**Revalidation Information for Educational and Clinical Supervisors**

**Important Principles –**

* Every doctor who is fully registered with a licence to practise now needs to revalidate regularly, demonstrating that they are keeping up to date and practising safely.
* This includes doctors in foundation year two and all of specialty training.
* All doctors will be involved at some stage in complaints and untoward incidents – trainees should be reflecting on these in their portfolio and be aware of actions to be taken to prevent further incidents. Failure to reflect and learn from such incidents should be identified through the educational system.
* As part of the educational process, there will be on-going assessment by the Educational and Clinical Supervisors as to whether there are any fitness to practise concerns, especially when the trainee is involved in critical incidents and complaints.
* If a trainee is involved in any Serious Untoward Incident (SUI), critical event or complaint which are investigated by the trust, please inform the DME and Head of School as soon as possible.
* Any fitness to practise concerns should **at any time** be escalated to the DME and Head of School and investigated either by the Trust HR department (for employer issues) or through the School processes (see [Appendix 1](#Appendix_1) for more information about what constitutes a fitness to practise concern).
* Such concerns should also be notified to the Dean, as Responsible Officer of Health Education Thames Valley (previously known as the Oxford Deanery), for doctors in training including LATS.

**Role of the Educational and Clinical Supervisors in revalidation –**

**All through the training year -**

Trainees should always be encouraged to report any adverse incidents and to reflect and learn from them. There is good evidence that reflection increases learning and to an even greater extent if the reflection is written. This is one major purpose of the e-portfolio.

If you have reason to believe that there are any concerns about the trainee’s fitness to practise, or other worries about a trainee’s progress, these should be discussed with the Head of School or TPD, and the DME **at the time of the incident** – do not wait for an ARCP. As the Educational Supervisor, you may also hear about issues which have come to light from the GMC or from Trust complaints, incident reporting etc. You will be the first port of call for concerns about a trainee, but you should always use the Protocol for Supporting and Developing Doctors and Dentists in Training – available [here](http://www.oxforddeanery.nhs.uk/pdf/Oxford%20Protocol%20for%20Supporting%20andDeveloping%20Trainees2013.pdf) to follow correct processes. This will ensure that there is a plan in place which can be monitored and progress followed.

**Before the ARCP –**

1. **Form R and reflection on incidents**

Trainees also complete a “Form R”, which is an annual commitment to their training programme and updates their personal details. It has also been extended for the revalidation process to form a self-declaration from the doctor in training about any incidents and complaints that they have been involved in. Although the Educational Supervisor is NOT expected to sign this form, you need to ask about any incidents, as the trainees must demonstrate to you that they have reflected in their portfolio about such incidents. They will generally in any case wish to discuss these with you. If there is inadequate reflection this should be dealt with in the usual way for a trainee who is not performing to the required standard.

1. **Wider Scope of Practice**

Since the revalidation process must encompass all of a trainee’s practice, including locums, voluntary work, any other work as a doctor, this has to be declared by the trainee on the Form R. If they do declare any other work apart from locums in their own specialty in their own trust, they must also complete ta “Wider Scope of Practice” form. You will be asked to sign this form agreeing that the trainee has let you know about this work, as required by the Gold Guide. They are expected to self-declare that there have either been no incidents and complaints, or that they have reflected and learned from them, so you should discuss any such incidents with them.

1. **Completion of Annual Training Report**

Generally both Clinical and Educational Supervisors are required by the ARCP process to complete an annual report. Most electronic e-portfolios now include revalidation questions about incidents and complaints, probity and health in their Educational Supervisor’s Annual Training Report. However if this is not available, supervisors need to complete a separate form (see [Appendix 2](#Appendix_2)) to ensure that this information is available at the ARCP.

The GMC has recommended that doctors in training do not look outside of their training programme to obtain evidence to support revalidation. **Trainees are not required to collect patient feedback, 360° appraisal etc where it does not already form part of the curriculum**.

**Academic trainees, those out of programme and others –**

All trainees will have a 5 year revalidation cycle which starts when they are a Foundation 2 doctor. As many will have time out of training, some may be academic, or doing research, the system has to include all options. Therefore wherever a doctor is working, with a licence to practice from the GMC, they need to show every year that they are safe and up to date. A licence to practice is for the work that the doctor is ***actually*** doing, and so can include periods with no clinical work. Therefore the evidence requirements are the same and they will still require an annual meeting/discussion with a supervisor and to complete the evidence forms.

Further information about OOP can be found in [Appendix 3](#Appendix_3)

**Appendix 1. Fitness to Practise – what does it mean?**

For a full Explanation by the GMC of what Fitness to Practise actually means, see [here](http://www.gmc-uk.org/the_meaning_of_fitness_to_practise.pdf_25416562.pdf). Briefly -

* While occasional one-off mistakes need to be thoroughly investigated by those immediately involved where the incident occurred and any harm put right, they are unlikely in themselves to indicate a fitness to practise problem, although may if serious require GMC referral.
* An isolated lapse from high standards of conduct – such as an atypical rude outburst– would not in itself suggest that the doctor’s fitness to practise was in question.

A Fitness to Practise (FtP) concern is only likely to occur if –

* A doctor’s performance has harmed patients or put patients at risk of harm through a series of incidents that cause concern locally. These incidents will generally indicate persistent technical failings or other repeated departures from good practice.
* A doctor has shown a deliberate or reckless disregard of clinical responsibilities towards patients through misconduct which shows either an unwillingness to practise ethically or responsibly or a serious lack of insight into obvious problems of poor practice
* A doctor’s health is compromising patient safety; for example if it appears that the doctor has a serious medical condition (including an addiction to drugs or alcohol) AND the doctor does not appear to be following appropriate medical advice to minimise the risk to patients.
* A doctor has acted without regard for patients’ rights or feelings, or has abused their professional position as a doctor.
* A doctor has behaved dishonestly, fraudulently or in a way designed to mislead or harm others.
* Non-engagement with the ARCP process however would constitute a concern that should be discussed, especially if it has not been remediable through the usual education processes.

These may occur **at any time** and should be notified to the Head of School or TPD, and the DME who will inform the Dean, as RO for doctors in training. If you are not sure what to do, please discuss with the Revalidation Team at HETV. Investigation of any serious untoward incidents or other concerns should be carried out by the Trust or by the School and trainee supported through the Protocol for Supporting and Developing Doctors and Dentists in Training – available [here](http://www.oxforddeanery.nhs.uk/pdf/Oxford%20Protocol%20for%20Supporting%20andDeveloping%20Trainees2013.pdf).

**What to do if there are Fitness to Practise concerns –**

As an Educational or Clinical Supervisor, please work with your Head of School and DME. They will report all trainees with fitness to practise (FtP) concerns to the Responsible Officer’s Advisory Group (e-mail Branwen Thomas, Revalidation Manager, or Dr Julie Edge, Interim Revalidation Associate Dean). A monthly meeting is held to discuss trainees with FtP and revalidation concerns reported from any agency, including the GMC and to ensure that there are support plans in place. A discussion is welcomed if you are not sure whether or not there is a FtP concern.

**Branwen Thomas** [**branwen.thomas@thamesvalley.hee.nhs.uk**](mailto:branwen.thomas@thamesvalley.hee.nhs.uk)

**Julie Edge** [**julie.edge@thamesvalley.hee.nhs.uk**](mailto:julie.edge@thamesvalley.hee.nhs.uk)

**Appendix 2**. Form for completion by Educational and Clinical Supervisors where an electronic declaration does not exist e.g. for RITAs or for Schools which do not have a revalidation-ready electronic trainer’s report.

|  |  |  |
| --- | --- | --- |
| **Details of concerns/investigations:** | | |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint? | | **Yes/ No** |
| If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct? | | **Yes/No** |
| Comments, if any: | | |
| Name of ES / CS |  | |
| Signature of ES/CS |  | |
| Date |  | |
|  |  | |
| Name of Trainee: |  | |
| Signature of Trainee |  | |
| Date: |  | |

**Appendix 3**

**Revalidation Guidance for Doctors in Training Undertaking**

**all forms of Out of Programme Work**

All doctors now have to revalidate at 5 year intervals **and** at the point of award of CCT. This clock is generally not influenced by periods OOP. The only time that this may change is if you are having a career break at the time of revalidation and have not been able to collect any evidence, when the responsible officer may allow deferral of revalidation until you resume practice.

You therefore need to continue to collect cumulative evidence to support your revalidation and **all aspects** of your practice as a doctor must be accounted for. Depending on the type of work you are doing while out of programme, you may need to collect different, and possibly more, evidence than for the usual ARCP or RITA.

**Your ARCP/RITA date will be set in advance as usual and you will be required to submit evidence and attend if necessary as requested by your Training Programme Director in the Oxford Deanery.**

**For trainees in ALL types of OOP**

The Postgraduate Dean will remain your as Responsible Officer (RO) while you are OOP and your prescribed connection is with Health Education Thames Valley. While you are away you will need to do the following, on at least an annual basis:

* **Engage with and complete the requirements of any training component of work you are undertaking, including provision of a Supervisor’s Report, completion of online portfolios and any work place based assessments as specified by your specialty. This continues during any work overseas.**
* **Engage in, and provide documentary evidence of involvement with, the appraisal or review process in your host organisation, and retain any paperwork for submission to the ARCP/RITA panel.**
* **Complete the enhanced Form R, listing any wider work that you perform, and answering the revalidation questions about any incidents, complaints, health and probity in readiness for revalidation.**
* **Complete a Wider Scope of Practice form if relevant, detailing your entire scope of practise including locum and other wider work as a doctor which is NOT part of your training programme. Provide evidence that you are satisfying the GMC domains across that scope of practice. This form must be signed by your Educational Supervisor**

For extra requirements in individual OOP types please see details over the page:**Out of Programme for Training (OOP(T))**

The ARCP and RITA outcomes for trainees undertaking satisfactory OOP(T) are the same as those when in the training programme. The panel will also need all the evidence listed above to make a judgement about your readiness for revalidation.

**Out of Programme for Research (OOP(R))**

Your School will have decided in advance whether or not you can count some of your research time towards your certificate of completion of training (CCT), but the evidence required for revalidation will not change.

**In addition to all of the generic evidence** you need to provide to the ARCP/RITA panel, as described above, you will need to do the following:

* **Be aware of and abide by the GMC Guidance on Good Practice in Research:**

[**http://www.gmc-uk.org/guidance/ethical\_guidance/research.asp**](http://www.gmc-uk.org/guidance/ethical_guidance/research.asp)

* **Submit a completed academic supervisor’s report for each period/post of research.**
* **If you are also carrying out clinical work, you will also need to provide a Clinical or Educational Supervisor’s report through your e-portfolio or on paper.**

**Out of Programme for Experience (OOP(E))**

The ARCP and RITA outcomes for trainees undertaking satisfactory OOP(E) have not changed and you should routinely be awarded an 8 or F respectively. However the panel will need the evidence listed above to make a judgement about your readiness for revalidation.

**Out of Programme for Career Break (OOP(C))**

If you do not undertake any medical work at all during the year before your revalidation date, then the Dean may recommend a deferral of your revalidation date.

If you have a shorter period of OOP(C) than a full year or you do undertake any medical work during this period, you will need to provide evidence as detailed above. In particular you will also need to;

**Engage with any Return to Training Scheme run by your School prior to leaving, during, and upon your return to training.**

**Keep an accurate record of any medically related work you undertake whilst you are not working in your training programme, including any assessments or appraisals.**

**Keep an accurate record of any educational events that you are involved with for example attending training days and record in your portfolio.**