

Meeting the revalidation requirements of doctors in postgraduate training where scope of practice extends outside of their training programme

Background

A doctor in postgraduate training (DrPGT) has the Postgraduate Dean for their Deanery / Health Education England Local Team as their Responsible Officer (RO). The RO's remit is to ensure, for any doctor connected to them under the RO Regulations, that the doctor has access to an appraisal which covers the full scope of their practice. For a DrPGT this includes any activity that is outside of the training programme requires a GMC licence to practise such as locum work and medical volunteering duties for sports clubs and charities.

All doctors holding a GMC Licence to Practise have to engage with the requirements for revalidation as set out on the GMC's website¹ including active participation in an annual full scope of practice review. The Annual Review of Competency Progression (ARCP) is the means by which a DrPGT undertakes their annual full scope of practice review. The equivalent for doctors in non-training grades is the annual medical appraisal.

A DrPGT's full scope of practice could consist of:

- The activity covered by their training programme alone provided they have taken on no other clinical responsibilities since their last ARCP.
- The activity covered by their training programme plus occasional locum sessions and / or voluntary work such as medical advisor to a sports club.
- A split between clinical activity relating to their training programme and work in a substantive post in a non-training grade. Such a situation could arise in a qualified GP training part-time in Occupational Medicine or Sport and Exercise Medicine whilst they continue to work as a GP.
- Clinical activity undertaken whilst Out of Programme.

Where the scope of practice extends beyond a DrPGT's training programme the obligations for sharing information with their RO are identical to those of a doctor in a non-training grade

¹ <http://www.gmc-uk.org/doctors/revalidation/12383.asp>

employed / contracted by more than one organisation or designated body eg an NHS consultant who also undertakes clinical sessions in a private hospital.

Primary responsibility to ensure that they are meeting revalidation requirements to maintain their licence to practise **sits with the doctor alone** who would be in breach of *Good medical practice* if they withheld information about their full scope of practice or failed to ensure their RO was informed when they were the subject of a significant event, complaint or investigation.

Others who also have a role in supporting a DrPGT in meeting of their revalidation responsibilities include their:

- **Educational supervisor** who is best placed to advise the DrPGT about the appropriateness of any extra-programme work and to advise about recording all necessary information on the Form R or electronic equivalent.
- **Head of School, Training Programme Director or Associate Postgraduate Dean** who can also advise the DrPGT about the appropriateness of any extra-programme work and provide a link through to the DrPGT's RO / postgraduate dean.
- **Person with clinical governance responsibility for the employing / contracting organisation** engaging the DrPGT in extra-programme practice who may or may not be the RO for that organisation. When a DrPGT undertakes additional work as a locum for their employing trust then this role would be fulfilled by the RO for the employing trust. Incidents or concerns arising through the extra-programme work must be fed back to the DrPGT's RO by the employing / contracting RO through the now established RO/RO communication channels. For DrsPGT on programmes managed by HEE further guidance on communication flows for appraisal and revalidation can be found on the NHS Medical Revalidation [webpages](#).
- **RO (Postgraduate Dean)** who has statutory responsibility to ensure that all adequate systems are in place to review and monitor fitness to practise.

The role of the ARCP where scope of practice extends beyond training

A key document feeding into the ARCP is the Form R (or electronic equivalent) which includes self-declaration statements of:

- Full scope of practice
- Involvement in any significant events since the last ARCP
- Complaints and compliments received
- Assurance of their good professional standing with regard probity and health
- Involvement in any other investigations arising from across their full scope of practice

The expectation is that the evidence would have been assimilated in advance of the panel and any reflective discussions and personal development planning to have been recorded by the DrPGT.

The ARCP panel reviews the evidence the DrPGT submits on the Form R or electronic equivalent alongside the e-portfolio and makes 2 recommendations that are captured on the ARCP Outcome Form:

1. The DrPGT's progression with the development of their competencies against their curriculum requirements
2. The DrPGT's fitness to practise to record and ensure the RO is informed about any outstanding concerns that might in turn:
 - a. Influence a revalidation recommendation if one were due
 - b. Alert the RO that additional support needed to be put into place
 - c. Initiate action to involve the regulator in a fitness to practise issue

The ARCP Outcome Form therefore provides the summary of the outputs from the ARCP and provides the basis for RO to RO communications or references as a DrPGT moves between employers through their training programme and in and out of training roles.

NB: The ARCP Outcome Form should not be a substitute for the normal processes for ensuring prompt action is taken to provide additional support to a DrPGT as required or respond to a fitness to practise concern.

Ensuring ARCP and RO functions are met when a DrPGT holds a substantive role outside of training.

A "substantive role" outside of training is defined as a role covered by a substantive contract that would normally be covered by a medical appraisal for an equivalent doctor outside of training. When a DrPGT holds such a role they should ensure that their Head of School/TPD and educational supervisor and are fully informed about that role. They should engage with the clinical governance processes for the employing / contracting organisation including appraisal², and submit either a summary of that appraisal or a supporting letter stating that the appraisal has taken place in advance of their ARCP as an appendix to the Form R or electronic equivalent.

The following information should be included:

- a. Date of appraisal

² The appraisal should be the standard in-role performance review for the organisation but without the additional governance sign-offs of medical appraisal for revalidation

- b. Scope of role appraised
- c. Any outstanding governance / fitness to practise concerns
- d. The PDP arising from that appraisal.

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