

# Taking Revalidation Forward – the GMC Implementation Plan

## Academy Response

June 2017

As set out in our previous response to Sir Keith Pearson's report, the Academy [through the Academy's Revalidation and Professional Development Committee] is committed to taking forward the GMC's six workstreams.

Following the GMC's Revalidation Oversight meeting on 8 June 2017, we have set out below how the Academy and Colleges/Faculties can contribute to the work streams.

### WS1 – Making revalidation more accessible to patients and the public

1 a) Develop a core narrative/materials for use with patients and the public explaining the purpose of revalidation and how it works.

- We have contributed to the leaflet recently developed [June 2017] by CAMERA, as part of the work to increase patient/public awareness of, and involvement in, revalidation. This leaflet has been informed by the Health Foundation's research exploring PPI in revalidation from the patients' perspective and designed in collaboration with several patient/lay stakeholders
- We can provide a list of Colleges/Faculties and other stakeholders that should be included in any consultation exercise
- We will continue to promote revalidation awareness materials through our channels and publicise them on our website
- Materials available to the public should include examples of learning and practice change that resulted from patient feedback.

1b) Collate and share models for PPI in local revalidation processes

- The Academy is represented on the PPI Forum which oversees the PPI aspect of the UMbRELLA research and the DH evaluation research. The Academy will continue to contribute to the work of the PPI Forum assisting the UMbRELLA/DH researchers with identifying a range of participants to take part in UMbRELLA surveys, with developing survey questions and providing feedback on draft literature to promote revalidation awareness
- We believe that opportunities for PPI in the development and implementation of revalidation processes have not been fully taken up and require further development.

**1c] Create and promote a dedicated section for patients and the public on the GMC's revalidation website.**

- We will also set up a dedicated webpage covering patient feedback and patient involvement and through this webpage will include a link to the GMC's webpage
- Work will be needed to ensure that the materials on these webpages are fully congruent.

**1d] Produce and promote additional case studies to help doctors gather and reflect on patient feedback.**

- We are currently assisting the GMC by seeking additional case studies from the Colleges/Faculties
- Once the case studies are completed, we will promote these on our website and through the Colleges and Faculties
- The current case studies are popular but each one suggests a solution to a specific problem. The case studies should be supplemented by a one-page summary of the problems and their suggested solutions.

**1e] Explore options for amending our revalidation requirements for patient feedback.**

- The Academy's Patient Feedback Workgroup will share with the GMC, the findings of the Academy funded project being undertaken by RCPL. This project is due to complete in October 2017 and is focusing on three work strands:
  - Strand 1 -To identify and recommend more effective methods to gather patient feedback via questionnaires using technology and their applicability across the different specialties
  - Strand 2 - Identification of alternative methods of obtaining feedback other than questionnaires, outlining the relative costs and benefits of each method, and their applicability across the different specialties
  - Strand 3 -To produce a summary report identifying how doctors and appraisers handle patient feedback, the importance of reflection and benchmarking to provide evidence for change of quality improvement.
- The RCPL project will continue to work closely with the PPI Forum and be informed by research being undertaken by CAMERA and the Health Foundation
- Although many doctors have found their patient feedback helpful in their continuing professional development, others are rightly sceptical about the process in its present form. This has led to disenchantment with the revalidation process as a whole, and patient feedback needs to be significantly strengthened to make it 'believable' by doctors and their patients.

## WS2 – Reducing burdens and improving the appraisal experience for doctors

### 2 a) Clarify our guidance on the supporting information that doctors need to collect and reflect upon for revalidation. Improving signposting of advice for doctors on our website.

- The Academy and Colleges/Faculties took part in the GMC's initial engagement programme in 2016
- We will contribute to the updating of the GMC's guidance on supporting information and have identified College/Faculty representatives who would be keen to participate in any working group that is set up
- The Academy will work with Colleges and Faculties to update their guidance to ensure greater clarity and understanding on what is required for revalidation in a simple and consistent manner across the specialties
- The Academy and its specialties will define what elements are GMC requirements for maintenance of a Licence to Practice and what are Specialty recommendations for best practice within the specialty
- We will continue to forward to the GMC examples of queries received from doctors where confusion over the guidance has been identified
- The Academy will continue to contribute to the work of the PPI Forum assisting the UMbRELLA/DH researchers with identifying a range of participants to take part in UMbRELLA surveys and with developing survey questions.

### 2b) Reducing the burden by working with ROs and other key stakeholders to enable information about complaints, incidents and significant events to be made more easily available to individual doctors.

- We appreciate that the GMC does not have a statutory role in this area, but would look to the GMC to be supportive in the light of the Pearson Recommendations.

### 2c) Improving the appraisal experience for doctors.

- Many doctors have become sceptical about the value of appraisal and see it as a 'tick-box exercise' and something to be 'got through'. As a result, the perceived value of appraisal as a formative tool has been severely reduced
- More detailed guidance about the skills expected in an appraiser and about the appraisal process itself are required. The role of Appraiser must be recognised as a professional skill and should therefore be subject to discussion during the appraiser's own 'whole practice' appraisal
- We are keen to re-develop appraisal in this way and would welcome the opportunity to work with the GMC to achieve this.

## WS3 – Strengthening assurance where doctors work in multiple locations

### 3a) Seek Collective agreement on information sharing principles across the four countries

- We will contribute to the work to prepare a set of principles covering the responsibilities for information sharing.

## WS4 – Reducing the number of doctors without a connection

### 4a) Identify realistic options for changes to the R0 regulations that would reduce the number of doctors without a prescribed connection.

- We are keen to be supportive in this work and specifically a member of the Academy's Revalidation and Professional Development Committee has stated their interest to be involved directly in this work.

### 4b) – Review the Suitable Person Scheme

- We will provide input to discussions and liaise specifically with Colleges/Faculties who have established a suitable person scheme and with those who are considering applying for it.
- We are concerned that the current Direct Assessment option is unlikely to provide a fair assessment of the quality of a doctor's current practice, and would wish to encourage expansion of the Suitable Person Scheme instead

## WS5 – Tracking the impact of revalidation

### 5 a) to 5 c)

- We note that the GMC will consider the outcomes of the UMbRELLA evaluation as part of this workstream. The Academy is represented on the PPI Forum which oversees the PPI aspect of the UMbRELLA research and also the DH evaluation research. We are therefore able to contribute to this workstream from a well-informed position.
- We consider that there are several levels at which 'impact' could be assessed, from whether the process has met the expectations of doctors to measurable changes in the quality of patient care. At present, it is unlikely that the new system itself will be functioning as well as it could and in addition there was no baseline study prior to the introduction of revalidation.
- It is therefore important to consider the first five years as a baseline and to build on the experiences of doctors and patients in order to move the process forward. We look forward to learning the findings of the UMbRELLA study as a means of understanding where we are now and what requires further work.
- Colleges should be involved in this workgroup to ensure 'buy-in' from a wide spectrum of doctors across all specialties.

## WS6 – Supporting improved local governance

We will contribute to the work relating to the updating of material, and will promote it through our channels.

## ROG sub groups

The GMC have stated their intention to set up two sub-ROG working groups for **WS1** Patient and public awareness/input and **WS5**- Tracking impact.

The Academy would like to join both workgroups.

For **WS1**- the representatives will be two Academy/College/Faculty representatives.

For **WS5** – the representatives will be two Academy/College/Faculty representatives.

In addition, for **WS2** – we have identified one/two College representatives who would like to be involved in any subgroup set up.

## General comments

We note that the evidence uncovered so far in the UMbRELLA's revalidation evaluation studies will be reviewed as part of WS 1 and WS 5. Considering UMbRELLA's work and the significant wider research that CAMERA has undertaken, it would be helpful to invite a representative of CAMERA/UMbRELLA to participate in each of the workstreams to inform discussions

## Communications

We will work with the GMC Communications team to share updates on this work.

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