Revalidation of Doctors

Briefing Note

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HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

HAPIA's Briefing Note

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INTRODUCTION

The revalidation process began formally in Dec 2012. The system is based on Regulations overseen by the GMC, which also operates the Fitness to Practice procedures for doctors. The first revalidation cycle aims to have all doctors revalidated by March 2016, after which a new 5-year cycle of revalidation will begin and be repeated every 5 years

THE REQUIREMENTS OF REVALIDATION

The revalidation process places a requirement on every doctor, irrespective of the type of medical work they undertake, to have a face-to-face appraisal interview every year with a trained appraiser. At the end of a series of appraisals, a recommendation is made to the GMC by a senior doctor called a Responsible Officer (RO), as to whether or not the doctor is fit to continue to practice.

At each Annual Appraisal meeting, the doctor has to produce for the appraiser a portfolio of information, some of which has to be provided every year, whilst other information is required on a less frequent basis during the five-year cycle. The information includes:

- What type of medical work has been undertaken and evidence that the doctors continue to meet standards of probity required by GMC's 'Good Medical Practice' rules.

- How the doctor has been keeping up to date through continuous personal development, and information on how they are improving the quality of their professional work.

- Whether the doctor has been responsible for any serious incidents that could have or did cause harm to a patient

- A list of any complaints and compliments that had been made

- Feedback from Patients and Colleagues.

NOTE: the feedback data from patients and colleagues are usually via a questionnaire and are not required annually; only once in the 5-year period.

DEVELOPMENTAL PROBLEMS ABOUT REVALIDATION

Evidence from the Organisational Readiness Self-Assessment (ORSA) for 2012-2013 shows that the appraisal rates for consultants and staff grade and associate specialist doctors in the acute hospital sector, remained significantly behind their NHS counterparts in primary care and mental health sectors. **The results show that only 75.1% of consultants and 60.7% of staff grade and associate specialist doctors in the acute hospital sector had an appraisal in the year ending 31 March 2013** compared with 84.3% and 80.7% respectively in mental health and 90.3% of GPs.

Appraisal rates for locums and other doctors in temporary roles in hospital trusts are 32.9% and action plans are **urgently** needed to address how these doctors will be included in organisational appraisal systems.

The ORSA finding are of considerable concern to patients organisations because they demonstrate that 25% of consultants, the doctors who are meant to lead medical practice in acute care are not in a process of appraisal, and are therefore cannot demonstrate a process of learning from and improving their practice. The low numbers of staff grade doctors in an appraisal system is also particularly worrying because these doctors provide medical care for a high percentage of patients seen in the acute sector.

ISSUES RAISED BY PATIENT ORGANISATIONS ABOUT REVALIDATION

- Direct involvement of Patients in the revalidation process very limited
- Patient Feedback should be continuous not just once every 5years
- Annual Appraisals should receive and consider information on every complaint, complement, untoward incident, claim and Serious Incident.
- There is a pressing need for a quality assurance system to review revalidation outcomes, which has direct patient & public involvement.
- There is a need for greater overall transparency in the revalidation processes
- The GMC 'Patient Questionnaire' for revalidation is grossly inadequate as a tool for gathering serious patient comment on doctors. http://www.gmc-uk.org/patient_questionnaire.pdf_48210488.pdf

INVOLVING PATIENT AND THE PUBLIC IN REVALIDATION

Areas for future development should include:

- Developing increased patient involvement in the appraisal processes.
- Creating a direct role for patients and the public, Healthwatch, patient participation groups and other patient organisations in the governance of revalidation processes.
- Respond to the concerns already raised by patient organisations including training lay reps to become more involved in the revalidation processes.
- Introduce innovative and varied methods of collecting patient feedback e.g. use of I Pads, hand held devices, touch screens etc.
- Involve lay representatives in the selection of, training and the QA of appraisers.
- Involve lay reps in rigorous checks on how feedback tools are validated and applied
- Ensure that the patient feedback processes are fully accessible covering hard to reach patients and reflects the doctors patient population.
- Ensure that the limited scope of information on complaints and untoward incidents is expanded.

IMPROVING GOVERNANCE OF THE REVALIDATION PROCESS MEANS

- The GMC Register should show the name of the RO for every doctor. The GMC is only prepared to show the name of the RO for a **health body – not the individual doctor**. This means that patients are cannot find the name of the RO for locums, and patients can only find the name of the RO for their GP with some difficulty – if they know how the system works.
- That organisations employing doctors should include lay involvement in discussions and decision-making about all aspects of the revalidation processes – not just feedback systems.
- There should be lay involvement in all revalidation quality assurance processes.

- That revalidation reports are presented to public board meetings of CCGs, hospital Trusts and other bodies that employ doctors

- Local Healthwatch having a regular dialogue with the local RO on the outcomes of revalidation.

- Information is available on the GMC website showing which doctors have been revalidated

- Guidance is produced at national level on genuine patient/public involvement in revalidation

SOURCES OF INFORMATION

General Medical Council (GMC) http://www.gmc-uk.org/doctors/revalidation.asp

LEAFLETS FOR PATIENTS ABOUT REVALIDATION PRODUCED BY HAPIA
http://www.revalidatingdoctors.net/

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - HAPIA
http://www.nalm2010.org.uk/revalidation-of-doctors.html

GLOSSARY

CCG	Clinical Commissioning Group
ERDB	English Revalidation Delivery Board
GMC	General Medical Council
GMP	Good Medical Practice
MAG	Medical Appraisal Guide
MSF	Multi Source Feedback
NHSE	NHS England
ORSA	Organisational Readiness Self-Assessment
RO	Responsible Officer
RST	Revalidation Support Team
SAS	Staff Grade, Associate Specialist and Speciality Doctors
SoS	Secretary of State