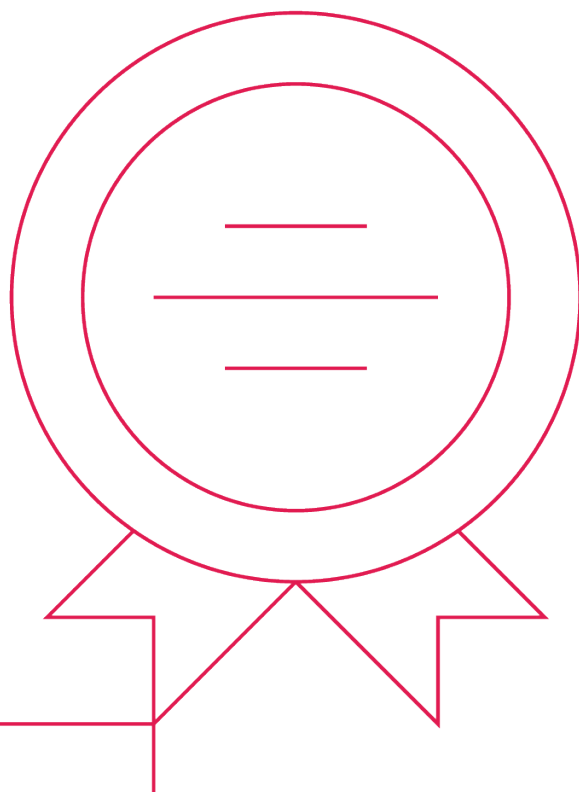


June 2019

Lay involvement in revalidation

Findings from the 2018 survey



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Foreword

Traditionally lay involvement in medicine and healthcare focuses on a specific medical condition where the lay opinion becomes the 'expert patient' contributing to advances in the treatment and care in that specific area of medicine. Or it is used in the wider 'patient experience' role covering the general day-to-day functions within a healthcare organisation. This kind of lay involvement is firmly established across healthcare.

Lay involvement is also well-established in areas such as the training and recruitment of doctors, monitoring Annual Review of Competency Progression processes, interviews for clinical training posts, health research, formal patient experience bodies, patient participation groups in GP surgeries, Healthwatch, plus individual patient contributions through surveys and feedback such as Friends and Family. It is also well supported nationally and regionally in terms of allocation of resources, organisational structures, guidance and the regular provision of information. In many cases the information and guidance provided in other areas of lay/patient involvement such as recruitment, training and participation are transferable to lay involvement in revalidation.

Lay representatives in revalidation provide an 'independent voice' within a regulatory system covering the employment of doctors, whether it be at local level within individual designated bodies, or at regional and national level monitoring the application of the Responsible Officer regulations. Lay representatives contribute to the governance issues and quality assurance processes that ensure revalidation is working effectively, providing assurances that all licensed doctors are up to date and working in accordance with the GMC's Good Medical Practice Guide.

Lay involvement in revalidation is an important component in the wider safety culture and needs to be embedded in the same way that other types of lay involvement already are across healthcare. Unfortunately, unlike traditional representation, lay involvement in revalidation is not always instinctively part of the process.

Acknowledgement and thanks must go to Yvonne Livesey of the Academy for her work on the survey and the report plus all those Health service contacts at local, regional and national level that assisted me in collecting this information through email exchanges and direct conversations.

Mr Sol Mead

Academy Revalidation Patient and Lay representative

Introduction

In December 2017 the Academy of Medical Royal Colleges [the Academy] published *Lay involvement in revalidation activities*. The report provided examples of lay involvement in revalidation at local, regional and national level. It also looked at how to develop the role, recruitment and training of lay representatives as well as the benefit of lay involvement in revalidation.

This follow up report updates the examples of lay involvement that were given in 2017 and identifies new examples, benefits and barriers to lay involvement in revalidation.

To obtain this information a short survey (Appendix A) was sent to designated bodies (DBs) and other healthcare organisations who employ a doctor.

The Response

There are currently 918 designated bodies (DBs) across the UK.¹ Of these 79 responded to the survey. We also received responses from four non-designated bodies and 11 Medical Royal Colleges and Faculties. For the purposes of the figures in this report we have only used the responses from the designated bodies.

We acknowledge that a response rate of 8.6% has a high level of response bias. However, the qualitative responses given provide a helpful insight in to lay involvement which can be used to update the 2017 work and seek to improve the levels of lay involvement going forward. We are also encouraged that we received responses from across all four nations of the UK and from different types of designated bodies together with regional and national responses and from the Medical Royal Colleges. [Appendix B has information on the demographics of respondents].

The DBs who responded to the survey have prescribed connections with 30,800 doctors (13.4% of doctors) reflecting different parts of the health service such as primary, secondary, the independent sector and other public sector bodies who employ doctors. The respondents also represent a cross section of DBs in terms of the number of doctors connected to them, ranging from less than 10 to over 201.²

The survey results indicate how lay involvement in revalidation activities has developed since the 2017 report:

- There has been a small increase in the number of organisations with lay involvement in revalidation activities. including for the first time, examples of designated bodies in Northern Ireland and Wales. There were also examples of designated bodies intending to introduce lay involvement
- The methods of lay involvement continue to vary across NHS England Regions. Based on the responses received to the survey, most of the examples were in the South/South West and the least in London
- Those who have lay involvement in their processes praised the contribution it made and said it was an important element in how their revalidation processes operate locally. But also recognised the challenges it brought
- No new roles for lay representatives were identified since the 2017 report
- The range of options identified in the 2017 report regarding recruitment and training of lay representatives remains unchanged and are being applied to suit local circumstances

1. England [840], Wales [23], Scotland [32] and Northern Ireland [23]. This figure excludes two in Gibraltar, two unspecified and those that do not currently have any doctors connected to them.

2. Of the total 918 Designated Bodies, 431 have ten or fewer doctors connected to them, 148 have between 11 and 50 doctors connected to them, 122 have 51-200 doctors connected and 221 DBs have over 201 doctors connected to them.

- Responses highlighted the intention to introduce lay involvement in revalidation. However, there were also those that see no benefit in lay involvement. Not all elaborated on their reasons why but those who did, cited limited resources, confidentiality issues, and lay involvement existing elsewhere in their organisation [although not in revalidation]
- The importance of lay involvement in revalidation was recognised by some, but there were others that remain to be convinced of its need.

The survey responses are looked at in more detail below.

The benefits and challenges of lay involvement in revalidation processes

Twenty-eight designated bodies who were listed in the 2017 report said that they had lay involvement as either new examples or an update of existing examples.

The survey asked organisations that were identified in the 2017 report as already having lay involvement in their revalidation processes what they considered the benefits and challenges to be.

Benefits identified by Designated Bodies

"It brings a unique perspective to the various issues discussed in revalidation meetings." (NHS Trust)

"Knowledge of lay involvement is helpful in reminding those less engaged clinicians of the purpose and importance of appraisal and revalidation." (NHS Trust)

"It helps achieve a wider engagement of the public in the governance process and quality assurance of the appraisal and revalidation within the trust." (NHS Trust)

"Having additional non-medical, non-system eyes and expertise into our processes and arrangements helps maintain focus on and attention to public confidence." (Northern Ireland)

"External scrutiny of processes is very valuable." (NHS Trust)

"The lay member actively participates in the medical revalidation meeting supporting the RO with making revalidation recommendations, development and ratification of the medical appraisal and revalidation policy and appointment of new appraisers." (NHS Trust)

Benefits identified by the Medical Royal Colleges

"We have increased our Lay Advisory Group by 100% in size to represent the whole of the UK and this works in close association with our Healthcare Policy Group and our other Advocacy Groups around the four nations of the UK. The new expanded format is a great success."

"Having a lay member involved in the development of the new RCOG CPD programme, has encouraged a continued focus on generic (e.g. communication skills) as well as technical skills and knowledge. As the RCOG has an engaged Women's Network of lay representatives, there has not been any challenges."

"Introduces a new perspective and challenge to the way we look at revalidation. Provide an effective lay viewpoint and helps the College simplify and clarify our language and communication."

"Lay involvement provides external calibration of the CG processes for the RO/Appraisal system. The experience of the lay chair has been extremely useful in confirming that changes to process and the wording of policy, are aligned with best practice."

Challenges

"Overcoming the concerns re: confidentiality for some doctors." (NHS Trust)

"Being outside the mainstream Revalidation network can result in not being up-to-date with developments and ideas." (NHS region)

"Quite a long lead time for a lay rep to get up to speed with nomenclature and processes associated with revalidation." (NHS Region)

"It takes time and patience." (Hospice)

"Challenges include avoiding unconstructive lay input about, e.g. individual expressing dissatisfaction with their individual experiences. Lay involvement needs to be structured in a way that encourages constructive involvement." (Royal College)

Roles of lay representatives

Organisations that were not identified in the 2017 report were asked how they used or planned to use lay representatives in their organisation. From the options given in the survey the recruitment of doctors (18) and quality assuring activities (17) were reported most frequently as ways to include lay involvement.

How lay involvement will help or does help your organisation

“We have a public governor who sits on our revalidation governance committee. This committee has to be assured that processes are robust and being undertaken by suitably qualified staff. Strategy and policy are also ratified by this group.” [NHS Trust]

“Due to a well selected volunteer extra insights are brought to the decision-making processes. Provides a way of educating our Board.” [Hospice]

“Our new Standards Office has lay involvement in the process for responding to concerns about doctors” [Royal College]

“Reviewing case studies put forward by GMC; Helping to influence the regulator that the current system must change to ensure patient feedback is meaningful and more than a tick-box exercise” [Royal College]

Recruitment of lay representatives

The survey responses showed that lay representatives were recruited predominately from the existing pool of lay members (11), personal knowledge/contacts (11) and Non-Executive Directors (11) albeit it was not clear to what extent NEDs were involved in the local revalidation processes beyond receiving board reports.

Recruitment of lay representatives

“The DB looked to the aviation industry to provide a lay rep that could bring relevant experience from the world of aviation safety. A senior aircraft captain from British Airways was approached through the contacts of the Deputy RO. This individual had a strong interest in safety systems. The decision to recruit outside the RAF aviation safety network was made to seek a truly lay rep. Senior officers [Chief Executives] within the RAF and British Airways were fully supportive of this initiative.” [RAF]

“We have recruited from the established pool from PCT days re local professional committees they nominate their reps.” [NHS England Regional Body]

“In recruiting Lay Governors expressions of interest were sought from public governors and role description was provided and all interested parties met with the medical director. The governors then elected representatives to roles.” [NHS Trust]

Training and briefing given to lay representatives

With regards to training lay representatives, respondents reported that ongoing or tailored briefings were most commonly used [19].

Details of training given or planned to be given to lay representatives

"An induction package (including a confidentiality statement) was designed for the lay rep and delivered before the first RO briefing. There is ongoing support and training provided through team briefings and formal training planned in the form of RO training, D&I and unconscious bias." (National Non NHS Designated Body)

"As yet lay involvement has not begun but the plan is to have an induction then regular ongoing briefings with the RO." (Independent Designated Body)

"Briefings with the Chair of Professional Standards Committee and Head of Professional Standards Department as relevant" (Royal College)

Barriers to lay involvement

The most commonly reported barriers to lay involvement in revalidation were the belief that it does not bring any benefit [13], limited resources [12] and concerns over confidentiality [10].

Barriers to lay involvement

"A lack of awareness among Trust members on the benefit of lay involvement at all levels of activity in the Trust" (NHS Trust)

"It is a challenge to persuade the medics it will be fine" (NHS Trust)

"We are a small organisation, therefore the processes described are all undertaken on a small scale. Lay involvement would be welcomed, but opportunities to participate would have to be created. Our revalidation process consists of information gathering followed by decision making as and when needed. Our Appraisers' meetings, which happen twice per year would be the only potential opportunity for lay involvement." (Hospice)

"If I have any concerns about whether I should make a positive recommendation for a doctor, then this is the same as having concern that I should refer that doctor to the GMC. In such instances I always discuss with the GMC's Employer Liaison Officer. I do not think that lay involvement would improve this process in any way, and it would increase complexity and expense of processes." (NHS Trust)

Barriers to lay involvement

“We only have one prescribed connection. The vast majority of medical personnel in our organisation have a RO in their NHS base who revalidates. For this reason, it would be inappropriate to have a lay person within our organisation.”
(Independent Designated Body)

“There appears to be little understanding from the GMC as regards Occupational Health. We do not treat patients and often make difficult decisions that patients may not agree with such as declining pensions. Complaints are therefore inevitable. Also, we are not NHS based and any lay involvement will have to be self-funded. We are not a very large Designated Body and the time, effort and resources required seem to be disproportionate to the risks given that we do not treat patients”
(Independent Sector Designated Body)

Conclusion

We are pleased to see that lay involvement in revalidation activities is continuing across the UK. However, the results from the 2018 survey show that there is still work to be done to get all Responsible Officers and Designated Bodies to realise the value that lay involvement can bring to their revalidation processes. This is disappointing as we know that lay involvement and a non-medical voice can make an important contribution to effective clinical governance and quality assurance in revalidation processes and decision making.

Looking ahead, there needs to be ongoing activity which seeks to promote and encourage employers of doctors to include a lay/patient voice in their revalidation arrangements.

The following from the GMC and NHS England provide advice and guidance to involving lay representatives in revalidation activities.

GMC

Effective Clinical Governance for the Medical Profession: an introduction to the handbook

The handbook provides an opportunity for different organisations that employ, contract or oversee the practice of doctors in the UK to evaluate the effectiveness and quality of their local medical revalidation processes. It contains a medical profession checklist covering four important principles which underpin effective clinical governance for the medical profession which when embedded will help organisations develop systems and processes in a way which supports the delivery of high-quality patient care.

Within the four principles there are references to lay/patient involvement that ask questions such as:

- "Does your organisation encourage lay involvement in their quality assurance processes, to provide independent scrutiny and challenge to increase public confidence that local governance is robust.
- Whether Boards have a "a suitably qualified and trained non-executive director that has a specific role in providing support and challenge to the board on clinical governance systems for doctors, including revalidation and management of concerns.
- "How does your organisation work with local patient groups to promote awareness of revalidation processes and how they are applied locally?
- What examples can you provide of incorporating learning from good practice in other organisations and patients and patient groups into your organisation's clinical governance systems for doctors?"

There is also available, via the GMC website, an online self-assessment tool which can be used in checking the quality and effectiveness of local governance arrangements as set out in the handbook. While the use of the handbook is not mandatory, it remains an essential tool in making judgements about local revalidation arrangements and the contribution lay involvement can make.

Involving patients in revalidation

Further information on lay involvement is contained on the GMC website and blog

Taking Revalidation Forward. Working with others to improve revalidation

A framework for tracking revalidation information will be collected within this asking “Are lay people involved in any of the processes that underpin revalidation in your designated body?”

As part of the TRF programme the GMC has said that, “throughout 2019, our employer liaison advisers will use these new materials [published during 2018] to highlight the benefits of patient involvement in revalidation to designated bodies and ROs.”

NHS England

Opportunities for Patient and Public Engagement (PPE) in Revalidation. There is also information on the roles that lay representatives can play on the [NHS England website](#).

Practical guide for responding to concerns about medical practice. The guide provides information on the different ways that ROs can get support and objectivity in their decision making processes including creating a formally constituted advisory group. The Terms of Reference to the Group covers a range of revalidation decision areas and lists a lay representative as a member of the group.

Appendix A

Lay involvement in revalidation activities — 2018 survey questions

Aims and Structure of Survey

In December 2017, the Academy of Medical Royal Colleges published a report on lay involvement in revalidation activities. Appendix A of the report (pages 12-23) contains different examples of lay involvement in revalidation activities at national, regional and local levels.

Aims

The aims of this survey are to:

- Update the examples in Appendix A to reflect any changes
- Seek new examples to add to the report
- Gather views on the local barriers to lay involvement.

Structure of the survey

The survey should be completed in the following way:

- All participants to complete Qs 1-3
- Section A (Qs 4-5) to be completed by participants whose organisations are already listed in Appendix A of the report.
- Section B (Qs 6-9) to be completed by participants whose organisations who are NOT in Appendix A.

The survey should take no longer than 10 minutes to complete and will close on 12 October 2018.

Thank you for your assistance and co-operation in completing this survey.

1. Name of organisation:

2. Name and job title of person completing the survey:

3. Contact email address:

(In the event that we need to seek clarification, we would like to contact you via email)

SECTION A — For organisations listed in Appendix A of the report

4. Looking at your organisation's entry in Appendix A of the report, have there been any changes to the lay involvement described?

Yes/No

If yes please give details...

5. In your experience, what have been the benefits and/or challenges of having lay involvement in your revalidation processes?

SECTION B - For organisations who are NOT listed in Appendix A

6. If you have lay involvement or plan to do so in the near future, please tick the appropriate boxes and provide further details below, including how lay involvement has helped or will help your organisation. Please also include details covering the impact and any challenges for your organisation.

- Recruitment of doctors
- Monitoring the performance of doctors
- The development of systems for patient/colleague feedback
- Recruitment of medical appraisers
- Training of medical appraisers
- Review of appraisal outputs
- Quality assurance of medical appraisers or other activities organised by the medical revalidation team
- Processes for responding to concerns about doctors
- Responsible Officer Advisory Group
- Other
Please give details

7. How did your organisation recruit your lay representative(s)?

- Advertising in the Hospital Newspaper
- Recruiting from the existing pool of lay representatives
- Recruiting Non-Executive Directors
- Recruiting Lay Governors
- Recruiting through personal knowledge or individuals and contacts
- Contacting local patient groups
- Organised a public focus group
- General public recruitment ads
- Other
Please give details

8. What type of training/briefing has been given to your lay representative(s)

Formal National Training for members of Performance Advisory Groups and Performance List Decision Panels [Applicable to NHS England Primary Care only]

- One off formal briefing with the RO
- Regular ongoing briefings with the RO
- Briefing by other lay representatives
- Attendance at appraiser network meetings
- Induction courses
- Pre-meeting briefings prior to revalidation meetings
- Tailored briefings for individual representatives depending on their previous knowledge of revalidation
- Other
Please give details



9. If you have NO lay involvement in your organisation's revalidation processes/systems, please tick the appropriate boxes and provide details on what have been the barriers to this happening?

- Organisational reasons
- Limited resources
- Concerns over confidentiality
- Lay involvement exists but not specific to revalidation
- I don't believe lay involvement brings any benefit
- Difficulties in finding the right person for the role
- Other

Please state what the barriers have been

Appendix B

Response breakdown

The individual responses have been broken down into 11 categories to reflect different types of organisations, as follows:

NHS England NHS Trusts/Designated bodies (44)

NHS Region – North (Total 12. Of which there were two new examples of lay involvement, eight had no lay involvement, two involved NEDs and one is planning lay involvement)

NHS Region – Midlands/Eastern (Total 11. Of which one gave a new example of lay involvement, one updated an existing example of lay involvement and nine had no lay involvement)

NHS Region – South (Total eight. Of which one updated an existing example of lay involvement, two are planning lay involvement and five had no lay involvement)

NHS Region – South West (Total 12. Of which seven gave new examples of lay involvement, four updated existing examples and two had no lay involvement)

NHS Region – London (Total one. Reporting no lay involvement)

NHS England Regional Bodies (Total eight. Of which seven had lay involvement and one with no lay involvement)

NHS England National Bodies (Total three. Of which two responses were from non-designated bodies and one from a Designated Body with no lay involvement)

Other Non-NHS England National Bodies (Total six. Of which two updated existing examples of lay involvement, one new example of lay involvement and three with no lay involvement)

Other non-NHS regional bodies (Total one. Reporting no lay involvement)

Hospices (Total three. Of which one updated an existing example of lay involvement and two had no lay involvement)

Scotland (Total three. All from Designated Bodies with no lay involvement)

Wales (Total four. Of which three were Designated Bodies, one with lay involvement, two with no lay involvement. There was also a response from one non-designated body)

Northern Ireland (Total two. Both designated bodies but only one with lay involvement)

Independent Sector (Total 10. Of which there was one new example of lay involvement and nine with no lay involvement)

Royal Colleges (Total 11. Of which all updated information on lay involvement and two also gave new examples of lay involvement)

Appendix C

How patient and lay involvement is sought and used elsewhere in the health service

In many cases the information and guidance on how lay representatives can be recruited, trained, organised and participate in a specific area of the health service can equally apply and are transferable to including lay involvement in revalidation.

NHS England clinical commissioning groups

There is an extensive range of national advice and support provided in connection with Clinical Commissioning Groups

CCG Patient and Public Involvement Lay Members' Network

NHS toolkits

Bite size guides on participation

The Involvement hub contains information for those who want to get involved]

Training of doctors

NHS Wales recruitment of lay representatives relating to doctors training in Wales

Keele University provides a good example of lay involvement in a medical school

Research

Patient/lay contributions to health service research are now a regular requirement and for the research output to be considered acceptable.

Public reviewing with the National Institute for Health Research (NIHR). An interactive course for new and experienced reviewers of health and social care research.

NIHR, Patient and public involvement in health and social care research. A handbook for researchers

Healthtalk.org provides detailed information on patient and public involvement in research.

NIHR. *Why joining in makes a difference*. Explains the different ways in which lay involvement in research is important.

The Patient Focused Medicines Development. *Book of Good Practices*. Provides good practice examples of patient/lay Involvement.

Healthtalk.org. Researchers' experiences of patient and public involvement.

Newsletter from the Collaborations for the Leadership in Applied Research and Care

The February 2019 NHR newsletter focuses on patients and public.

Patient experience

The patient experience library. A weekly newsletter that provides wide ranging information on patient experience and lay/patient involvement.

General involvement information

Involvement Matters. A newsletter from a Thames Valley & Milton Keynes Working Together Group on different involvement activities

HQIP - A guide to patient and public involvement in quality improvement.

Working Together an essential guide for healthcare practitioners, researchers, educators and regulators looking to work with service users, patients, carers and members of the public. The guide draws on extensive evidence and is relevant to lay involvement in revalidation and the healthcare service.

Annex 1

Detailed examples of lay involvement in individual organisations

This Appendix, is only available on the Academy website — Detailed examples of lay involvement in individual organisations.

It is an updated version of Appendix A from the 2017 report Lay involvement in revalidation activities. It includes the new examples from the 2018 survey as well as others that were highlighted during the drafting of this report. These late examples are not included in the analysis section of this report.

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