Revalidation & Appraisal

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Declaration of Interests

Dr Gerry Lynch:

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Launched in 2012

- Significant shift in medical practice in the UK

- All licensed doctors are now required to collect supporting information (SI) about their practice and to participate in annual appraisals; with the SI as the basis for a reflective discussion feeding into their Personal Development Plan (PDP).

Revalidation is a continued competency system, built on a relicensing model.

Usually every five years, the GMC makes a decision about whether to maintain a doctor's license to practice.

Whilst doctors can simply be registered with the GMC, they may not practice in the UK without also holding a license to practice

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In order to revalidate, you must collect supporting information as set out in the GMC's Supporting Information for Appraisal and Revalidation:

- general information about you and your professional work
- keeping up to date
- review of practice
- quality improvement activity
- significant events
- feedback on professional practice
- colleague feedback
- patient and carer feedback
- complaints and compliments.

You must participate in appraisals when you should expect to discuss with your appraiser your practice, professional performance and supporting information, as well as your professional career aspirations, challenges and development needs.

Among other things, your appraiser will want to be assured that you are making satisfactory progress in obtaining appropriate supporting information for revalidation.

For the majority of doctors, the output of appraisal is shared with a Responsible Officer (RO), a role to which organisations employing or contracting with doctors are obliged to appoint a senior doctor;

Most doctors have a ‘prescribed connection’ for the purposes of revalidation to such an organization;

ROs may make, usually every five years, one of three recommendations to the GMC:

- that the doctor should be revalidated
- that the doctor’s revalidation should be deferred, either because there is insufficient evidence to recommend revalidation or because they are subject to on-going local processes;
- or the RO may notify the GMC that a doctor has not engaged with revalidation.

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Requirements of Licensed Doctors

- ✓ Have a connection to a designated body
- ✓ Take part in regular appraisal
- ✓ Collect 6 types of supporting information
- ✓ Reflect on supporting information

Requirements of Organisations

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- To provide a Responsible Officer (who makes recommendation to the GMC)
- To provide an up to date appraisal system and ensure that every doctor has a regular appraisal
- To provide a sufficient number of trained appraisers
- Clinical governance systems that can provide supporting information
- Policies and systems for identifying concerns about doctors
- Links to other organisations

Appraisal

- Appraisal is part of a formative and developmental process;
- It provides the opportunity and protected time each year to reflect with the help of a trained appraiser, who should also encourage you to consider your personal and professional development needs and how best to meet them;
- The appraisal is also about helping you to develop a portfolio of supporting information that meets your needs and enables your responsible officer to make a revalidation recommendation to the GMC at the end of a five-year cycle; and
- If any shortcomings in the portfolio are identified during appraisal, these should be addressed in a supportive way and objectives to overcome them should be included in the agreed personal development plan (PDP).

Supporting information for appraisal across four domains

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining Trust

CPD

- The content of the CPD will reflect the job of the psychiatrist and include an appropriate mixture of clinical, academic and professional activities. CPD should equip the doctor to meet the changing nature of their practice.

- The meeting of the CPD requirements for psychiatrists will be validated by a peer group chosen by the psychiatrist concerned

- The College recommends that psychiatrists are in good standing with the College for CPD or have done equivalent CPD

Peer Groups

Content:

- Effective functioning peer groups are the foundation of the College's CPD scheme

Role:

- to support the individual in developing and completing a relevant PDP that leads to an improvement in skills or competence and to assure the College and the wider public that the individual's PDP reflects their needs and that the CPD activity is relevant.

Types of information in appraisals

- Review of and reflection on complaints and serious untoward incidents
- Case-based discussion
- Complete 2 audits of significant clinical areas of practice over a 5 year cycle
- Undertake at least 1 audit of record keeping in each 5 year cycle
- Patient feedback survey and review - once in 5 years
- Colleague feedback survey and review; once in 5 years
- New PDP and review of previous year's PDP
- Meeting College CPD requirements
- Information supporting non-clinical work, i.e., teaching, research & management

Revalidation

ROs' recommendations should be based on information resulting from doctors' participation in an annual appraisal process and, in order to recommend revalidation, on the absence of any unaddressed concerns about their fitness to practice, determined from clinical governance information available to them.

30 November 2017

- **234,793 doctors subject to revalidation of whom 224,114 had connection to a designated body or suitable person**
- **GMC had approved revalidation recommendation for 184,101 doctors**
- **42,561 had had revalidation deferred because of insufficient evidence to support a recommendation to revalidation**
- **A further 1,636 deferrals due to the doctor's involvement in an ongoing local process**
- **3,840 doctors had had license withdrawn due to failure to engage with the process**

HAS IT MADE A DIFFERENCE?

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Evaluating the regulatory impact of medical revalidation - February 2018

The GMC's objective of bringing all doctors into a governed system that evaluates their fitness to practice on a regular basis being consistently achieved?

- Overall, most doctors have been brought into a governed system of medical revalidation.
- There are higher deferral rates in some groups, including female doctors, younger doctors and those from black and minority ethnic backgrounds independent of where they gained their primary medical qualification.
- Engagement in revalidation has generally been more straightforward for doctors working within existing governance structures, for example as an employee for one organisation.
- Medical revalidation has led to a rise in participation by UK doctors in annual appraisal.
- Outside existing governance structures, there are peripheral groups, including but not exclusively locums, where the ability to obtain an annual appraisal has been inconsistent.
- There are inconsistencies at the appraisal level for all doctors, where local and appraiser interpretations are central in shaping individual doctors' experience of the system.

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How is the requirement for doctors to collect and reflect upon supporting information about their whole practice through appraisal being experienced by revalidation stakeholders?

- Overall, doctors are able to collect the required supporting information.
- However, the ease with which doctors can collect some types of supporting information may vary according to their job role, setting or specialty.
- The requirement to submit supporting information across six defined categories during the five-year cycle has resulted in a strong focus within the appraisal process on the collection of SI.
- Doctors found patient and colleague feedback, and significant event analysis, most helpful in informing reflective discussions.
- Reflection on supporting information in appraisal is key for generating change, but reflection is often seen as just a product of appraisal, not necessarily translated into ongoing reflective practice.
- Expectations set locally, for example by employing organisations or individual appraisers, can influence doctors' experiences of supporting information collection and can go beyond the requirements we set for revalidation.

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Is engagement in revalidation promoting medical professionalism by increasing doctors' awareness and adoption of the principles and values set out in Good medical practice?

- A significant minority of doctors reported changing an aspect of their clinical practice, professional behaviour or learning activities as a result of their most recent appraisal.
- Overwhelmingly these changes related to the focus or quantity of their continuing professional development activities, though changes have occurred across the domains of Good medical practice.
- However, some doctors identified potentially negative impacts on practice or for professional autonomy.
- Revalidation, through appraisal, provides a means to document practice but may not necessarily improve professional practice.
- Ultimately, revalidation's ability to promote good professional practice is through the central role of high quality formative appraisal.

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Are revalidation mechanisms facilitating the identification and remedy of potential concerns before they become safety issues or fitness to practise referrals?

- Many in the profession believe that the main aim of revalidation is to identify ‘bad doctors’, and that doctors’ participation in appraisal will not achieve this aim.

- Since late 2012, fitness to practise referrals from employers have returned to pre-2009 levels, following spikes in such activity in the period leading up to revalidation’s introduction. There is no statistical evidence, as yet, that referrals from employers have dropped as a result of the earlier identification and local remedy of concerns.

- Appraisal and appraisers can and do identify some concerns about doctors, particularly in relation to workplace and health issues, and many concerns identified through appraisal are addressed successfully within that process

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How do responsible officers fulfil their statutory function of advising the GMC about doctors' fitness to practise and what support do they have in this role?

- Responsible officers' approaches to decision-making vary in terms of the information that they use and the extent to which they delegate or share decision-making responsibility.
- The size of the organisation in which they work, particularly the number of doctors connected to it, is a key factor in shaping responsible officers' approaches to decision-making.
- Some responsible officers do not feel that the three options available for revalidation recommendations (revalidate; deferral; and non-engagement) adequately cover all circumstances.
- Our Employer Liaison Service plays a key and developing role in supporting responsible officers and acting as the point of contact between organisations and the medical regulator

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Are patients being effectively and meaningfully engaged in revalidation processes?

- Many of those involved in revalidation view patient and public involvement positively, but there is confusion over its intended purpose and appropriate modes of delivery.
- Both doctors and patients' engagement with patient feedback is inconsistent and at times problematic. A need for current patient feedback tools to be refined was repeatedly expressed from both patient and doctor perspectives.
- Patient complaints and compliments can have a negative or positive impact on performance. More formal ways of providing compliments is desirable.
- Lay representation in revalidation processes has increased since its implementation but activity varies across organisations. Existing lay representatives have identified key ways in which lay roles could be developed and supported

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Patient feedback

https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-018-1277-0 - systematic review exploring the impact of patient feedback on medical performance

https://www.ncbi.nlm.nih.gov/pubmed/30477354 - review exploring presence of patient and public involvement in design, delivery and administration of patient feedback in psychiatry

https://onlinelibrary.wiley.com/doi/full/10.1111/rego.12237 - Reforming regulatory relationships: The impact of medical revalidation on doctors, employers, and the General Medical Council in the United Kingdom

Patient feedback can have an impact on medical performance.

- **However, actionable change is influenced by several contextual factors and cannot simply be guaranteed. Patient feedback is likely to be more influential if it is specific, collected through credible methods and contains narrative information.**

- **Data obtained should be fed back in a way that facilitates reflective discussion and encourages the formulation of actionable behaviour change. A supportive cultural understanding of patient feedback and its intended purpose is also essential for its effective use.**

- **The majority of patient feedback tools are designed, administered and evaluated from the professional perspective only. Existing tools appear to assume that: professional and patient agendas are synonymous; psychometric validation is indicative of patient acceptability; and psychiatric patients do not have the capacity or desire to be involved. Future patient feedback tools should be co-produced from the outset to ensure they are valued by all those involved.**

- **A reconsideration of the purpose of patient feedback, and what constitutes valid patient feedback, is also required**

- Organisations have become intermediaries in the relationship between the General Medical Council and doctors, enacting regulatory processes on its behalf and extending regulatory surveillance and oversight at local level.

- Doctors' autonomy has been reduced as they have become more accountable to and reliant on the organizations that employ them.

- The three themes from our findings, the organization as hub/core, expanded surveillance/audit culture, and doctors as employees, are interdependent

Pearson Report (2017)

- ✓ **Saw revalidation as a success**
- ✓ **Overhaul not needed**
- ✓ **Important to learn from 1st cycle**

Pros and Cons

- PROS
  - System reflects the idea that competence and performance is more than CPD
  - Comprehensive nature of the system should provide greater public reassurance

- CONS
  - Time consuming
  - Tripartite relationship – doctor, employer and regulator – tool of control?
  - Difficulties for part time doctors, those working outside large organisations, portfolio careers
  - Is it an excessively elaborate process with few demonstratable benefits?

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