

RESEARCH SUMMARY

Feasibility of revalidation operation

Revalidation of general dental practitioners in Scotland: The results of a pilot study Part 1 – feasibility of operation
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Aim

To devise and operate a pilot scheme of revalidation for general dental practitioners.

Method

A representative group of dental practitioners was convened to advise on an approach to piloting revalidation. Ten general dental practitioners volunteered and completed portfolios of evidence of fitness to practise. The portfolios were assessed by a panel of three calibrated experts, using a specially developed assessment tool. A single decision 'evidence presented allowed revalidation to be recommended' was made. A timesheet was used to record the time spent producing the portfolio.

Results

Eight portfolios were assessed as sufficient for revalidation purposes. Two dentists were required to make supplementary submissions of evidence before they were found to be acceptable. An average of eight hours of dentist time and six hours of delegated time was spent producing the portfolios.

Conclusions

The small number of dentists in this pilot were able to use the portfolio satisfactorily. The dentists were all volunteers and so may not necessarily be fully representative of the profession. The time spent completing the portfolio was not considered excessive. The assessors were adequately prepared and calibrated for their work.

IN BRIEF

- Revalidation is intended to assure the public that dental professionals continue to remain up to date and fit to practise.
- It should be possible to delegate a significant proportion of the administration of revalidation compliance activity.
- Current clinical governance systems should be sufficient to permit revalidation to operate.

COMMENT

Revalidation is generally agreed to be a process by which a professional demonstrates that they are fit to continue practice in their field of work. The General Medical Council (GMC) launched a revalidation process for general medical practitioners based mainly on appraisal by local peers, and the General Dental Council (GDC) Revalidation Working Group has made considerable progress towards a model of revalidation for general dental practitioners.

These two papers present a pilot study of a possible model for the revalidation of general dental practitioners (GDPs) using a portfolio of evidence, held in a ring binder with six dividers, proforma sheets and plastic document pouches.

Ten vocational trainers volunteered from a pool of 20 vocational trainers in South East Scotland to complete the portfolio, and were assessed by three 'experts', calibrated using a tool developed by one of the authors. Two of the subjects 'failed' the revalidation exercise initially and entered the remedial system this model used, based upon a personal development plan to correct the failings. A half-day induction course was used to prepare the subjects.

I was curious that the detail of the portfolio was found in the discussion rather than the method section; this portfolio contains personal information, CDO references, disciplinary/tribunal appearances if appropriate, numbers of patients, a patient questionnaire, patient complaints, peer review, audit, reflective practice, significant event analysis, CPD, Personal Learning Plan, patterns of prescription and treatment provision.

The volunteers provided information on the dentists' time required to complete the portfolio, the amount of time spent by staff delegated to assist, and the ease of use of the portfolio.

Novel work such as this, in a new area of dental research, will not have a body of evidence to draw from, or to compare against. As such, the portfolio was devised using a 'Delphi' approach, basically a group of 'leading lights' agreeing a consensus approach, and the subjects are by no means a random sample of dentists; as vocational trainers they are already subject to a considerable inspection regime. From this pool the subjects self-selected and even the authors accept that they are not 'typical' GDPs!

The time taken to complete the portfolio averaged at 6.09 dentist hours and 7.58 delegated hours, from this well prepared group. No considerations of the effects on output and practice expenses have been made here.

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