

**Revalidation Guidance for Paediatricians with Expertise in Cardiology (PEC's) based on *Good Medical Practice* Framework**  
**(Guidance developed by a PECSIG-BCCA Collaborative working group)**  
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Paediatricians with  
Expertise in Cardiology  
Specialist Interest Group



## **Revalidation Guidance for Paediatricians with Expertise in Cardiology (PEC's) based on *Good Medical Practice* Framework**

Revalidation is the process by which all licensed doctors must demonstrate every five years that they are up to date and fit to practice. For this to be achieved all licensed doctors need to have a yearly appraisal covering the whole scope of their work. During the appraisal doctors are required to discuss their practice and performance and use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good medical practice*.

The Good medical practice framework consists of 4 domains which cover the spectrum of medical practice. Each domain is described by 3 attributes with the attributes aiming to define the scope and purpose of each domain.

RCPCH provides guidance on Revalidation for Paediatricians using the core principles laid out by GMC and modifying it suitably to take account of paediatric practice. As per the RCPCH guidance information for a revalidation cycle includes the following –

1. Scope of work describing whole practice
2. Probity statements
3. Health statements
4. Five signed appraisal forms
5. Five Personal Development Plans (PDP) and review of previous PDP
6. Evidence of 250 CPD credits spread over 5 years
7. Evidence of quality improvement activities e.g. clinical audits, review of clinical outcomes, review of clinical cases or other quality improvement activities related to management or research posts as applicable over 5 years
8. Significant/critical events and incident reviews over 5 years
9. One peer multisource feedback (MSF) minimum in 5 years
10. One patient feedback minimum in 5 years
11. Feedback from e.g. clinical supervision, teaching
12. Review and resolution of formal complaints

The RCPCH Revalidation Guidance also specifies that the appraisal should take account of a doctor's whole practice. As an example if a paediatrician who works in more than one organisation, e.g. NHS, Independent sector or university, then a single appraisal should be carried out

in their designated body but it will draw upon supporting information from their practice in other organisations. Like wise for paediatricians undertaking sub-speciality work the supporting information should have proportional representation of such practice.

RCPCH recommends that paediatricians should be appraised by another paediatrician and where possible the appraiser should also be from the same sub-speciality. However it recognises that in some circumstances (e.g. small units, small sub-speciality) this may not be possible.

Domains and attributes of the GMP framework for appraisal and revalidation are summarised in the table below.

<b>Domain 1 - Knowledge, skills and performance</b>	<b>Domain 3- Communication, Partnership and Teamwork</b>
Attribute 1.1 - Maintain your professional performance	Attribute 3.1 - Communicate effectively
Attribute 1.2 - Apply knowledge and experience to practice	Attribute 3.2 - Work constructively with colleagues and delegate effectively
Attribute 1.3 - Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible	Attribute 3.3 - Establish and maintain partnerships with patients
<b>Domain 2 - Safety and Quality</b>	<b>Domain 4 - Maintaining Trust</b>
Attribute 2.1 - Contribute to and comply with systems to protect patients	Attribute 4.1 - Show respect for patients
Attribute 2.2 - Respond to risks to safety	Attribute 4.2 - Treat patients and colleagues fairly and without discrimination
Attribute 2.3 - Protect patients and colleagues from any risk posed by your health	Attribute 4.3 - Act with honesty and integrity

As for any paediatrician the appraisal for PEC's should be based on the above frame work. While the yearly appraisal should include all domains and attributes it would be unreasonable to expect every single attribute to be reflected in the cardiology component of their work. Such a requirement would make the appraisal process tedious with the inevitable duplication of supporting information. Likewise an appraisal process which does not pay due attention to the sub-speciality work would be incomplete and not credible. It is therefore important to define the supporting information that PEC's should collect and present at their appraisal. Such supporting information needs to recognise the variability in the way PEC's work and practice. It also needs to acknowledge the important role of tertiary cardiologist who are likely to be the only reliable source of peer review as most district general hospitals are likely to have a single PEC.

## Suggested Framework

Domain	Standards	How this can be achieved
<b>1. Knowledge, Skills, Performance</b>	1. CPD Record (Minimum 25% of the required yearly RCPCH CPD points should be cardiology related)	<ol style="list-style-type: none"> <li>1. Attendance in paediatric cardiology related courses and conferences e.g. RCPCH annual conference – cardiology day, PECSIG/BCCA meetings, cardiology courses, regional cardiology study days</li> <li>2. Preparation for Cardiology teaching at departmental, regional and national level.</li> <li>3. Preparation for European echocardiography certification</li> <li>4. participation in cardiology guideline development for department, region or national</li> </ol>
	2. Echocardiography Skills Evidence	<ol style="list-style-type: none"> <li>1. Maintain formal log book or paper record of at least 100 echocardiograms per year</li> <li>2. At least 10% (or 25 per year for those scanning high numbers) of the echocardiograms to be verified by tertiary cardiologist. This can be in joint cardiac clinics, tertiary clinics, cardiac surgical/echo meetings or individual sessions with link cardiologist. Acute referrals diagnosed in DGH with cardiac diagnosis confirmed at Tertiary unit will also count.</li> </ol>
	3. Electrocardiography Skills Evidence which covers one or more of the following - 12 lead ECG's, Ambulatory ECG monitoring, cardiac event recorder reporting, Exercise ECG reporting	<ol style="list-style-type: none"> <li>1. Record of electrocardiography investigations either as designated record or clinic letters.</li> <li>2. Evidence of review of at least 10% ( or 5 to 10 per year) of these in clinical sessions or individual sessions with link cardiologist. Attempt to store</li> </ol>

		ECG's which are diagnostic such as WPW, Long QT, Brugada or support an echocardiographic diagnosis such as RAD with RBBB in ASD.
<b>2. Safety and Quality Improvement</b>	1. Audit	1. One cardiology related audit per 5 yearly revalidation cycle, auditing against a national, regional or departmental guideline.
	2. Evidence based medicine	<ol style="list-style-type: none"> <li>1. Guideline development at departmental, regional or national level on cardiology topics</li> <li>2. Development of patient and professional information leaflets</li> <li>3. Evidence of how a paper has changed practice either written as reflective piece or confirmed by new guideline development (1 per revalidation cycle) (1 or more of above – in each revalidation cycle)</li> </ol>
	3. Education and Teaching Activities : Reduction of risk at work	<ol style="list-style-type: none"> <li>1. Regional participation in junior training with feedback and evaluation.</li> <li>2. Departmental cardiology teaching with feedback and evaluation.</li> <li>3. Medical student heart disease lectures (1 or more of above – in each revalidation cycle)</li> </ol>
	4. Tertiary Cardiology and Collaborative working	<p>Formal evidence of collaborative working with tertiary cardiologists (at least 4 sessions per year) such as –</p> <ol style="list-style-type: none"> <li>1. Joint cardiac clinics</li> <li>2. attendance at tertiary cardiology clinics, tertiary echocardiography or cardiac surgical meetings</li> <li>3. Honorary contract at Tertiary cardiology unit</li> <li>4. Supporting letter confirming and detailing collaborative working arrangements</li> </ol>

		(At least one of 1 or 2 and one of 3 and 4)
	5. Learning and improving quality	<ol style="list-style-type: none"> <li>1. Reflective summary about cardiac case (1 or more per year)</li> <li>2. Reflection on any critical events (involved or witnessed)</li> </ol>
<b>Communication, partnership and team working</b>	1. Communication with patients, parents and colleagues	<ol style="list-style-type: none"> <li>2. Colleague multi-source feedback using Trust's recommended format and frequency</li> <li>3. Patient feedback using Trust's recommended format and frequency</li> <li>4. Compliments and complaints (Additional specific cardiology related input preferred but not mandatory)</li> </ol>
	2. Effective contact and communication with tertiary cardiologists	<ol style="list-style-type: none"> <li>1. Attendance at joint cardiology/tertiary cardiology clinics</li> <li>2. attendance in cardiac surgical/echo meetings in tertiary centres</li> <li>3. attendance in regional cardiac network business meetings</li> <li>4. attendance at clinical governance meetings at tertiary centres (one or more of these)</li> </ol>
<b>Maintaining Trust</b>	1. Be polite, considerate and honest with patients/parents, respect their dignity and privacy and ensure patient confidentiality	<ol style="list-style-type: none"> <li>1. Multisource feedback (include tertiary cardiology colleagues) or letter of support from tertiary cardiology colleague.</li> <li>2. Patient feedback (preferable to include cardiology patients but not mandatory)</li> <li>3. Critical events and incidents (include cardiology</li> </ol>

		<p>patients if any)</p> <p>4. Complaints and compliments (include cardiology patients if any)</p>
	<p>5. Be honest and objective while assessing or appraising colleagues and respond promptly and fully to complaints</p>	<p>1. Multisource feedback (include tertiary cardiology colleagues)</p> <p>2. Patient feedback (include cardiology patients)</p> <p>3. Critical events and incidents (include cardiology patients if any)</p> <p>4. Complaints and compliments (include cardiology patients if any)</p>

References:

1. General Medical Council (2011, updated March 2012) Supporting information for appraisal and revalidation. Available at [http://www.gmc-uk.org/doctors/revalidation/supporting\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/supporting_information.asp).
2. Royal College of Paediatrics and Child Health/AoMRC (2011) Guidance on Supporting Information for Revalidation for Paediatrics. Available at <http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation>.
3. General Medical Council (2011 updated March 2013) GMP framework for appraisal and assessment. Available at [http://www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp).
4. RCPCH Guidance on Revalidation – Overview version 3, January 2013. <http://www.rcpch.ac.uk/Revalidation>.
5. British Congenital Cardiac Association Revalidation of Paediatric Cardiologists, January 2012. Available at [http://www.bcs.com/documents/Revalidation\\_for\\_Paediatric\\_Cardiologists-FINAL\\_January\\_2012.pdf](http://www.bcs.com/documents/Revalidation_for_Paediatric_Cardiologists-FINAL_January_2012.pdf)

Appendix:

1. Revalidation working Group details

**Revalidation Working Group:**

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