

Supporting information for appraisal and revalidation: guidance for pathologists and their appraisers

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Contents

1	Foreword	3
2	General information: providing context about what you do in all aspects of your professional work.....	3
3	Keeping up to date: maintaining and enhancing the quality of your professional work	3
3.1	Continuing professional development.....	3
4	Review of your practice: evaluating the quality of your professional work	4
4.1	Quality improvement activity	4
4.2	Clinical audit	4
4.3	Interpretive external quality assessment (EQA)	4
4.4	Review of clinical outcomes.....	5
4.5	Case review or discussion	5
4.5	Audit and monitor the effectiveness of a teaching programme.....	5
4.6	Evaluate the impact and effectiveness of a piece of health policy or management practice	5
4.7	Other quality improvement activities	5
4.8	Significant events.....	6
5	Feedback on your practice: how others perceive the quality of your professional work	6
5.1	Colleague feedback	6
5.2	Feedback from patients and/or carers	6
5.3	Review of complaints and compliments.....	6

1 Foreword

This document is not intended to replace the General Medical Council (GMC) guidance *Supporting information for appraisal and revalidation*, 2012, and should not be used without prior knowledge and understanding of that document.

It is laid out using the same headings as the GMC guidance. It is intended to explain and expand upon that guidance for the benefit of doctors working in laboratory medicine.

Many members of the Royal College of Pathologists have both laboratory roles and patient-facing roles. For them, this document will be relevant to their laboratory work. In relation to patient-facing roles, members should also consider guidance from other medical royal colleges, notably the Royal College of Physicians for those who are members of that College.

It is increasingly common for doctors to be appraised by someone who does not practise in their own specialty. This can create a difficult task for non-pathologist appraisers who are asked to appraise pathologists. This document is also intended to assist them in understanding what is expected from pathologists at their annual appraisal.

While the emphasis of this document is on medical appraisal, it is hoped that it will also provide guidance of relevance to the annual appraisal of clinical scientists who are members of the Royal College of Pathologists.

2 General information: providing context about what you do in all aspects of your professional work

The Royal College of Pathologists has not issued any specialty-specific guidance in addition to that provided by the GMC.

3 Keeping up to date: maintaining and enhancing the quality of your professional work

3.1 Continuing professional development (CPD)

The Royal College of Pathologists strongly recommends the use of its online portfolio, available at www.rcpath.org/profession/professional-standards/cpd.html.

This system is designed to help pathologists present the information their appraiser needs in a way that facilitates discussion at an appraisal meeting. It will maintain a running total of CPD credits and will produce a CPD statement demonstrating compliance with the recommended running total of 250 CPD credits over five years. Crucially, it will also allow pathologists to produce (as a PDF document) an organised list of CPD activities and reflections on them. It also provides a web link to any supporting information that has been uploaded, which will help the appraiser to see at a glance where the pathologist has been concentrating their CPD activity. During the appraisal process the appraiser is expected to check and confirm not only the amount of CPD, but also that it is relevant, covers the whole scope of a pathologist's work and delivers what was agreed in the previous year's personal development plan (PDP). This annual audit of CPD must be personalised to reflect the pathologist's needs.

4 Review of your practice: evaluating the quality of your professional work

4.1 Quality improvement activity

The GMC guidance acknowledges that information about a very diverse range of activities constitutes evidence of engagement with quality improvement activities, and that some will be more relevant to doctors in some areas of professional practice than others. For pathologists working in laboratory medicine it is likely to include items that are not familiar to appraisers from other specialties.

4.2 Clinical audit

The Royal College of Pathologists has developed a series of audit templates to facilitate the conduct and reporting of local audit activities (www.rcpath.org/profession/clinical-effectiveness/quality-improvement/clinical-audit-templates.html).

The College also has an audit certification scheme to encourage and accredit high-quality clinical audit activities, including the award of CPD points for those accepted for accreditation (www.rcpath.org/profession/clinical-effectiveness/quality-improvement/apply-for-certification-of-high-quality-audit.html).

It is worth noting that the GMC guidance explicitly favours evidence of audit that demonstrates sustained outcome, through re-audit after an interval, supported by reflection on the individual learning achieved.

4.3 Interpretive external quality assessment (EQA)

This category is not included in the general guidance provided by the GMC but it will be important in the appraisal of many pathologists, currently predominantly those practising in cellular pathology.

Pathologists who can participate in EQA schemes that address individual performance (rather than whole laboratory output) should provide evidence of their participation in relevant schemes on an annual basis. Where a scheme exists that has been recognised by the RCPATH as complying with RCPATH guidance for management of such schemes, participation is likely to be a mandatory requirement if the pathologist is working in the NHS (in which case any participation fee should be paid by the employer). Schemes should provide an annual certificate of participation and will have a defined acceptable level of participation; occasionally failing to respond to a circulation may have an acceptable justification.

Schemes that follow RCPATH guidance will generate some form of evaluation of personal performance in relation to each participant's response to each case, usually in the form of a numeric score. However, these scores are **not** designed to have the rigour and statistical validity of a professional examination so they should **not** be used as a measurement of individual performance in the way that marks in an examination might be used.

Nevertheless, the detailed personal reports provided by such interpretive EQA schemes (including responses to individual cases) are likely to deliver objective information on the participant's strengths and weaknesses. This is likely to provide a formative element of the appraisal and any interpretive EQA cases where the appraisee's response differed from the consensus should be reviewed, with reflection on the potential for learning. This discussion will be relevant to developing the next year's PDP.

Any scheme that is compliant with RCPATH guidance on interpretive EQA schemes (<https://www.rcpath.org/resourceLibrary/principles-and-guidance-for-interpretive-external-quality-assessment-schemes-in-laboratory-medicine.html>) will have a system whereby the

scheme organiser monitors the performance of each participant over a period of time. This allows persistent low scores to be identified and the scheme organiser will act when specific trigger points are reached to ensure that the clinical work of a participant with persistently low scores is investigated appropriately, to ensure patient safety. Nevertheless, if an appraiser sees results from an interpretive EQA scheme that cause concern about patient safety, the appraiser will be aware of the duty of all doctors to take appropriate action to ensure patient safety. In the context of medical appraisal this may involve insisting on corrective action in the forthcoming year's PDP or, if there are serious concerns, asking the Responsible Officer to review the situation. Advice is also available by contacting the RCPATH Professional Standards department.

Interpretive EQA schemes evaluate what a pathologist can deliver, rather than what they actually deliver, so it is essential also to include other forms of evidence of the quality of their work, such as an appropriate audit.

4.4 Review of clinical outcomes

The Royal College of Pathologists has not issued any specialty-specific guidance in addition to that provided by the GMC.

4.5 Case review or discussion

If a pathologist includes one or more case reviews in an appraisal portfolio, these should be unusual or difficult cases where the pathologist has personally undertaken work to resolve a problem. The review should include reflection on what has been learned and how this is relevant to future practice.

4.5 Audit and monitor the effectiveness of a teaching programme

The Royal College of Pathologists has not issued any specialty-specific guidance in addition to that provided by the GMC.

4.6 Evaluate the impact and effectiveness of a piece of health policy or management practice

The Royal College of Pathologists has not issued any specialty-specific guidance in addition to that provided by the GMC.

4.7 Other quality improvement activities

A variety of other quality improvement methods are applicable and in use in laboratory medicine. These include systematic plan-do-study-act (PDSA) approaches and A3 problem solving. These activities require collaboration and group effort; records of individual contributions to these activities are valid as supporting information for appraisal and revalidation, and allow pathologists to demonstrate quality improvement.

Currently, the College has no templates or accreditation system for quality improvement activities pursued using robust methodology equivalent to those it offers for audit activities; we are in the process of developing these. Our current advice is to document such activity in summary form, including the processes employed and outcome achieved, supported by a personal reflective note describing the personal learning achieved through participation.

It is worth noting that the GMC guidance explicitly favours evidence of improvement activities that demonstrate sustained outcome, through follow-up review after an interval.

4.8 Significant events

Also known as untoward or critical incidents.

For the purpose of revalidation it is important to demonstrate that a pathologist reacts appropriately to significant events in order to protect patient safety and to prevent recurrence. The response to the incident should be documented. In this way, incidents where a pathologist had no involvement in the creation of the incident can be included in their portfolio as evidence that they reacted appropriately. Even if an incident was caused by a pathologist making a mistake, demonstrating that they reacted appropriately can turn it into a positive aspect of their appraisal.

This category is not limited to errors identified in laboratory reports. Identification of 'near misses' with no patient impact can often help to improve the safety of the service, if handled appropriately. Numerically, the most common type of significant events in pathology practice are specimen identification errors and problems with delivery of specimens and reports.

5 Feedback on your practice: how others perceive the quality of your professional work

Feedback from colleagues and patients (if a pathologist has direct contact with patients) must be collected at least once in every five-year revalidation cycle and presented to the appraiser.

5.1 Colleague feedback

The Royal College of Pathologists has not issued any specialty-specific guidance in addition to that provided by the GMC. Other doctors who receive reports will normally be regarded as 'colleagues' rather than 'patients'.

5.2 Feedback from patients and/or carers

The GMC stresses that doctors who do not have contact with conscious patients should be innovative about getting feedback from carers and others. However, it is recognised that pathologists who have no patient contact at all (this should be clear from the 'scope of work' statement) cannot deliver this supporting information. The Royal College of Pathologists recommends that pathologists consider whether feedback could be obtained from other service users before deciding not to provide any information under this heading. For more information please refer to our FAQs:

www.rcpath.org/profession/professional-standards/revalidation/revalidation-faq.html

5.3 Review of complaints and compliments

Formal complaints

In the context of doctors working in pathology who deliver a service to other healthcare staff, rather than directly to patients, complaints from those served should be included.

Compliments

In the context of doctors working in pathology who deliver a service to other healthcare staff, rather than directly to patients, compliments from those served should be included.