



LOCUM SURGEONS: GUIDE ON REVALIDATION

2014. The Royal College of Surgeons of Edinburgh, the Royal College of Surgeons of England,
the Royal College of Physicians and Surgeons of Glasgow.

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1. Introduction

Revalidation is the process by which all doctors practising in the UK can demonstrate to the GMC that they are up to date and fit to practise medicine. Since December 2012, it is a legal requirement for all doctors in order to continue practising in the UK. The requirements of revalidation are the same for all doctors and surgeons, however, certain groups such as locum surgeons face particular challenges in meeting these requirements.

This guide attempts to bring together existing relevant policy, guidance and tools to assist locum surgeons with their revalidation. This document should be read together with associated GMC and College guidance as outlined in the further information at the end of the document.

2. Revalidation standards

Locum surgeons will be assessed against the same generic framework of revalidation standards set by the GMC in the Good Medical Practice Framework for Revalidation and Appraisal. The framework is based on the GMC's Good Medical Practice and will be applied as necessary to the individual doctor. The revalidation process and standards are the same for all doctors.

3. Designated body

Most licensed surgeons will have a prescribed connection to a Trust or an organisation (called a designated body) that will provide them with a Responsible Officer, an annual appraisal and support them with their revalidation. The NHS Revalidation Support Team (now part of NHS England) has produced a Briefing for Locum Doctors which outlines the correct designated body for locums who work in different circumstances:

- » If you are directly employed by a healthcare provider on a temporary or fixed term contract your designated body will be your employer.
- » If you are contracted through a locum agency which is on the national Government Procurement Service framework your designated body will be with your agency. If you are registered with more than one agency on the national framework your designated body will be the agency where you did most work in the last calendar year.
- » If your locum agency is not on the national framework your designated body will be the nearest NHS England area team to your GMC registered address.

The GMC website has an online tool to clarify your connection to a designated body if you are unsure. Locum doctors will be issued a revalidation date by the GMC and should carry this with them into every organisation they work for.

4 Appraisal

All surgeons are required to actively engage in appraisal as part of their professional responsibilities and annual appraisal is the cornerstone of the revalidation process.

It is your designated body's responsibility, even when this is different to your employing Trust, to organise the appraisal, and to have an appraisal policy in place that includes the required appraisal process, appraisal date and allocation of a suitably trained appraiser.

Locums may be required by their designated body to make a financial contribution towards the cost of appraisal and responsible officer revalidation services.

Locum doctors are increasingly being trained as appraisers, particularly by locum agencies. If possible it may be beneficial for you to have a locum doctor as your appraiser; they should have better understanding of the particular challenges faced by locums in preparing for revalidation and in your role as a surgeon.

You must make sure that your appraisal covers your whole practice, including any non-clinical roles. Responsible Officers should work with locum agencies, surgeons and service providers to agree local arrangements for information sharing. It is your designated body's responsibility to ensure that information is transferred between organisations appropriately. You can find more information on cross organisational working in the NHS Employers' Guidance on the appointment and employment of locum doctors.

The NHS Revalidation Support Team advises that when accessing organisational information systems locum doctors use their own individual user name and password so that their entries can be attributed. All referrals and letters should identify the locum doctor's name and qualifications and all handwritten notes should be signed and dated.

5 Supporting information for your appraisal

Revalidation revolves around the collection of the following six types of supporting information and discussion of these at appraisal:

1. Continuing professional development (CPD)
2. Quality improvement activity (participation in clinical audit, review of clinical outcomes, participation in Morbidity and Mortality meetings and Multi-Disciplinary meetings)
3. Significant events (significant untoward incidents)
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints and compliments

The surgical royal colleges and specialty associations have worked with the Academy of Medical Royal Colleges to produce Supporting Information Guidance for Surgeons which supplements the GMC guidance and provides additional specific advice and examples for surgery.

Locum surgeons will need to present the same supporting information as all other surgeons. Your appraisal portfolio should provide supporting evidence related to each type of role you have had during the appraisal period, rather than from every place of work, and should reflect the scope of your practice.

Employing Trusts are required to provide doctors with access to relevant activity data about their practice, although it is part of surgeons' professional responsibility to gather and submit their supporting information on their own initiative, and keep accurate records of activity data and reflection notes. This should be done in a timely manner at the end of the assignment in accordance with local agreements. Locums may find it is helpful to request any relevant information soon after finishing each job.

6. Continuing professional development

The surgical royal colleges and specialty associations have written a CPD Summary Guide for Surgery which includes a CPD checklist which can be used as an aid during appraisal.

Surgeons must complete at least 50 hours of CPD activities each year or 250 hours in five years. Your CPD should be a balance of activities (between clinical, academic and professional) which are genuinely developmental. When you record your CPD it is essential that you include reflective comments on what you have learned from each activity and the impact it might have on your work.

Your employing trust is responsible for making sure their workforce is competent, up to date and able to meet the needs of the service. They should facilitate access to resources to support surgeons in maintaining and developing skills. More information on this can be found in the GMC's Continuing Professional Development: guidance for all doctors.

The NHS Revalidation Support Team's Briefing for Locum Surgeons provides examples of CPD opportunities for locum doctors. These include attendance at courses, web pages used for learning, contribution to self-directed learning groups or peer support groups, reflection on interesting cases and new approaches to management and one-to-one peer review sessions with a fellow locum doctor.

Surgeons can use the online Surgeons' Portfolio to collect and store all information relating to their CPD activities.

7. Audit, outcomes, and quality improvement activities

The surgical specialty associations have written Outcomes Framework Guidance for Revalidation for each specialty to provide guidance on how outcomes should be measured in each specialist area of practice.

Surgeons should contribute their data to a national audit where relevant. Where this is not relevant, you should undertake a local audit and present this at appraisal. A local audit may be conducted by you personally or form part of a wider audit.

Trusts are required to collect Hospital Episode Statistics (HES) data and should provide analyses of this information to surgeons. If a Trust has data which are attributed to you individually then you need to bring this to your appraisal. If you do not have access to individual data from your employing trust you should keep a logbook of individual activity in an online facility, such as the Surgeons' Portfolio. Surgeons may also submit team data if there are any relevant data available.

The NHS Revalidation Support Team's Briefing recommends that relevant clinical information (for example, for clinical audits or case reviews) is extracted and anonymised wherever possible during your locum appointment. Special arrangements may need to be agreed with the organisation if this information is to be accessed after the locum appointment finishes.

Locum surgeons who have longer continuous or regular short periods of appointment in the same department or practice should attend clinical governance or other multidisciplinary team meetings where this information is used to improve service delivery.

8. Complaints, compliments and significant events

Surgeons should include in their appraisal documentation details of any significant events they have been directly involved in and any formal complaints they have received since their last appraisal. Surgeons may also choose to include a summary of compliments they have received from patients, colleagues and other staff in recognition of their work.

Employing organisations should ensure that all those involved receive direct feedback from compliments, complaints and serious untoward incidents. Where official records are not available surgeons should keep a personal record.

9. Collecting colleague and patient feedback

Feedback from colleagues and patients should be collected and included in the appraisal discussion at least once per revalidation cycle, normally every five years. The surgical royal colleges and specialty associations have written Guidance on Colleague and Patient Feedback which outlines the key requirements and support available.

The GMC has developed a set of Colleague and Patient Feedback Questionnaires that are suitable for all doctors. It is, however, the responsibility of your designated body to provide a process for administering the questionnaires and interpreting the results. This should be done independently of the surgeon and appraiser.

Patients should complete the questionnaire after a single clinic and do not need to have seen the surgeon in the past. Locums are advised to wear a name badge, use a door name plate and introduce themselves to patients.

Locums may find it useful to ask their employing trust to provide feedback or their agency to request feedback soon after completing each job.

10. Surgeons' Portfolio

The Surgeons' Portfolio is an online logbook and portfolio for revalidation developed by the surgical royal colleges. The portfolio offers a straightforward way to bring together all the data required for your appraisals and revalidation.

The Surgeons' Portfolio is particularly useful for locum surgeons as it allows you to store information from each of your roles in one place. You can use the portfolio to record all of your CPD activities, audit and outcomes data, feedback from colleagues and patients as well as your appraisal documents. The portfolio allows you to quickly generate reports for you appraisal to include information from your choice of appraisal period. The online logbook capability can be used to keep a record of operative and other significant procedural interventions.

This service is free for members and fellows of the three UK Surgical Royal Colleges or the Royal College of Surgeons in Ireland and available to non-members for a fee.

The Surgeons' Portfolio helpdesk can be contacted at helpdesk@surgeonsportfolio.org

11. Further information

More information about the requirements for revalidation can be found on the GMC website (www.gmc-uk.org/doctors/revalidation.asp) and in the following documents:

- » [GMC Good Medical Practice Framework for Appraisal and Revalidation](#)
- » [GMC Guidance on Supporting Information for Appraisal and Revalidation](#)
- » [GMC Colleague and Patient Feedback Questionnaires](#)
- » [GMC's Continuing Professional Development: Guidance for all doctors](#)
- » [GMC online designated body tool](#)
- » [NHS Employer's Guidance on the appointment and employment of locum doctors](#)
- » [NHS Revalidation Support Team's Briefing for Locum Doctors](#)

(NB. The NHS Revalidation Support Team ceased to exist in April 2014 and its responsibilities were transferred to NHS England)

Surgery specific guidance and tools:

- » [Revalidation Guide for Surgery](#)
- » [College Guidance on Supporting Information for Appraisal and Revalidation](#)
- » [CPD Summary Guide for Surgery](#)
- » [Outcomes Framework Guidance for Revalidation](#)
- » [Guidance on Colleague and Patient Feedback](#)
- » [Guide on Revalidation for SAS surgeon](#)
- » [Supporting Information Guidance for Surgeons](#)
- » [Surgeons Portfolio](#)

If you have further questions on the revalidation of locum surgeons please contact the Revalidation Helpdesks in one of the surgical colleges:

RCS Edinburgh: revalidation@rcsed.ac.uk

RCS England: revalidation@rcseng.ac.uk

RCS Glasgow: revalidation@rcpsg.ac.uk

Surgeons' Portfolio Helpdesk: helpdesk@surgeonsportfolio.org