Revalidation – Frequently Asked Questions

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What information am I expected to submit?
All doctors are requested to submit information under four headings, as detailed in the GMC Guidance on Supporting Information for Appraisal. The RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here) describes the supporting information GPs are expected to provide for their appraisals.

Can my Primary Care Organisation (PCO) ask for more supporting information for revalidation than is required by the GMC and recommended by the RCGP?
For the purposes of revalidation, “no". However, your PCO might request additional information for contractual reasons.

Will my first revalidation be based on five years' supporting information?
The recommendations in the three year introductory cycle are not based on five years' worth of supporting information. However, you should be participating in an annual appraisal process which has Good Medical Practice as its focus and which covers all of your medical practice. You should participate in annual quality improvement activity including Significant Event Analyses/Case Reviews.

The RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here) describes the supporting information the RCGP recommends that GPs provide for their appraisals since the commencement of revalidation (see table: Summary of supporting information recommended for appraisals before your revalidation date).

Can I record supporting information for revalidation on paper?
The RCGP believes an e-portfolio is the best solution for both collecting and maintaining supporting information required for revalidation. However, in exceptional circumstances, it will be possible to complete a paper portfolio for revalidation.

The College has partnered with Clarity Informatics to develop an electronic portfolio to support the revalidation needs of all GPs. The Clarity & RCGP Appraisal Toolkit for GPs is simple and easy to use, has been designed to aid reflection and enables GPs to collect and demonstrate the supporting information required for revalidation. There are other systems available, including those which are mandated for use by GPs in Scotland and Wales.
Does supporting information collected whilst overseas in a non-UK designated body setting count towards revalidation?

The majority of supporting information for revalidation should be UK based because the privileges inferred by the licence to practise only apply to practice in the UK. However, ultimately the responsible officer or suitable person will make a decision as to whether supporting information collected outside a UK setting can be relied upon for the purposes of revalidation. If a doctor is maintaining a CPD portfolio whilst overseas it may be of use as supporting information for their first appraisal on returning to the UK. Recording your CPD in a portfolio will help to demonstrate that you are meeting the standards of your area of practice.

The RCGP’s Essential Knowledge Updates are an excellent way for GPs to keep up with UK practice in preparation for their return to the UK.

What is a learning credit and how are they accumulated?

The RCGP has developed a credits system to record the Continuing Professional Development (CPD) activities of GPs. The credits system provides a mechanism for GPs to record their CPD based on the time spent on the activity and the impact it has on the doctor, their patients and the service. Credits are self-assessed and verified at appraisal.

At its simplest, each recorded hour spent on a CPD activity - which can include planning - accompanied by a reflective record, will count as a credit. However, it is possible to increase credits by demonstrating the impact (implementation) of learning on practice. Demonstrating impact is rewarded by a multiplication factor of two applied to time spent.

For further information, please refer to the Guide to the RCGP credit-based system for CPD which is available from the CPD credits and appraisal page of our website.

We have also developed a Toolkit on Impact Credits, available from the Revalidation: Guidance for GPs page on our website.

Are learning credits mandatory?

The credit system is not mandatory but provides a simple way of recording CPD and is used by all the Royal Medical Colleges.

If the credit system is not used then the GP has to decide how they will show their appraiser that they are keeping up to date.

Can mandatory training count towards learning log?

Yes, as long as learning is demonstrated through a reflective note. We would encourage a GP to try and demonstrate implementation of learning in practice, in which case credits can be doubled.
I am undertaking a Diploma which involves 10 hours of study a week and will equate to 1200 hours of learning. Should I record all these hours as credits?

Your learning should reflect the scope of practice and you should select 50 representative credits for discussion with your appraiser each year. It might be the case that in one particular year, your CPD will be orientated towards a particular activity, such as a Diploma. However, you might agree with your appraiser that you should diversify the range of your learning activities the following year and concentrate on other areas.

If I attend a two day conference, should I claim time credits for the duration of that conference?

We would advise that you record the parts of the conference which you consider valuable CPD as separate learning episodes, each with a reflective record. You may choose to claim impact credits for these learning episodes at a later date.

Can a practice-wide or national/local audit count towards revalidation?

Participation in local or national audit is acceptable as long as the audit itself has been designed to encourage reflection, change and re-audit by individuals. The data must apply to you and you must be able to demonstrate the relevance of the audit to your personal practice. You might, for example, use data from the national diabetic audit and relate this data to your own personal practice. You must indicate your role in the audit process.

Can a Quality Outcomes Framework (QoF) audit count towards revalidation?

If you have a sustained interest in a QoF area, agreed with the QoF standards, reflected on one year’s QoF audit in that area and put in place changes to your clinical practice which you can document - and then can demonstrate an improvement in that area of QoF, then this should be acceptable to your appraiser and responsible officer. However simply producing two year’s of QoF data in which there is an improvement from one year to the next would not be sufficient.

What if I can’t do a conventional clinical audit?

A GP should demonstrate quality improvement to their appraiser. It is recognised that it is not feasible for all GPs to undertake a conventional clinical audit, particularly those without a fixed practice base. The RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here) describes a range of alternative quality improvement activities which can be undertaken (see Review of Practice section). See also the RCGP Quality Improvement Toolkit, which is available via the RCGP website here (registration or log in is required to access additional resources such as toolkits).
How often do I need to participate in colleague and patient questionnaires for revalidation?

Doctors must collect feedback from colleagues and patients once every revalidation cycle. We recommend that GPs collect colleague and patient feedback within the first three years of a five year cycle to allow for a follow up survey if any problems are identified.

Which colleague and patient questionnaire tools should I use?

You should check whether or not your Responsible Officer recommends any specific colleague feedback questionnaire. If not, it is important that you use a validated colleague feedback questionnaire that has been developed in accordance with Good Medical Practice and the GMC’s guidance on developing, implementing and administering colleague feedback questionnaires.

I have not collected colleague feedback for appraisal before, how many responses do I need for the survey to be acceptable for revalidation?

The GMC does not prescribe the number of colleague and patient responses you are required to collect. This will depend on the tool you are using, as each questionnaire will have been piloted to determine the appropriate number of respondents required to provide an accurate picture of your practice. Your primary care organisation (PCO) may require that you use a specific tool to collect feedback, so we would advise that you check with them before you begin the process.

I printed the questionnaires out from the internet and handed them to patients, will they suffice for appraisal given they are not electronic?

There is no requirement that patient and colleague feedback be collected electronically. However GMC guidance does state that questionnaires be administered (inputted, collated and analysed) independently of the doctor and the appraiser. Often a GP will select a third party provider to support these activities – for example, a company or organisation may provide freepost envelopes and questionnaires for patients to complete and return to the company. The company will also input and collate the data which is sent to them and generate a report. If you have a number of hard copy questionnaires, it may be possible to find a company that offers the above functions, but it is best to use a provider that will support you through the whole process. We would recommend that you contact your designated body to ask if there is a tool they require you to use.
Will feedback data I obtained two years ago suffice for revalidation; it’s a five year cycle isn’t it?

Colleague and patient feedback can date up to five years before your revalidation date, as long as it remains relevant to your current scope of practice. If you have made changes as a result of prior feedback you may wish to repeat the surveys to check that you are now performing as you would wish.

Can I use the postal survey of my practice done by the primary care organisation for revalidation?

These surveys do not provide information about patients who have seen you so do not provide the information you need for revalidation. “You will need to seek the views of the patients actually consulting you – practice-based surveys of the registered population will not be acceptable” from the RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website [here](https://www.rcgp.org.uk)).

How do we define a formal complaint?

A formal complaint is one that activated, or should have activated, the practice complaints procedure, involved the primary care organisation, or involved any other formal health service organisation. Your response to complaints and your learning from them is an important part of your professional development. Failure to disclose complaints is a breach of your duty to act honestly i.e. a breach of probity.