

Northern Ireland



Medical & Dental Training Agency

POLICY DOCUMENT

Revalidation Policy

(Northern Ireland Deanery)

2015 (Version 1.6)
ROG>QMG

Policy Review Schedule

Date first Approved by QMG:

Last Approved by QMG:

Date of Next Review:

Policy Owner:

Amendment Overview

Version	Date	Pages	Comments	Actioned
2015 – 1.1	01.07.15	10	Created	D Hughes
2015 – 1.2	29.09.15	12	Revised	D Hughes
2016 – 1.3	28.04.16	12	Revised	D Hughes
2016 – 1.4	31.05.16	11	Amended to reflect changes in process for exception reporting and timing for revalidation.	D Hughes
2016 – 1.5	03.06.16	11	Removal of GMC REV4 process	D Hughes
2016 – 1.6	03.11.16	11	Further revisions	D Hughes
2016-1.7	07.12.16	11	Revised at ROG	D Hughes

Contents

Policy Review Schedule.....	2
Role of NIMDTA	4
1. Introduction.....	5
2. Regulation	5
3. National Revalidation Groups	5
4. NIMDTA Revalidation Operational Group	5
5. Identification of Revalidation recommendation date	6
6. Exception Reporting	7
7. Dealing with concerns relating to revalidation recommendations at ARCP.....	8
8. Process for Making a Recommendation for Revalidation	10
9. Requesting changes to GMC Revalidation submission dates	11
10. Connecting to NIMDTA as a doctor’s designated body	11
11. Disconnecting a doctor from designated body	11
12. Hospital Specialty Trainees undertaking a period Out of Programme	11
13. Failure to Comply with the Requirements of the Training Programme	12
14. Revalidation for Hospital Specialty Trainees on the GP Performers’ List (PL)	12

Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a highly competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA also works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA aims to use the resources provided to it efficiently, effectively and innovatively. NIMDTA's approach to training is that trainees, trainers and educators should put patients first, should strive for excellence and should be strongly supported in their roles.

1. Introduction

Revalidation is the General Medical Council's way of regulating licensed doctors to assure patients and the public that licenced doctors are up to date and fit to practise. Revalidation commenced in December 2012 and every doctor who is fully registered with a licence to practise, including doctors who are in training, are required to participate in revalidation. The aim is to support doctors in their professional development, helping to improve quality, patient safety and public confidence in the profession.

Licensed doctors will have to revalidate approximately every five years. In addition, doctors in postgraduate training also revalidate when they receive their Certificate of Completion of Training (CCT) or CESR CP.

NIMDTA is the Designated Body for all doctors in training in Northern Ireland and Professor Keith Gardiner as Postgraduate Dean, is Responsible Officer (RO).

2. Regulation

The Department of Health Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 www.gmc-uk.org/doctors/revalidation/12395.asp came into effect in October 2010. The regulations indicate that designated bodies have a duty to nominate or appoint responsible officers and a duty to nominate or appoint additional responsible officers in cases of conflict of interest or appearance of bias.

Professor Gardiner, as RO is a member of the Department of Health Revalidation Delivery Board and the Responsible Officer Forum.

3. National Revalidation Groups

The Postgraduate Medical Dean represents NIMDTA on the COPMeD Four Nations Trainee Revalidation Oversight Group (4NTROG). This is a quarterly meeting at which policies and approaches to revalidation are agreed across all four nations.

The Quality Manager represents NIMDTA on the COPMeD Revalidation Operational Group (ROG) at which revalidation operational policies are discussed. .

Nationally agreed ARCP forms and processes are available on the Revalidation section of the COPMeD website www.copmed.org.uk/publications/revalidation.

4. NIMDTA Revalidation Operational Group

The Revalidation Operational Group is accountable to the Board through the Senior Management Committee and is chaired jointly by the Director of Hospital Specialty Training and the Director of General Practice Education.

The purpose of the Revalidation Operational Group is to support the delivery of revalidation for doctors in training in the Deanery to meet the relevant statutory obligations and extra statutory guidance.

The role of the Revalidation Operational Group is to:

- design and implement NIMDTA systems and processes to manage the revalidation of doctors in training.
- work with Local Education Providers in developing systems to transfer clinical governance information from Local Education Providers to NIMDTA.
- support trainees undergoing revalidation through provision of Deanery updates and FAQs on revalidation.
- support ARCP panels in their assessment of revalidation information through training and updates.
- provide quality management of the outcomes of ARCP panels' decisions regarding revalidation.
- review and ensure equality and consistency of processes across all specialties.
- review and test documentation to ensure processes are simple and clearly understood.
- disseminate good practice and experience in response to the challenges of revalidation
- liaise with the Associate Dean for Career and Professional Support regarding doctors requiring support.
- facilitate the transfer of information to other organisations where appropriate and in line with the principles set out in the Data Protection Act.
- ensure the maintenance of a link with the GMC in relation to revalidation dates for doctors in training in Northern Ireland.
- revise regional policy and procedures in the light of GMC requirements and changes to national policy
- identify concerns arising from employer returns, ensuring that risks are managed and information transferred as appropriate

5. Identification of Revalidation recommendation date

The GMC sets the date for revalidation recommendation for all doctors.

All trainees are advised of their revalidation date by the GMC at the point of obtaining full registration and this is available on their GMC Connect account.

Trainees with CCT date before 1 April 2018

Since the introduction of revalidation in December 2012, trainees revalidate at the point of eligibility for CCT. If their GMC revalidation date does not align to this, revalidation has been deferred to the point of CCT. This will continue to be the case for trainees with a CCT date until March 2018, they will revalidate in line with their CCT by deferring the submission date appropriately.

Trainees with CCT date later than 31 March 2018

For trainees with a CCT date later than March 2018 or without a CCT date, their first revalidation recommendation will no longer automatically be linked with CCT date. This will occur approximately 5 years after gaining full registration with a licence to practice. A further revalidation recommendation will take place at the point of eligibility for CCT, meaning that many trainees will revalidate twice during training.

For trainees in shorter training programmes (eg General Practice), first revalidation may take place at point of CCT if this is sooner than 5 years from obtaining full registration.

If a trainee has a revalidation date at the early stages of their training programme, a Form R and ARCP outcome dated within the preceding 12 months of the submission date will be used to make a recommendation. A second revalidation at the point of CCT will also take place. If this information is not available, a deferral will be made.

If a trainee's CCT date is within 12 months of their revalidation date, the date for revalidation will be deferred to avoid revalidating twice in the same year.

All revalidation recommendations are made based on the information available at the time of making the recommendation.

6. Exception Reporting

From the introduction of revalidation in December 2012, exit reports were requested from the Medical Director of each LEP on a 6 monthly basis by the Professional Support Department for all trainees employed by the LEP.

For trainees who have been involved in an investigation, serious event or complaint the LEP will complete an exception report to provide further information to the PGD. This will include whether the issue has been resolved satisfactorily with no unresolved concerns about the trainee's fitness to practise. Where an issue remains unresolved but the trainee is rotating to another LEP, the LEP where the issue occurred will be asked to provide updates on a regular basis.

From February 2016, it has been agreed that revalidation exception reporting will be provided on a real time basis via the Medical Director's office.

6.1 Monitoring LEP Exception Reporting

From August 2016, correspondence is provided to Medical Directors on a monthly basis reminding them that all investigations, SAs or complaints concerning trainees must be reported in a real time basis and to confirm if any issues have arisen since their previous reporting period. Updates on existing investigations is also requested.

If confirmation is not received within the specified timeframe, a reminder will be issued. A further reminder will be issued if a response has not been received within 5 working days from the initial reminder. This correspondence will also be copied to the Postgraduate Dean.

If the required information is not provided following these stages, this will be documented in the QMG log and if appropriate the Hospital Risk Registrar.

Communication between NIMDTA and the LEP is included for discussion at each LEP annual review.

6.2 Review of Exception Reports by ARCP Panels

- The exception reports are provided to the School Specialty Administrator by the Professional Support Department prior to ARCP.
- If an issue has been resolved and reviewed by a panel following resolution, this will not be shared with future panels.
- If an exception report has been received after the panel has taken place and therefore not reviewed by an ARCP panel, this should be reviewed at the next ARCP, irrespective if it is the same specialty or not.
- If a report has been reviewed by an ARCP panel but the issue is not resolved, the original exception report and any updates should continue to be shared with subsequent panels as this is still on going, even if the specialty has changed.

7. Dealing with concerns relating to revalidation recommendations at ARCP

Trainees may be involved in investigations, complaints or serious incidents which could raise issues around their fitness to practise (FTP) and have an impact on the revalidation recommendation to be made by the Postgraduate Dean (PGD) as Responsible Officer (RO) for trainees. Such issues may not prevent the RO from making a positive revalidation recommendation, but an assessment is required as to whether such issues represent a concern about the trainee's FTP. The PGD requires ARCP panels to consider these issues and contribute to the assessment.

For the PGD to make a judgement about a revalidation recommendation requires the information available about a resolved or unresolved issue to be appropriately considered. This assessment of an issue will normally involve returns from the trainee, the Local Education Provider (LEP), the trainee's supervisors and the Annual Review of Competence Progression (ARCP) panel. When an issue is considered by the trainee's supervisor or ARCP panel, the reasoning including any discussion must be documented to provide the PGD with sufficient assurance that it has been considered appropriately.

Issues identified can be classified as either resolved or unresolved. Where an issue is recorded as being resolved, the trainee is expected to have recorded a reflection in their portfolio and have identified where it can be viewed. While an issue may have been resolved, it may have future relevance if further incidents occur that suggest a pattern of recurrent or persistent behaviour that could be a FTP concern.

If trainees are involved in serious incidents it will be necessary to discuss these with the GMC Employer Liaison Adviser (ELA) where the incident raises a serious concern about a doctor.

Where a trainee is involved in a GMC investigation the ARCP panel will decide on the ARCP training outcome as usual and should record that there are unresolved concerns as indicated by the GMC investigation and should document any additional concerns. The RO will not be able to make a revalidation recommendation while a GMC investigation is ongoing.

If a trainee is involved in a Maintaining High Professional Standards (MHPS) investigation, the ARCP panel should decide on the training outcome as usual and should record that there are unresolved concerns as indicated by the Trust investigation and should document any additional concerns. It is expected that the RO will need to defer a recommendation regarding revalidation at least until the investigation is complete.

To assist the PGD in evaluating any issues identified there are a number of sources for gathering information which are provided to the ARCP panel to review. The information sources are:

- **Form R**
- **LEP Exception report**
- **Educational Supervisor Report:**
- **Professional Support Review Group (PSRG) Revalidation Statement** (if applicable)

This information will be collated into the ARCP Panel Revalidation Summary by the Specialty School administrative staff. The purpose of this document is to

1. Highlight to the panel members prior to the ARCP commencing that additional information has been provided by a trainee, ES, employer or TSRG that may need to be considered when determining the revalidation outcome
2. Inform the Chair of the panel which ARCPs may take longer due to the additional information and discussion
3. Identify adverse ARCP outcomes from each panel
4. Identify trainees for whom there may be revalidation concerns at this stage of their training.

School administrators will complete sections of the ARCP Revalidation Summary documentation in advance of ARCP and provide this to the Chair of the panel for further completion during the ARCP. This includes a training outcome, a record of discussion with the trainee and whether there are current known unresolved causes of concerns in relation to revalidation. The ARCP panel is required to review the above sources of information, discuss it with the trainee where appropriate, triangulate, record what information was considered and document a summary of any concern. Documentation of this discussion is required whether the issue is resolved or unresolved and whether the panel assesses the issue as being a concern or not. **If the panel is unsure about the significance of an issue or whether or not it has been resolved, they should escalate the issue to the Associate Dean, Director of GP Education or Postgraduate Dean.**

The ARCP panel may decide that the trainee has completed all areas required for completion of training and the award of an outcome 6, but have identified that the trainee has been involved in an issue which is unresolved. Where an issue has raised serious concerns about the trainee's fitness to practice it is expected that it would not be possible to award an outcome 6 and discussion with the ELA is expected to be required. It is recognised

that for some specialties due to the types of clinical events that result in a serious incident report, trainees are very likely to have an unresolved investigation at the time of finishing training without there being a concern about their FTP.

A trainee may receive an unsatisfactory training outcome (e.g. due to exam failure) without there being any concerns about their revalidation.

8. Process for Making a Recommendation for Revalidation

1. The Revalidation Executive Officer will provide the GMC with a full list of doctors in training in Northern Ireland for bulk upload onto GMC Connect. This information will be provided on an annual basis at the beginning of October for the training year ahead.
2. All trainees uploaded will be connected to Northern Ireland Deanery as their Designated Body.
3. The Specialty School Administrator will inform Revalidation Executive Officer of any changes to a trainee CCT date.
4. If necessary, the Revalidation Executive Officer will request an amendment to the trainee revalidation date from the GMC.
5. GMC will approve any amended revalidation dates and confirm this with the trainee.
6. The Revalidation Executive Officer will inform the Specialty School Administrator if a trainee is due to revalidate at a date prior to CCT.
7. Once the trainee is within 120 days of their revalidation date they will become Under Notice and a revalidation recommendation can be made from this point onwards.
8. After a successful final ARCP, the Specialty School Administrator will provide the Revalidation Executive Officer with the following documentation for each available year of training or the trainee's previous revalidation date:
 - Form R
 - ARCP Form
 - Educational Supervisor Report
 - PSRG Statement (where appropriate)
 - Exception Report (where appropriate)
9. Revalidation Executive Officer will review documentation for each trainee Under Notice and update internal records with outcomes. A date will be confirmed with the Responsible Officer to assess the trainee file.
10. The Responsible Officer will review trainee documentation and make a revalidation recommendation to the GMC if appropriate.
11. Recommendations options are:
 - a. Recommendation
 - b. Deferral
 - c. Non-engagement
12. If there is insufficient information to make a recommendation, the Revalidation Executive Officer will request further information from the Specialty School administrator and/or trainee.
13. A further date will be agreed between the Revalidation Executive Officer and the Responsible Officer to review this documentation.

9. Requesting changes to GMC Revalidation submission dates

Normally a trainee will come under notice for revalidation recommendation 60 - 90 days before their CCT date. This may not be their first revalidation recommendation, as indicated under Section 5.

9.1 Deferring recommendation for revalidation

A trainee's date for revalidation cannot be deferred until they come under notice. In most cases this would be to align with CCT date or if there is insufficient information available to the RO to make a recommendation. When deferring a revalidation date, NIMDTA's Revalidation Executive Officer will request a revalidation date from the GMC approximately 60 days after CCT or ARCP. Once approved, the trainee will come under 4 months before the submission date.

9.2 Bringing forward the date for revalidation

The shortest time that trainees can be deferred for is 120 days and the maximum is 365 days (12 months).

The Revalidation Executive Office complete a REV4 form via GMC connects and submits for approval by the GMC.

10. Connecting to NIMDTA as a designated body

All doctors in training should connect to NIMDTA as their designated body via GMC Connect on commencement of their training post or programme and must remain connected to NIMDTA for the duration of their training.

Trainees are reminded on this requirement in their Educational Agreement which is issued on commencement of training.

11. Disconnecting a doctor from designated body (Decline responsibility)

Trainees are required to disconnect from NIMDTA as soon as they have completed their training programme or left their training post. A doctor can be disconnected manually by using 'decline responsibility' on GMC connect. In most cases the explanation provided to the GMC is that the doctor does not have a connection with the designated body and this can be chosen from the drop down list.

When this occurs an automated email is sent to revalidation.nimdt@hscni.net by the GMC.

12. Hospital Specialty Trainees undertaking a period Out of Programme

Hospital Specialty Trainees may request a period of time out of their specialty training programme whilst retaining their NTN. To facilitate the requirements for revalidation, trainees will not be permitted to spend the last 6 calendar months of training prior to CCT outside a GMC approved UK training programme.

Trainees must maintain their licence to practise with the GMC during their period out of programme and maintain connection with NIMDTA and the Postgraduate Dean as Responsible Officer for revalidation on GMC Connect

13. Failure to Comply with the Requirements of the Training Programme

The management of trainees who fail to participate or comply with the requirements of the training programme is documented in the Failure to Comply with the Requirements of the Training Programme (NI Deanery Policy at www.nimdtta.gov.uk/trainee-policies-and-guidance/)

14. Revalidation for Hospital Specialty Trainees on the GP Performers' List (PL)

There are a number of hospital specialty trainees who are on the GP Performer's List. The Responsible Officer for HSCB for all General Practitioners provides a report on the General Practice element of their work which is shared with the Specialty ARCP panel.