Revalidation in Sport and Exercise Medicine: a UK perspective

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EDITOR'S CHOICE

The era of professional self regulation in medicine is over. In 2006, it was recognised in the UK Chief Medical Officer's report, 'Good doctors, Safer patients,' that an enhanced system of quality assurance and performance management of doctors was required, not only for the profession but to protect the safety of patients.[1] From this developed a proposal for five-yearly revalidation of doctors, which is to have two elements, relicensing and recertification. The former, relicensing, began in November 2009. Doctors in the UK are required to hold a licence to practise, which sits alongside their General Medical Council (GMC) registration. Licensure is required by all doctors currently undertaking those professional activities that were previously restricted by law to doctors registered with the GMC.[2] Relicensing is the process set up to demonstrate that doctors are practising in accordance with generic standards of practice broadly based upon the guidance provided by the GMC in Good Medical Practice.[3]

The purpose of this editorial is to bring into focus the requirements for recertification of those doctors practising Sport and Exercise Medicine in the UK. Before considering the specific requirements, it is important to understand that the purpose of revalidation is to ensure that doctors who are registered and have a licence to practise are up to date and fit to practise, and meet standards appropriate to the specialty of Sport and Exercise Medicine. This process was never intended to be a burdensome bureaucratic exercise but rather an extension of good clinical governance. As such, for many doctors practising Sport and Exercise Medicine, this will involve more formal periodic recognition of their annual appraisal, audit activity and any multisource feedback. It is not clear at the moment what minimum percentage of one's job plan will constitute being assessed as a Sport and Exercise doctor, but the authors consider it likely to be in excess of 50%.

Revalidation will not be introduced with a 'big bang', but rather sequentially starting in 2011, with an early emphasis on 'quick wins,' that is, those doctors for whom revalidation and the associated processes may be achieved relatively painlessly. Thus, for many doctors employed in NHS Trusts and other larger organisations, one might expect this process to proceed relatively quickly and uneventfully.

For Sport and Exercise Medicine doctors, however, the situation is somewhat more complicated, as many work outside the NHS, large private hospital groups or other organisations that might provide a Responsible Officer. The precise roles and workings of Responsible Officer have yet to clarified; however, it is expected that each licensed doctor will be linked to a named Responsible Officer who will vouch that a doctor is practising to the appropriate professional standards and that there are no significant unresolved issues. Thus, Royal Colleges and Faculties will be drawing up a set of specialty specific standards and providing guidance as to the information required to demonstrate that a doctor is meeting those specialty specific standards (linked to the generic standards of practice as detailed in Good Medical Practice[3]).

The process of revalidation is designed not as a five-yearly hurdle but rather as an acknowledgement of continued good practice. The central elements required for recertification will be an approved annual appraisal, evidence of ongoing audit of practice and a form of multisource feedback from both patients and staff. Unlike in North America, it is highly unlikely that this process will involve an examination (of knowledge), as this is unlikely to demonstrate that an individual doctor is meeting the generic standards of practice or their particular specialty specific standards. The Faculty of the Sport and Exercise Medicine (UK) Appraisal system, which was broadly based on the NHS appraisal system, is very likely to be deemed fit for purpose for the assessment of annual appraisal. The FSEM Appraisal system has undergone at least two evolutions to date and reflects aspects of the Appraisal systems of the parent colleges of the Royal College of Surgeons of Edinburgh and the Royal College of Physicians of London. Demonstration of prospective and adequate CPD, based on a personal development plan, will be a central plank of the appraisal process. The Faculty of Sport and Exercise medicine (UK) has guidelines on the recommended balance of annual CPD on its website.[4] Many clinicians will already be conducting some form of clinical audit, and it is strongly advised that this be continued and, where practical, becomes part of the audit cycle. There are a variety of multisource feedback (MSF) questionnaires and assessment systems currently available, and until such time that a specific generic assessment be adopted, any such evaluation is likely to be accepted.

Thus, for many Sport and Exercise Medicine doctors' revalidation should not be a daunting process, as we are all currently able to undertake annual appraisal, conduct audit and have a multisource feedback. Specific unresolved issues exist, principally the Responsible Officer and how you recertify if you are not on the specialist or GP register. As previously indicated, the precise framework for the operation of Responsible Officers is currently being developed and is perhaps most interesting for Sport and Exercise Medicine doctors practising single-handed, in sports clubs, and in other relatively isolated situations. Whether the Faculty of Sport and Exercise Medicine (UK) can act as Responsible Officer has yet to be resolved as it might be argued that this presents a potential conflict of interest with the Faculty being asked to act as both judge and jury. Technically, recertification should only apply to those on the specialist or GP register; however, it is appreciated that all doctors should be practising to appropriate generic and specialty specific standards. As such, the revalidation process for those not on the specialist register, much like appraisal, would be based upon your practice and use the same basic tools required to

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demonstrate that you are meeting the appropriate standards.

In summary, relicensing is with us and recertification, as the second part of revalidation, will start in pilot areas in the next year or two. We do not think there is particular cause for alarm for Sport and Exercise Medicine physicians providing you are currently practising to a demonstrably high standard, thus maintaining appropriate annual appraisal and undertaking clinical audit, regular reflective practice and some form of multisource feedback. For those doctors with concerns, we strongly recommend the recent GMC publication: Revalidation: Information for Doctors.[2]

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