

Chapter 1 Introduction

Working as a health care professional in the twenty-first century is both rewarding and challenging. Being a doctor is a complex role typically with a broad scope of practice, which includes not just one's clinical role but other responsibilities such as teaching, research and management. Whatever clinical area or specialty you are working in, there are increasing public expectations. Medical revalidation, introduced by the General Medical Council (GMC) in 2012, is an evaluation of a doctor's fitness to practice (GMC 2020).

What is this book about? This book reviews the background that led to the implementation of medical revalidation in the United Kingdom (UK). It also provides a comprehensive description of the current revalidation process for all doctors in the UK.

Who is this book for? This book is aimed at:

- All doctors in the UK who are subject to revalidation, including General Practitioners (GPs), Consultants, Staff and Associate Specialists (SASs), Locally Employed Doctors and Doctors in Training
- All doctors who are appraisers and or Responsible Officers
- All who are involved in postgraduate medical education and training
- All medical students and their tutors and lecturers.

Overview of the Book

This book explores the evolution of the regulatory processes in medicine and other health professionals from a UK and international perspective. The current UK regulatory framework is described, as well as the recent drivers for change. The book provides a step-by-step guide to the process of revalidation from the perspective of the appraisee, the appraiser, the Responsible Officer

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and the employer. Examples of reflective writing are explored mapped to Good Medical Practice (GMP) and the Generic Professional Capabilities (GPCs). We then go on to explore the possible future for medical revalidation in the UK.

Background

The GMC considered the introduction of revalidation as far back as 1998. In 2010, the GMC together with the Chief Medical Officers (CMOs) from the four UK nations issued a joint Statement of Intent, explicitly defining the purpose of revalidation:

the purpose of revalidation is to assure patients and the public, employers and other health care professionals that licenced doctors are up to date and fit to practice

(Pearson 2017)

The process was eventually introduced in December 2012, but this change was not triggered by a single event but rather a cultural and systems shift in the UK and indeed across all health care systems globally. An increased expectation of the public, in part driven by increasingly better informed patients via the use of the internet and social media, and a number of high-profile malpractice cases have focused the attention of the public on the governance arrangements for health care professionals, including doctors. These events have included the scandals at the Bristol Royal Infirmary (Kennedy 2001), the issues at Alder Hey Children's Hospital (The Stationery Office 2001) and the Mid Staffordshire Report (Francis 2013).

As just one example, Francis (2013) in his final report into Mid Staffordshire discussed the use of appraisal to facilitate cultural change in NHS organizations, with a need for appraisal to be driven by feedback from patients and colleagues.

In the last 20–30 years, the models of care used to provide services to patients have been transformed, resulting in a greater emphasis on doctors working within multi-professional teams.

We are now also in the third medical revolution. The first was the public health revolution epitomized by the discovery that the 1854 cholera outbreak in London was as a result of contaminated water via the water pump on Broad Street, in the Soho area (now Broadwick Street), and not by airborne transmission. This finding led to the emergence of public health medicine.

The second has been the technological revolution over the last 50 years with investment in evidence-based medicine and a focus on quality of care, for example, Magnetic Resonance Imaging, coronary artery bypass

graft surgery, joint replacements, chemotherapy, renal dialysis, to mention just a few.

The third medical revolution, triggered by the citizen and driven by knowledge and the internet, has led to digital health strategies delivering direct clinical care and supporting education training and ongoing professional development (Topol 2019).

The purpose of revalidation is to assure the public, patients, employers and other health care professionals that all licenced doctors are up to date and fit to practice.

The process of revalidation is underpinned by each doctor being actively engaged in annual appraisal. Appraisal should be supportive and developmental with a key element being reflection on the breadth of the doctor's professional practice with the desired outcome of improving the quality of care for patients. The reflection process should focus on events and learning and how they have applied that learning in practice (Kolb 1984).

All doctors in the UK are required to revalidate. There are two pathways: those working as GPs, Consultants and SAS doctors who do so through an annual appraisal process; and those doctors in training, in GMC-approved training programs who are subject to an Annual Review of Competency Progression (ARCP). This acts as an annual appraisal.

More recently, the GMC and other stakeholders recognized that, in achieving the UK certificate of completion of training (CCT), doctors in training should have to demonstrate an appropriate and mature professional identity, appropriate to their level of seniority. As a result, the GPCs, a set of common generic outcomes, were introduced across all postgraduate medical curricula (GMC 2017). There are currently 66 medical specialties and 32 sub-specialties in the UK and there has been significant variation across all of these curricula in terms of generic professional practice outcomes and expectations.

Challenges

Is medical revalidation fit for purpose? The UK is nearly through the second cycle of revalidation and it is clear there are still challenges in engagement, the quality of appraisal, and the process of ensuring a consistent approach (Pearson 2017). There remain a number of gaps and areas for improvement.

Moving forward there may be increasing pressure from society for an even more rigorous assessment of each individual doctor's level of knowledge and skill. Revalidation in the future is likely to require further changes to help meet the ever-evolving needs of the public and governments.

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References

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