

Professor Peter Furness
Vice-Chairman
Academy of Medical Royal Colleges
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London W1G 8AX

**From the Chairman of the Clinical
Academic Careers Committee**
Professor Patrick Sissons FMedSci

Ref: PS/SC/21.9.09

21 September 2009

Dear Professor Furness,

Re: Academy of Medical Royal Colleges' consultation on specialist standard frameworks for revalidation

Thank you for inviting the Academy of Medical Sciences to respond to your consultation on specialist standard frameworks for revalidation. The Academy has been giving much consideration to the forthcoming revalidation reforms and I hope you found our recent position paper helpful. I enclose a copy of the paper for your information.

The Academy supports a simpler, streamlined approach to revalidation, whereby the competency and continued development of all doctors, including those on the Specialist and General Practice Registers, is overseen by a strengthened appraisal system. After consideration of the proposed AoMRC's frameworks we would like to highlight some issues, which for clarity, are set out below.

- 1. Competency-based assessment.** It is imperative that revalidation and recertification focus on the competency of a clinician to deliver their defined and agreed job plan. Whilst the proposed standards and attributes for each assessment domain are uncontroversial, we question the effectiveness of introducing so many criteria, and the requirement for collecting vast amounts of detailed supporting information. Clarity is needed on how some of the information will help to assess whether an individual doctor is safe and qualified to undertake specialist practice. Care must be taken to ensure that perceived quality is not confused with competence. We therefore recommend that assessment mechanisms such as Multi Source Feedback should only be implemented when merit is proven.
- 2. Scope of activities.** The frameworks require evidence of participation in a wide range of clinical activities. This approach could disadvantage individuals who do not undertake full-time clinical service, including, but not limited to, those who undertake other roles, for example: clinical academics and individuals working in the pharmaceutical industry and public administration. Focus upon a smaller number of core domains, each allowing a range of supporting evidence, would help these individuals to demonstrate their commitment.
- 3. Equitability across specialties.** The frameworks for the individual specialties are based on broad generic principles and there appears to be much similarity between many of the specialties. However, the framework for surgery appears to go a step further than the others by including *how* the evidence might be evaluated. We question the need for such a prescriptive approach and why this specialty has been singled out.

4. The need for robust support systems. With the implementation of the proposed frameworks it will be important that NHS Trusts and other organisations employing doctors are given: (i) appropriate resources, such as an IT infrastructure, and (ii) support to implement systems for collecting the necessary data. Doctors will also require support; responsibility for data collection should not fall solely on the individual doctor as this will create an additional workload and detract time from clinical service.


We welcome the emphasis on teamwork which reflects how clinicians often work to deliver patient care. It is important that a balance is struck between an individually focussed assessment versus recognition of the importance of, and skills associated with, team working.

The Academy understands that the mechanisms for revalidation are still being developed by various organisations. We would be grateful for clarification on how the appraisal document developed by the Revalidation Support Team and the various AoMRC appraisal frameworks will come together to form a single integrated process. It is imperative that all elements of revalidation, i.e. relicensing and recertification are equitable for all doctors, irrespective of their working setting. To promote flexibility in career trajectories and encourage movement between sectors, careful consideration must be given to the alignment of appraisal between the NHS and other healthcare sectors.

If you would like to discuss our comments further, please do get in touch with myself or Dr Suzanne Candy, Director of Biomedical Grants and Policy, suzanne.candy@acmedsci.ac.uk
tel: 020 7969 5226.

With kind regards

Yours sincerely



CC: Dr Judith Hulf
Dr Steve George
Dr Kirstyn Shaw
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