG would recommend use of the RCP personal clinical audit tool (p-CAT) which can be accessed from the tools and templates page of the RCP website:
http://www.rcplondon.ac.uk/cpd/revalidation/supporting-information-tools-and-templates

Wherever possible, doctors should look to take part in relevant national audits such as the National IBD audit.

The BSG and NICE Guidelines may be used as a basis for local audits of clinical practice. The audit results should be discussed with colleagues at local meetings, action plans agreed and re-audit undertaken to confirm an improvement in service.

If performing endoscopy in a JAG-approved unit it is essential to support the Global Rating Scale requirements, such as undertaking GRS audits.
https://www.jagaccreditation.org/

Review of clinical outcomes

Suggested Data for Collection

Endoscopy outcome data

It is important that you continue to reflect and learn from your practice and bring to your appraisal any changes you have made to your practice as a result of this process. This process is more important than a precise list of audit outcomes.

It is quite likely that over time the key performance indicators listed below will change and it is important to be aware of recommendations made by JAG.

Your appraisal is *whole of practice* and therefore it is important to include relevant data from any independent practice undertaken. The list below is not meant to be exhaustive and it is not suggested that all this data needs to be collected. It is meant more as a guide to the sort of SI you may find

helpful to bring to your appraisal. If your outcome data are not as good as you would have liked, it is important to address this as soon as possible without waiting for your annual appraisal.

Suggested data for collection could include:

Comfort data scores of patients undergoing endoscopy

Sedation doses used and use of reversal agents

1. Gastroscopy
   - Numbers
   - Intubation success
   - Complications – and your reflections, changed practice as a result
   - 8 day unplanned admissions and 30 day mortality and your reviews/reflections
2. Therapeutic gastroscopy
   - Number of bleeds treated
   - Technique used for treatment
   - Rebleeding/repeat treatment requirements
   - Complications – and your reflections, changed practice as a result
   - 8 day unplanned admissions and 30 day mortality and your reviews/reflections

Other examples of therapeutic gastroscopy might include oesophageal stent, balloon dilatation and PEG insertions with the above measurements.

3. Colonoscopy
   - Numbers
   - Caecal intubation success
   - Adenoma detection rates
   - Retrieval rates of polyps
   - Complications (bleeding/perforation) and your reflections, changed practice as a result
   - 8 day unplanned admissions and 30 day mortality and your reviews/reflections
4. Flexible sigmoidoscopy
   - Numbers
   - Adenoma detection rates
   - (Retrieval rates of polyps)
   - Complications (bleeding/perforation) and your reflections, changed practice as a result
   - 8 day unplanned admissions and 30 day mortality and your reviews/reflections
5. ERCP
   - Numbers
   - Intended Biliary cannulation rates
   - Intended Pancreatic cannulation rates
   - % of successful biliary drainage procedures
   - Complications (bleeding/perforation or pancreatitis) and your reflections, changed practice as a result
   - 8 day unplanned admissions and 30 day mortality and your reviews/reflections

Case Review/Discussion/Audit

These meetings should be regarded as local learning opportunities.

Examples of Local Meetings that you might attend**:** (Attendance records should be kept)

- Benign/Malignant MDT meetings
- Relevant mortality/morbidity meetings.
- Local governance/audit meetings.

You should reflect on your practice where appropriate.

Training

Trainers should use the JETS system for providing training feedback. http://www.jets.nhs.uk/ Where appropriate the trainer may want to reflect on the scope, delivery and feedback on training provided to others.

SIGNIFICANT EVENTS

In the event of clinical incidents, complications, complaints or serious incidents requiring investigation, doctors should demonstrate reflective practice and seek to improve practice where necessary. This would include review of any major endoscopy related adverse incidents including unplanned admission within 8 days or procedure-attributable death.

See GMC/physician guidance document for more information. http://www.rcplondon.ac.uk/cpd/revalidation/guidance-physicians-supporting-information-revalidation

FEEDBACK ON PRACTICE

You should seek feedback from colleagues and patients at least once per five year cycle and review and act upon that feedback as appropriate. 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.

The Royal College of Physicians of London provides important information about the revalidation process and recommended tools to use for patient and colleague feedback: (http://www.rcplondon.ac.uk/cpd/revalidation/supporting-information-tools-and-templates)

If you are an endoscopy trainer then you should encourage your trainees to leave feedback on the JETS website.

Complaints/ compliments - You should provide a summary of all formal complaints since the last appraisal, your participation in the investigation of the complaint and any changes to your practice as a result of the complaint. You may wish to also highlight the compliments you have received from patients.

QUESTIONS

The RCP has built up a library of frequently asked questions (FAQs) that can be accessed at http://www.rcplondon.ac.uk/cpd/revalidation/revalidation-frequently-asked-questions

The RCP has also established a dedicated central enquiry service for revalidation: revalidation@rcplondon.ac.uk for questions not covered by the FAQs above. This service should be used for specialty questions. If the RCP are unable to answer your query then the question will be forwarded to a trained RCP revalidation adviser for Gastroenterology. Please use this service rather than contacting the BSG directly.