

Revalidation: lessons learned and reflections for the future

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Compassion starts with self compassion

"Being a good doctor requires many qualities: compassion, knowledge, skills, perseverance, team skills, flexibility and willingness to learn. But perhaps the most important of these is compassion. And compassion towards others must start with self compassion. If we don't look after ourselves, we may find it challenging to deliver effective care, be more vulnerable to burn out or a potential catastrophic response if we experience a 'failure'." (Dr Alys Cole-King)

"Seeking help is not a sign of weakness. It can be one of the bravest things a doctor ever does. It may save his or her life."
(Anonymous – 'The Resilient doctor' - July 2015, Newcastle)

Revalidation – the journey

2012

Revalidation begins

2016

10,560 doctors in Scotland have received a positive recommendation

2018

Scotland on track to complete first cycle by 31 March 2018

A Scottish success story (of collaboration)



Appraisal rate up from 80% to 92% since 2012

15% deferral rate

Improvement in governance arrangements to support appraisal and revalidation

NES appraiser training

SOAR

What have we learned?

**Understanding
UK doctor
population**

**Late and
'sufficient'
engagement**

**Change in the
relationship
between GMC
and doctors**

**Managing large
volumes and
having to be
flexible**

**Collaborative
working with the
wider health
sector DBs/ROs**

What have doctors told us?

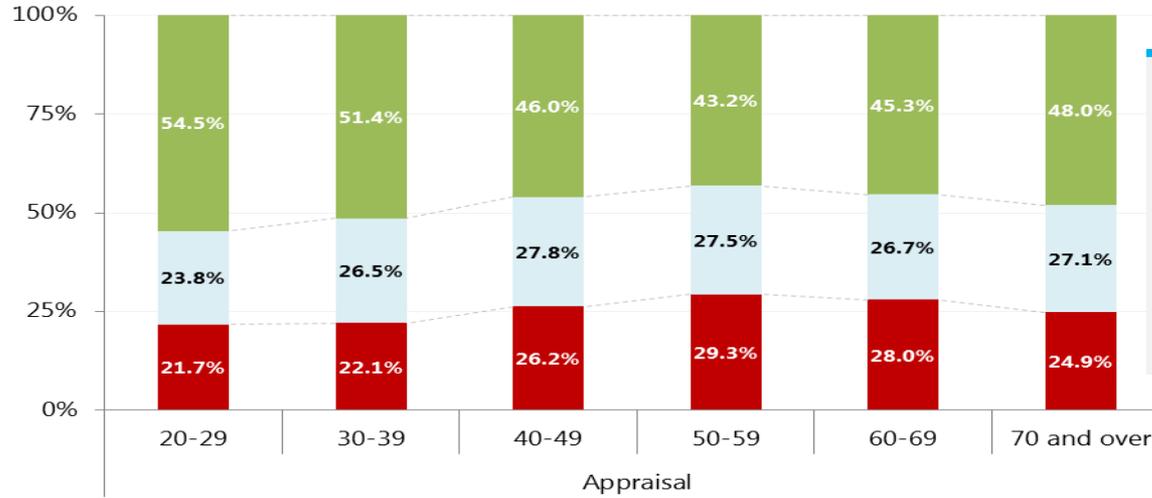
- UMbRELLA survey of non-trainee population of doctors
- 26,000 responses (approx 17%)
- 2,500 approx from Scotland

Key survey questions - Appraisal

- Appraisals are an effective way of helping doctors to improve their clinical practice
- Appraisals are the best way for doctors to identify their training needs
- Appraisals have no influence on professional behaviour

Appraisal questions by age group

Appraisal : Responses to appraisal question set



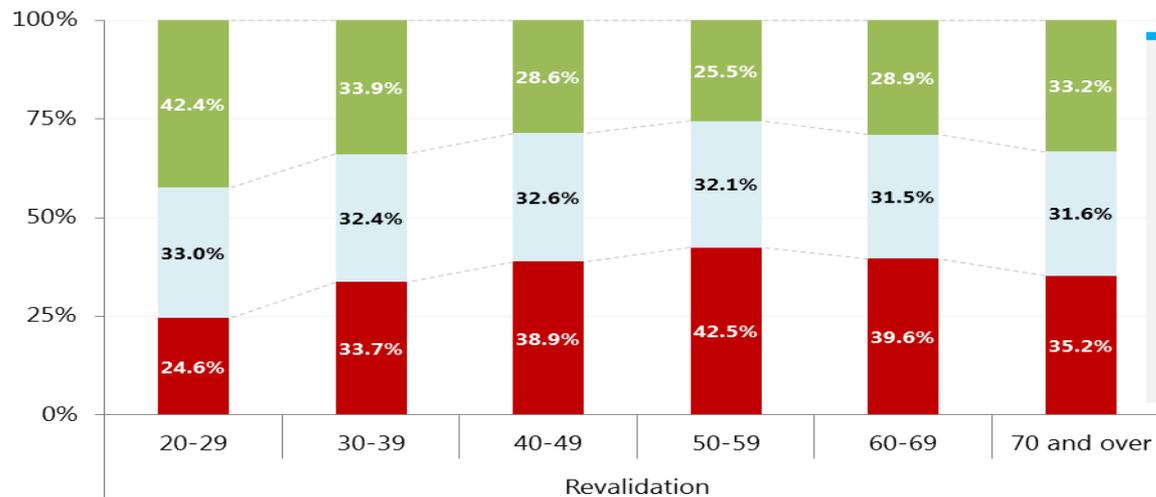
- 50-59 are least satisfied with appraisals – this is this group who agreed were 5pc points lower than the average
- 20-29 are most satisfied – 6.5pc points above average

Key survey questions - Revalidation

- Revalidation allows doctors to demonstrate that they are up to date and fit to practise
- Revalidation has led to an improvement in patient safety
- Revalidation will not improve the standards of doctors' practice
- Revalidation will fail to identify doctors in difficulty at an earlier stage

Revalidation questions by age group

Revalidation: Responses to revalidation question set

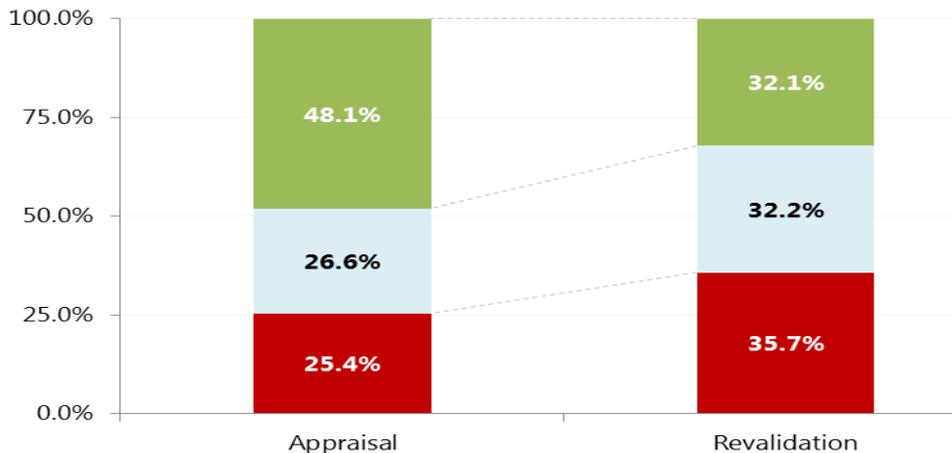


- Less favourable than appraisals
- 50-59 are least satisfied with appraisals – those in this group who agreed were 7pc points lower than the average 32%
- 20-29 are most satisfied – 10pc points above average

Appraisal compared with Revalidation

Appraisal vs Revalidation: Appraisal question set compared to revalidation question set

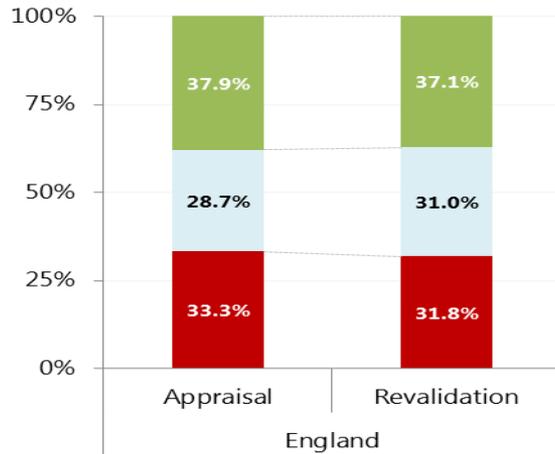
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Insight

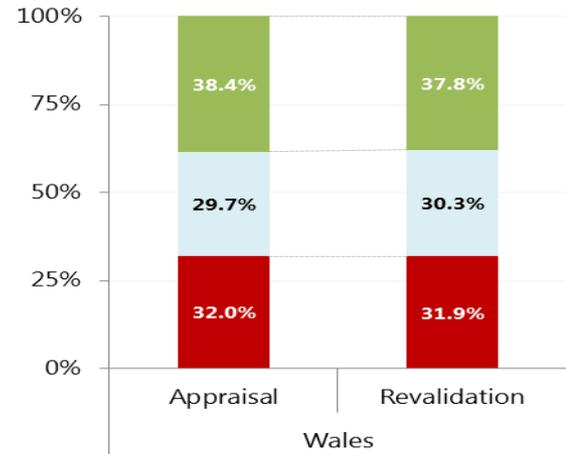
- The appraisal was favoured more than revalidation in this survey
- Just a quarter disagreed that appraisals have a positive impact
- Whereas a third disagreed that revalidation has a positive impact

England and Wales

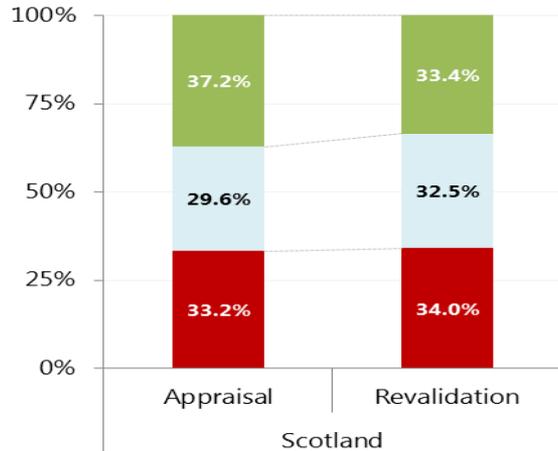


Insight

For England and Wales there is little difference between favourability in the responses to the revalidation and appraisal question sets

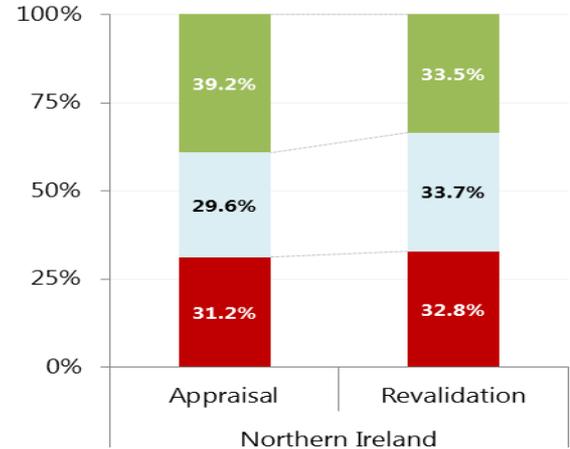


Scotland and Northern Ireland



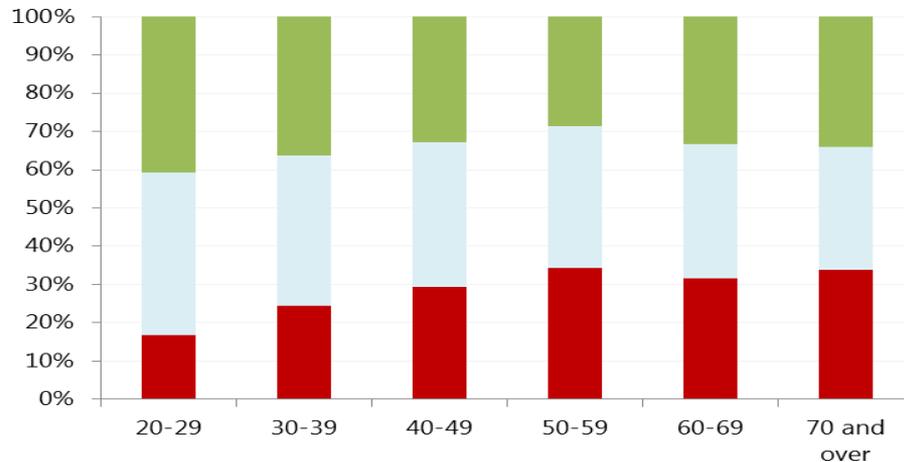
Insight

- However, there is a different picture in Scotland and Northern Ireland
- For both appraisal is more favourable than the revalidation
- 3.8pc and 5.7pc points difference respectively



Impact of revalidation on appraisals

AGE. Response to: Overall, do you feel the impact of revalidation upon the appraisal process has been negative or positive?



Insight

- On this additional question (not included in the revalidation and appraisal sets) the responses very much mirror those of the appraisal and revalidation question set.
- 50-59 felt that revalidation had a negative impact on appraisals (34%)
- 20-29 felt that revalidation had a positive impact on appraisals (41%)

Taking Revalidation Forward - background

March 2016 – GMC asked Sir Keith Pearson to lead a review – a good time to take stock

Complement the long-term evaluations being carried out by UMbRELLA and Department of Health (England)

Sir Keith met personally with over 100 stakeholders across the four countries. And he reviewed research and operational reports.

Sir Keith's conclusions on revalidation to date

Medical revalidation is settling well and is 'owned' locally

- A strong complex intervention delivered without major problems
- Strong ownership from departments and medical leaders/ ROs

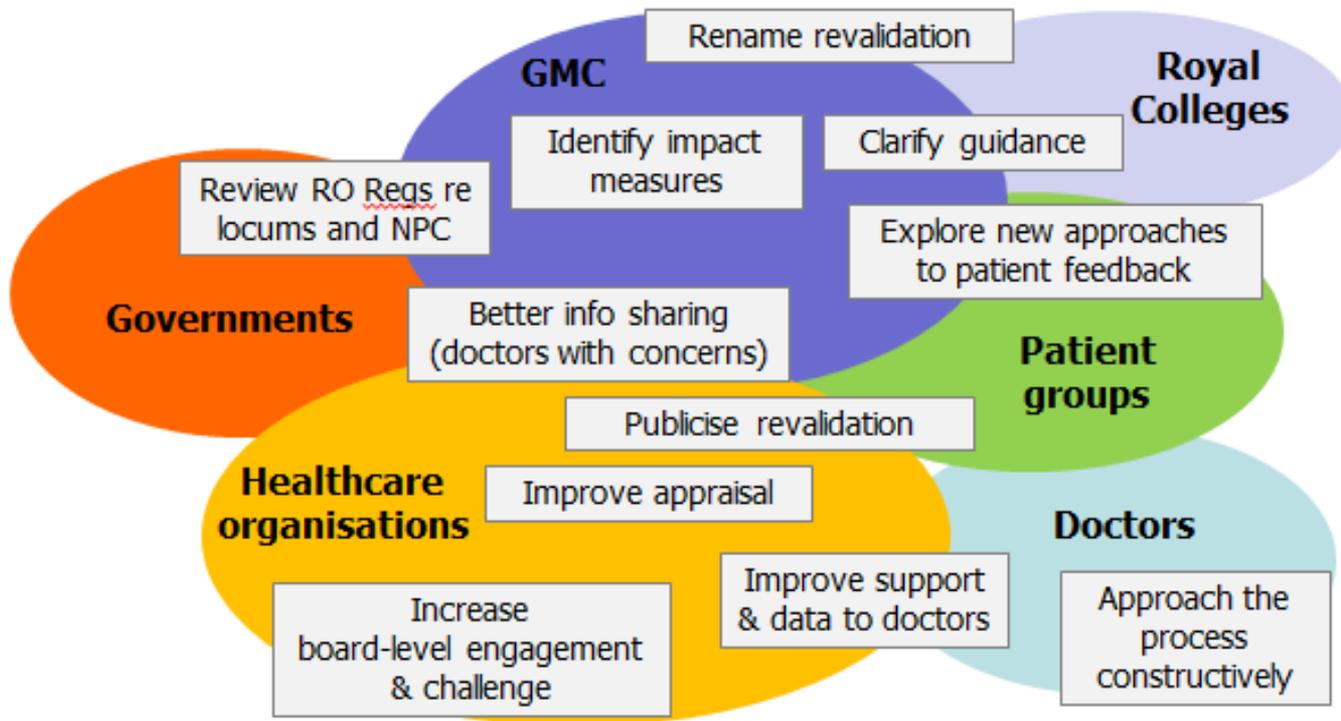
The most significant impact to date has been to embed appraisal and broaden reflective practice

- Also clear evidence of stronger clinical governance arrangements
- And some evidence that revalidation is helping to identify and tackle poor performance

Major overhaul is not required and would not be welcome

- Recommendations made to 'nudge' revalidation forward
- Focus on increasing the impact of revalidation on patients care/safety and reducing administrative burdens

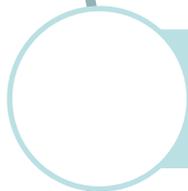
The TRF recommendations have wide impact



Key recommendations for ROs and Appraisers



Improving support for doctors – making it easier to access and collate the information they need for their appraisal and revalidation

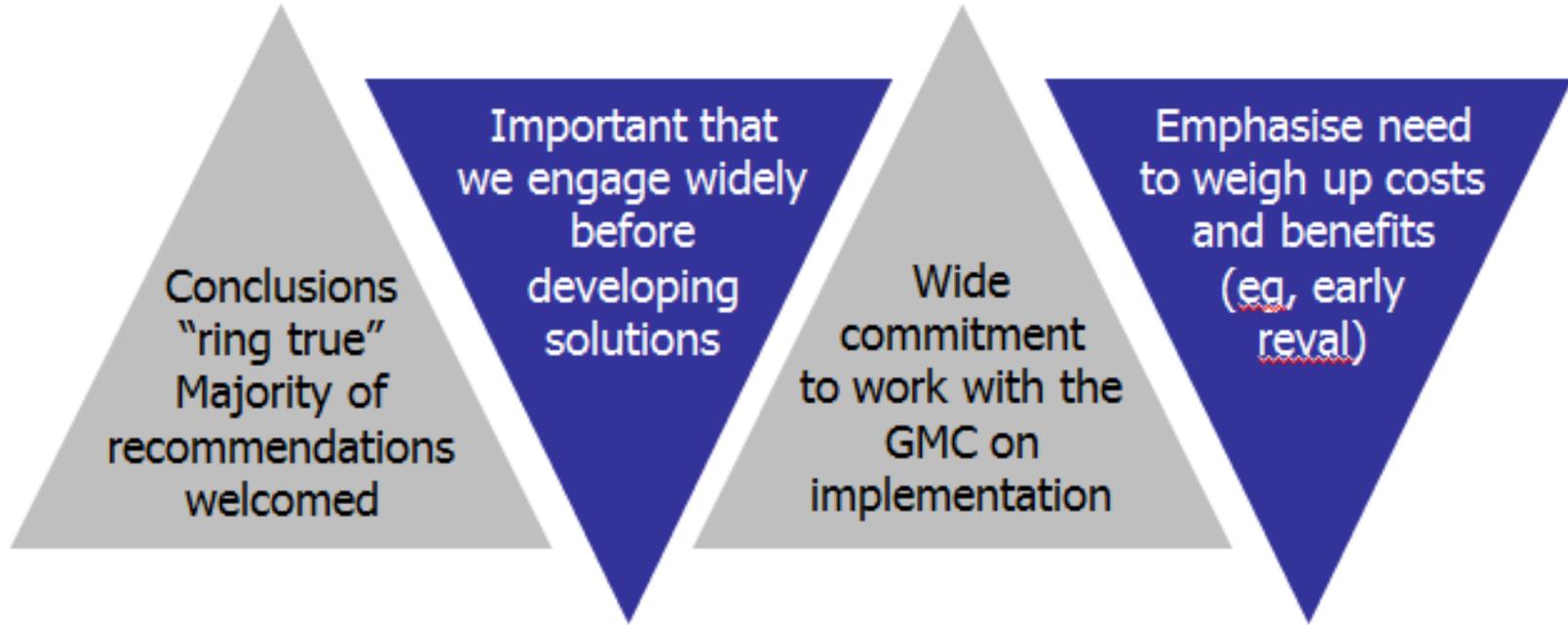


Continuing to improve appraisal quality and consistency – sharing best practice, supporting appraisers, and strengthening QA



Distinguishing between GMC revalidation criteria and local employment requirements – while maintaining a developmental focus to appraisal

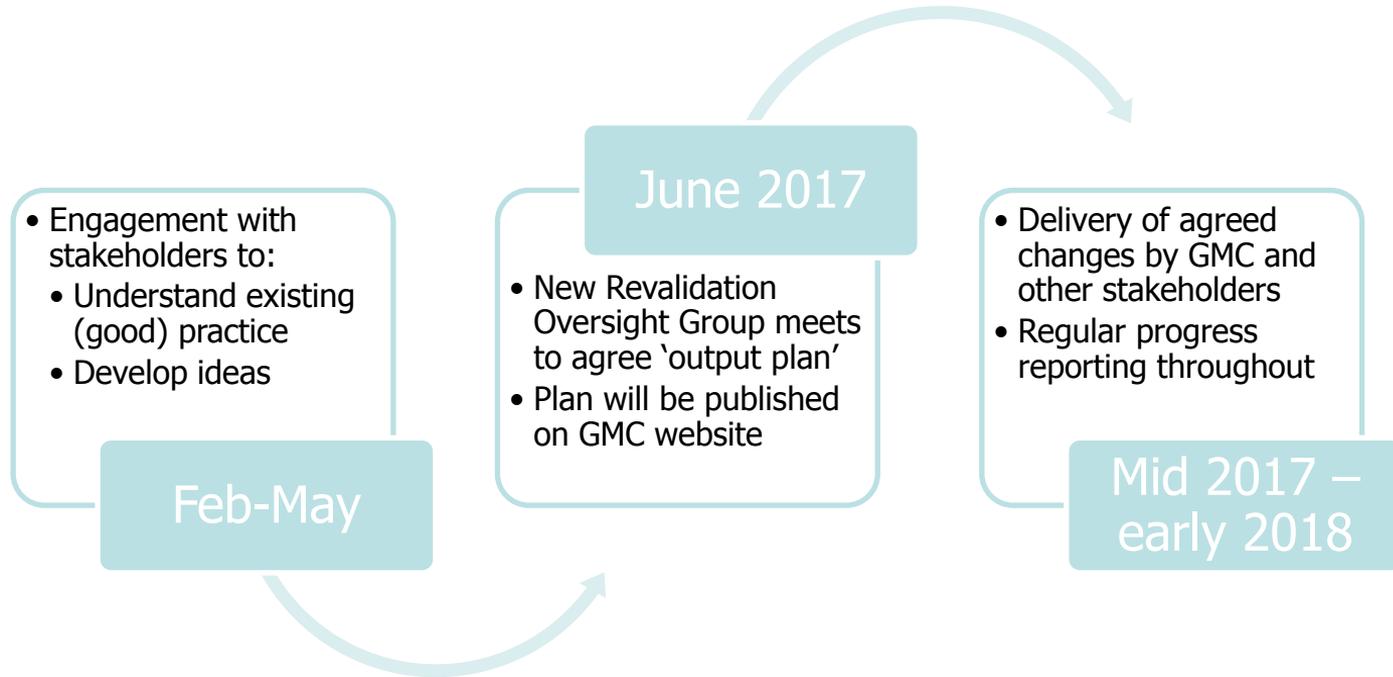
Stakeholder response so far



We have identified six work streams

- 1 Making revalidation more accessible to patients
- 2 Reducing burdens and improving the appraisal experience for doctors
- 3 Increasing oversight of, and support for, short-term locum doctors
- 4 Reducing the number of doctors without a connection
- 5 Measuring and evaluating the impact of revalidation
- 6 Supporting improved local governance

Next steps – engagement and action planning



Questions?

General
Medical
Council

Working with doctors Working for patients
