BRITISH CONGENITAL CARDIAC ASSOCIATION

Revalidation of Paediatric Cardiologists

Revalidation with a view to re-certification is a requirement for all medical practitioners. The GMC have tasked the Royal Colleges and Specialist Societies to develop a framework for this process. This framework will need to be specific for the specialty so the BCCA needs to develop a system that is appropriate for a small specialty with a diverse range of skills and knowledge. BCS and RCPCH have developed frameworks for revalidation for adult cardiologists and paediatricians respectively. These frameworks differ because of the differing natures of the specialties and it would seem essential that paediatric cardiology develops a system of revalidation that is tailored to the demands of the specialty.

Revalidation should be an enhanced form of appraisal based on the GMC's *Good Medical Practice Guidance*

Aims and Objectives

1. Revalidation should be used to improve practice and raise standards.
2. Those who are working at acceptable levels should be able to recertify without undue stress or difficulty.
3. Revalidation should allow early warning of potential failure so that remedial action can be taken.
4. It should identify those whose practice falls below acceptable levels and remediation and rehabilitation be offered to allow recertification.
5. The revalidation process should have the confidence of patients, the public and the profession.
6. It should be a continuing process rather than a 5 yearly last minute undertaking.
7. Revalidation should be equitable across the profession and independent of different areas of practice, working environments and geographical areas.

How Revalidation will work

Revalidation will be undertaken over a five-year cycle and Paediatric Cardiologists will need to gather supporting information over this period. Most will be gathered as part of the annual appraisal process and shortfalls should be identified at each appraisal so that these can be remedied during the process. It is anticipated that multisource feedback and patient/parent feedback will be obtained at least once during the five-year cycle.

A Responsible Officer (usually the Medical Director of the individuals trust) will review the results of the five annual appraisals and the collated supporting

information. Based on this information the Responsible Officer will make a decision whether to recommend the Paediatric Cardiologist for recertification. The Responsible Officer may consult with the relevant colleges or the BCCA prior to making such a recommendation. The GMC will make the final decision to recertify the Paediatric Cardiologist. The GMC, Colleges, BCCA and system regulators will quality assure revalidation though the mechanism for this has not been developed yet.

Remediation may be required if the Paediatric Cardiologist does not meet the standards required for successful revalidation. Monitored re-training or self-help may be needed. The GMC, Royal Colleges and BCCA may be involved in this process but the mechanism for remediation requires further development and discussion before revalidation and recertification can be undertaken.

All Paediatric Cardiologists in the UK will be required to undergo revalidation. It is anticipated that revalidation should start in the latter part of 2012 though some pilot studies will be undertaken in some specialties before then.

Suggested Framework for Paediatric Cardiology Revalidation (see overleaf)

This framework is based on the RCPCH framework for revalidation and the GMC Good Medical Practice for appraisal and revalidation but incorporates relevant themes from BCS guidance and can be used to develop the portfolio of evidence required for revalidation.

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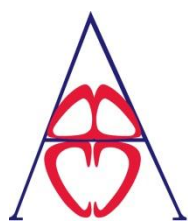
BCCA Standards Framework for Revalidation of
Paediatric Cardiologists – January 2012

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	• Maintain knowledge of the law and other regulation relevant to your work • Keep knowledge and skills up to date • Participate in professional development and educational activities • Take part in and respond constructively to the outcome of quality improvement activities such as audit, performance review and appraisal	**Core** • Multisource feedback • Patient and parent feedback • CCAD outcomes for those undertaking interventional procedures • Clinical audit • Attendance at local quality improvement meetings e.g performance meetings and echo review meetings • CPD record • Publications, presentations and research activity • Educational and training activity **Optional** • Personal reflective logbook of procedures • Personal and cardiac centre outpatient and inpatient activity • Teaching feedback and evaluations • Peer review • Specialty certificates and courses • Trust, University, Deanery and College courses

Apply knowledge and experience to practice	• Recognise and work within the limits of your competence • Support patients in caring for themselves • Adequately assess the patient's conditions • Provide or arrange advice, investigations or treatment where necessary • Prescribe drugs or treatment safely and appropriately • Provide effective treatments based on the best available evidence • Take steps to alleviate pain and distress whether or not a cure may be possible • Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests • If you work in research, follow appropriate national research governance guidelines • If you are a teacher/trainer, apply the skills, attitudes and practice of a competent teacher/trainer • If you have a managerial role, work effectively as a manager	**Core** • Multisource feedback • Patient feedback • Critical events and incidents – including contribution to NPSA and confidential enquiries • Morbidity and mortality meetings • MDT meetings • Complaints and compliments • Clinical audit • CPD • If have research role – research GMP training **Optional** • Teaching evaluations • Appraisal of management activity • Peer review • Guideline development and usage • E-learning and or Knowledge Based Assessment when available • Logbook of reflective practice
Keep clear, accurate and legible records	• Make and/or review records at the same time as the events are documented or as soon as possible afterwards • Ensure that documentation that records findings, decisions, patient information, drugs prescribed or other treatment, is up to date and accurate • Implement and comply with systems to protect patient confidentiality	**Core** • Multisource feedback • Patient feedback • Critical events and incidents • Clinical audit • MDT and Morbidity and Mortality Meetings **Optional** • Peer review • References and letters • Teaching evaluations • Patient education feedback

Domain 2 – Safety and Quality

Attribute	Standard	Supporting information
Contribute to and comply with systems to protect patients and to improve care	• Take part in systems of quality assurance and quality improvement • Comply with risk management and clinical governance procedures • Respond constructively to the outcome of audit, appraisals and performance reviews • Cooperate with legitimate requests for information from organisations monitoring public health • Provide information for confidential inquiries and significant event reporting • Report suspected adverse reactions to drugs or unexpected complications of treatment such as catheter or surgical implant failure • Ensure arrangements are made for the continuing care of the patient when necessary	**Core** • Multisource feedback • Patient feedback • Complaints and compliments • Critical events and incidents • For those undertaking interventional procedures - results of treatment reported to CCAD • Clinical audit • CPD record • MDT, Mortality and Morbidity and Performance Review Meetings attendance **Optional** • Documentation of compliance with relevant Local and National Clinical Governance Policies, Protocols and Legislation • Case Based Discussion • Registries
Respond to risks to safety	• Report risks in the health care environment to your employing or contracting bodies • Safeguard and protect the health and well-being of vulnerable people, including children and those with learning disabilities • Take action when there is evidence that a colleague's conduct, performance or health may be putting patients at risk • Respond promptly to risks posed by patients • Follow infection control procedures and regulations	**Core** • Multisource feedback • Critical events and incidents • Complaints and compliments • MDT, Mortality and Morbidity and Performance Meetings • CPD • Guidelines **Optional** • Peer review • Documentation of compliance with relevant Local and National Clinical Governance Policies, Protocols and Legislation

Protect patients and colleagues from any risk posed by your health	• Make arrangements for accessing independent medical advice when necessary • Be immunised against common serious communicable diseases where vaccines are available (e.g. hepatitis B)	**Core** • Multisource feedback • Patient feedback • Immunisation record

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting information
Communicate effectively	• Communicate effectively with colleagues within and outside the team • Encourage colleagues to contribute to discussions and to communicate effectively with each other • Explain to patients and/or involved parties when something has gone wrong • Listen to patients and parents and respect their views about their health • Treat those close to the patient considerately • Respond to patients and parents questions • Keep patients and parents informed about the progress of their care • Give patients and parents the information they need in order to make decisions about their care in a way that they can understand • Pass on information to colleagues involved in, or taking over, your patients' care	**Core** • Multisource feedback • Patient and parent feedback • Critical events and incidents • Complaints and compliments • MDT, Mortality & Morbidity and Performance meetings • CPD **Optional** • Peer review • Case based Discussion • Teaching evaluations • Patient/parent information developed

Work constructively with colleagues and delegate effectively	• Treat colleagues fairly and with respect • Support colleagues who have problems with their performance, conduct or health • Act as a positive role model for colleagues • Ensure colleagues to whom you delegate have appropriate qualifications and experience • Provide effective leadership as appropriate to your role	**Core** • Multisource feedback • Critical incidents • Morbidity & Mortality, Performance Review and MDT meetings **Optional** • Peer review • References and letters • Documentation of compliance with local and national clinical governance policies and protocols
Establish and maintain partnerships with patients	• Encourage patients and the community to take an interest in their health and take action to improve and maintain it • Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research	**Core** • Multisource feedback • Patient or parent feedback/survey • Critical events and incidents • Complaints and compliments • MDT, Mortality & Morbidity and Performance Review Meetings **Optional** • Peer review • Teaching evaluations • Research reports and evidence of compliance with research governance guidance

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting information
Show respect for patients and families	• Implement and comply with systems to protect patient confidentiality • Be polite, considerate and honest and respect patients dignity and privacy • Treat each patient fairly and as an individual • If you undertake research, respect the rights of patients participating in the research	**Core** • Multisource feedback • Patient feedback • Critical events and incidents • Complaints and compliments • MDT, Mortality & Morbidity and performance Review Meetings • Research reports and evidence of compliance with research governance guidance **Optional** • Peer review • References and letters • Data protection registration for activity not covered by NHS activity
Treat patients and colleagues fairly and without discrimination	• Be honest and objective when appraising or assessing colleagues and when writing references • Respond promptly and fully to complaints • Provide care on the basis of the patient's needs and the likely effects of treatment	**Core** • Multisource feedback • Patient feedback • Critical events and incidents • Complaints and compliments • Equality and Diversity training compliance **Optional** • Peer review • References and letters •
Act with honesty and integrity	• Ensure you have adequate indemnity or insurance cover for your practice • Be honest in financial and commercial dealings • Ensure any published information about your services is factual and verifiable • Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence • Inform patients about any fees and charges before starting treatment • If you undertake research, obtain appropriate ethical approval and honestly report results	**Core** • Multisource feedback • Patient and parent feedback • Complaints and compliments • Documentation of compliance with clinical and research governance policies, protocols and legislation **Optional** • Peer review • References and letters Declaration of commercial activity if relevant and any potential conflict of interests

Supporting Information Checklist

Type of Information	Supporting Information	Frequency	Notes
General required by GMC	• GMC Registration • Evidence of Licence to Practice • Medical qualifications • Description of Indemnity with MDU/MPS certification • Appraisal for each year • Personal Development Plan (PDP) for each year • Description of practice including Job Plan for each year and summary of responsibilities and activities throughout the 5 years since last revalidation • Description of voluntary roles undertaken in capacity as a doctor • Statement of Concerns and their resolution • Statement of Probity including interests and gifts • Register of Business Interests • Statement of Health to confirm ability to undertake practice as described • Registration with a GP • Immunisation record	Annually for all	Total of 5 appraisals and 5 PDPs for the period of revalidation
Peer and patient feedback	• Multisource feedback (MSF) • Patient (or parent/carer) feedback (PF) • Peer review • Teaching evaluations • References and letters	1-2 per 5 years 1-2 per 5 years Optional Optional Optional	MSF and PF once within first 2-3 years and repeat again within remaining years, or as necessary

Practice	• CCAD results for those undertaking interventional procedures	Annually	Mandatory submission to CCAD
	• Publications, presentations, invited lectures, grants, book chapters and reports	Annually	GMP research training for those with research role
	• Critical events and incidents (including contribution to NPSA and confidential enquiries)	Annually	
	• Complaints and compliments	Annually	
	• Work based or skills assessments	Optional	
	• Case based discussions	Optional	
	• Log books of procedures/investigations	Optional	
	• Use of clinical guidelines	Optional	
Audit	• Clinical audit	Annually	At least one full cycle every 5 years
	• Clinical notes/records review, including discharge planning	Optional	
Education, Training and Development	• Continuing professional development	Annually	250 credits over 5 years
	• Mandatory training	Annually	
	• Training courses e.g. education supervision training	Optional	
	• Specialty certificates and courses	Optional	
	• E-Learning	Optional	
	• Knowledge Based Assessment	Optional	
Governance	• Morbidity & Mortality meetings	Annually	Attendance record and outcomes
	• Performance Review meetings	Annually	
	• MDT meetings	Annually	
	• Documentation of compliance with local and national clinical governance policies, protocols and legislation	Optional	