



## REVALIDATION for PHYSICIANS

A resource guide for physician specialties

### Palliative Medicine

#### 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 gives 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 Association for Palliative Medicine).

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 Association for Palliative Medicine is to signpost doctors in palliative medicine 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 doctors in palliative medicine 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 Association for Palliative Medicine as promoting the highest

standards in the field of palliative medicine.

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).

#### ASSOCIATION FOR PALLIATIVE MEDICINE

The Association for Palliative Medicine of Great Britain and Ireland (APM), through its Professional Development Committee, provides information about appraisal and revalidation (<http://www.apmonline.org>)

#### SUB SPECIALTY INFORMATION

Specific advice for doctors working in independent hospices without NHS contracts can be found on the APM website <http://www.apmonline.org/page.php?pageid=197>

#### 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**

The Palliative Care Congress (PCC) is an international meeting held on alternate (even) years in the UK (<http://www.pccongress.org.uk>)

Alternate (odd) years the APM holds its own Biennial Conference and there are other courses available (<http://www.apmonline/page.php?pageid=148>)

The European Association for Palliative Care (EAPC) holds alternate yearly Congress and Research Congress (<http://www.eapcnet.eu>)

The Oxford Advanced Course in Pain and Symptom Management is held annually on four occasions ([http://www.sobell\\_house.org.uk](http://www.sobell_house.org.uk))

#### QUALITY IMPROVEMENT ACTIVITY

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

The APM is currently piloting two audits with a view to these being nationally adopted (<http://www.apmonline.org>)

Unlike some other specialties, clinical outcomes are difficult to quantify in palliative medicine.

Advice on demonstrating quality improvement can be found in the physician guidance (<http://www.rcplondon.ac.uk/cpd/revalidation/guidance-physicians-supporting-information-revalidation>)

#### FEEDBACK ON PRACTICE

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).

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>)