



# Revalidation and Clinical Audit



# Purpose of Revalidation

To allow doctors to demonstrate:

- their continuing fitness to practice
- that they are up to date
- that they comply with agreed professional standards

AND

- To stimulate quality improvement



## 2 Outcomes from 1 Process

- Consultants/GPs re-licence and re-certify against College standards
- Doctors will revalidate for their current job
- Strengthened appraisal will be at the core of revalidation
- Local clinical information will evidence compliance with generic and specialist standards



# GMC Domains for Revalidation

- 4 domains, 12 attributes and over 50 standards
- Domains:
  - Knowledge, Skills and Performance
  - Safety and Quality
  - Communication, Partnership and Teamwork
  - Maintaining Trust




# Checklist of Supporting Information for Revalidation

- Colleague opinion via MSF, CBD
- Patient opinion via surveys
- Education - CPD compliance, KBAs
- Practice - CBD, logbooks, adverse incidents, MDT/M & M meetings
- Compliance with local cl. governance
- AUDIT – clinical, case note etc

# Definition of Clinical Audit for Revalidation Purposes

- *“.. quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the review of change....”* (Nice, 2002)
- Colleges have specified 1 clinical audit per 5 year revalidation cycle
- Case note audit and record reviews may be appropriate for some doctors



# Why is clinical audit important to revalidation?

- Provides a means of measuring clinical performance against agreed standards
- Supplements/corrects the information available through current clinical systems
- Stimulates the development of interventions and adoption of best practice
- Indicates a commitment to improvement and benchmarking



# Challenges

- Clinical audit is not relevant for all doctors
- Other clinical effectiveness activities may be more relevant (registries, conf enquiries, etc)
- Data capture may be challenging
- Not all have access to national projects
- Audit may measure team performance
- Judgements may be inconsistent

# Assessing the relevance or quality of audit for revalidation

- HQIP guidance developed over summer via multi specialty workshops
- Designed to support discussions in appraisal and revalidation – particularly where appraisers may be from different (sub) specialties
- Intended to be equally applicable to all doctors



# 3 Principles in the Guidance

- **Participation** in high quality audit
- **Reflection** on the results of audit – commitment to learning and change
- **Taking action** on the results of audit



# HQIP Project Conclusions

- AUDIT can provide supporting information for revalidation
- Both national and new local audit can be relevant
- BUT - other clinical effectiveness work may be just as acceptable/appropriate for some doctors
- Audit depts will come under pressure as consultants seek support for clinical audit for revalidation
- Consultants will need resources to implement change following audit



# Questions for Discussion

- Can audits distinguish individual from team performance?
- How relevant are (national) audits to individual clinician revalidation?
- Will revalidation distort audit priorities?
- Will everyone have the opportunity to participate?
- Will the NCAAG advice clash with HQIP guidance?