

AUGIS has the following comments to make on the specific questions asked in the Consultation document:

1. Revalidation should be based on a single set of processes for evaluating performance in practice rather than split into separate elements of re-licensing and recertification.
2. Continuing evaluation by appraisal and data collection (resourced by the NHS Trust) is a reasonable method of evaluating performance.
3. The role of colleges and faculties should be in standard setting and defining specialty information and offering advice and guidance for appraisers and Responsible Officers.
4. For trainees progression through training is a satisfactory means of securing revalidation.
5. The list of registered and licensed doctors should indicate the field of practice on the basis of which a doctor has secured revalidation.
6. Participation in colleague and patient feedback at least once in every 5 year cycle is reasonable.

AUGIS has been fully involved in the development of supporting information submitted by the Royal College of Surgeons of England and is happy with its content.

AUGIS has the following additional comments to make about the revalidation process:

Data collection

Collection of data to be used for revalidation is time-consuming. Surgeons are by and large conscientious in their attitude to audit and data collection but they receive little support from hospital trusts in terms of administrative support for this work. The use of HES data for revalidation has been proposed but the accuracy of this data is variable and depends on hospital coders. Improved computerised coding processes need to be explored to improve the accuracy of the data. This data could then also be used to support all hospital audit for appraisal and revalidation and also for statutory audit projects for foundation doctors and specialist trainees.

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