

Update on revalidation

August 2011

The Academy of Medical Sciences has continued to monitor and influence the development of the revalidation reforms to ensure that they do not bring any unintended consequences for clinical academic staff. The Academy had a helpful meeting with Una Lane from the General Medical Council (GMC) in August 2011.

Revalidation will be based on a framework set out by the GMC (http://www.gmc-uk.org/Supporting_information_2_.pdf_39974163.pdf). This should not impede flexibility for clinical academics throughout their training and career.

The fundamental principle is that the GMC will expect doctors to demonstrate that they are continuing to meet the values and principles for all doctors set out in *Good Medical Practice* (http://www.gmc-uk.org/guidance/good_medical_practice.asp).

In liaison with the GMC, the Academy has set out some principles that clinical academics may find helpful in approaching revalidation:

- **The purpose of revalidation** is to ensure that licensed doctors are up to date in their area of current medical practice. A doctor's entry in the Specialist or GP Register is a historic record of qualification. Revalidation is not about demonstrating that you are up to date in relation to that registered speciality but about demonstrating that you continue to meet the values and principles of *Good Medical Practice* in relation to what you do currently. Doctors who no longer work in the speciality for which they were originally listed on the Specialist or GP registers will not lose their register entry if their revalidation is based on supporting information from practice in another field. The specialist or GP entry will remain as a historical record of a doctor's achievement in that field. For further information on the Specialist and GP Registers please refer to http://www.gmc-uk.org/doctors/register/information_on_the_specialist_register.asp
- **Developing the scope of your clinical practice.** If a doctor wishes to change or extend the scope of their clinical practice or return to previous areas of clinical expertise, they should consider their training needs responsibly and liaise with their employer to ensure these are appropriately met. The Academy has requested that the GMC consider developing specific guidance to facilitate this as part of their forthcoming review of *Good Medical Practice*.
- **The process of revalidation for clinical academics** will be an annual appraisal following the Follett principles, but with the addition of multi-source feedback every five years. An individual's research performance will not be scrutinised as part of the revalidation process but clinical academics are required to demonstrate that they continue to meet the ethical standards for research as set out in *Good Medical Practice*: http://www.gmc-uk.org/guidance/good_medical_practice/probity_research.asp
- **Doctors no longer involved in clinical practice** but who wish to retain a licence, would not need to show they are up to date in whatever their area of practice may have been. Rather, they would need to produce evidence that they adhere to the generic requirements of *Good Medical Practice* in their current area of work.
- **Probity.** As a doctor, an individual signs-up and adheres to a set of ethical principles and values. Doctors are expected to adhere to these principles in all areas of their work including research, teaching, administration etc. Further information can be found at: http://www.gmc-uk.org/guidance/good_medical_practice/probity.asp