Patient and public involvement in revalidation: The first year

Background

Patient and public involvement is integral to the design and purpose of revalidation. As we approach the end of the first year of implementation, the GMC has taken the opportunity to reflect with partners on some early lessons, and to look ahead to how patient and public involvement could develop in the future.

We established in the ‘Supporting information guidance’ that one of the principles of revalidation is that ‘patient feedback should be at the heart of doctors’ professional development’ and that they should seek, review and act upon that feedback (http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf).

We have also stressed that patient feedback should be considered in the context of all other supporting information (http://www.gmc-uk.org/Colleague_and_patient_questionnaires.pdf_44702599.pdf).

We have set a number of parameters for questionnaires that are used to support a doctor’s revalidation including that they should be piloted, that they should demonstrate that they are reliable and valid, and they must be evaluated and administered independently from the doctor (http://www.gmc-uk.org/Colleague_and_patient_questionnaires.pdf_44702599.pdf).

Seminar

On 3 October 2013, we held a seminar on patient and public involvement in revalidation, as part of the third meeting of our Revalidation Implementation Advisory Board (RIAB).

RIAB was established in March 2013 to advise us about how effectively revalidation is operating during the first year. It provides a forum for members to offer feedback from a range of perspectives about how the system is working on the ground, and
how different groups including doctors, responsible officers (ROs), patients, the public and employers are experiencing revalidation.

RIAB members and a number of additional representatives from patient involvement organisations took part in the discussion, which was facilitated by NHS Elect. We considered six questions relating to experiences of, and potential future opportunities for, patient involvement. This focused principally but not exclusively on patient feedback.

**Themes**

The discussion was wide ranging and a number of themes emerged, including:

- The degree to which patient feedback has now been accepted, including whether there is genuine understanding amongst doctors of the purpose and value of patient feedback
- Challenges still to be resolved in delivering the current requirements such as ensuring locum doctors are getting feedback
- The imperative to avoid tokenism, so that activity is not routine or divorced from patient interest, which is still a concern especially where a questionnaire approach is used
- The current GMC revalidation requirement as one approach among many. Feedback can be acquired in a range of inventive or experimental ways, for instance through multiple methods or as a dialogue with patients, rather than through what can be perceived as a ‘one-way’ exercise. Each of these methods has its own advantages and disadvantages, and may have other benefits for the organisations, practitioners or patients concerned
- The need to reflect the real needs of the patient, for instance by enabling and encouraging organisations to be able to respond positively to feedback that is not a complaint but can be a signal for patient engagement or even simply a response to good practice
- Co-design, with patients involved in governance, planning, strategy, delivery or oversight of processes
- Patient feedback is also a means of improving service delivery. Patient feedback can provide learning not just for the doctor, but also for the organisation, and have a beneficial effect on the patient’s pathway through care.

The word cloud below gives a flavour of the topics covered. The full notes provided by the event facilitators are included at the end of this note.
Looking Forward

The above themes are a snapshot of thoughts emerging from the early stages of implementation. Further work will be needed to understand the impact of current GMC requirements for patient involvement in revalidation.

Key to developing our understanding will be to establish an evidence base. We will begin to evaluate the implementation of revalidation in Spring 2014. Evidence and evaluation are essential for the further development and refinement of revalidation. Evaluation must and will include consideration of patient involvement.

Since the requirements for revalidation were established by the GMC, the context for healthcare has continued to change and evolve. A number of reports, notably Francis and Berwick, have set new challenges to the sector to improve and to change. This broadens our perspective from the current focus on a single doctor, at a single consultation, towards inviting patients to feed back in a way that reflects their experience of the care pathway.

Next steps

There are a range of ways that we can actively address the possibilities and challenges that have begun to emerge.

We can strengthen our ongoing engagement with patients to provide a better understanding of the issues and themes. We have begun to do this through our liaison work.

We can develop a more in depth understanding of how reflection on practice is driven by patient feedback, and our evaluation should contribute to this.

We can develop our understanding of the level of assurance that patient feedback gives us about doctors.

We should look at what we can learn, and what assurance can reliably be gained, from other forms of patient feedback, especially if any particular mechanisms or modes emerge among healthcare providers as leading options into the future.
We should look at how we can encourage and support innovative and creative approaches to patient involvement.

**Seminar participants**

Malcolm Alexander  Healthwatch and Public Involvement Association  
Jon Billings  GMC  
Ralph Critchley  Revalidation Support Team  
Frances Dow  Patient/public representative – Scotland  
Catherine Evans  GMC  
Philip Finn  GMC  
David Grantham  Kingston Hospital NHS Foundation Trust  
Dr Judith Hulf  GMC  
Dr Chris Jones  Welsh Assembly Government  
Professor Malcolm Lewis  Wales Deanery  
Clare Lucey  Medical Appraiser  
Sol Mead  Patient/public representative – England  
John Mullett  Scottish Government Health Directorates  
Divya Patel  GMC  
Sir Keith Pearson  Chair, Revalidation Implementation Advisory Board  
Paul Peros  GMC  
Paul Philip  GMC  
Chris Pratt  GMC  
Dr Mark Porter  British Medical Association  
Jenny Simpson  NHS Commissioning Board  
Dr Ian Starke  Royal College Physicians  
Sally Taber  Independent Healthcare Advisory Services  
Liz Thomas  Action Against Medical Accidents  
Ben Whur  GMC
1. What have been your experiences of patient feedback for revalidation so far?

- Lack of information / knowledge
- Accessibility – IT etc difficult esp. for non English speaking patients
- Focus on the doctor rather than the patient
- Low priority in some organisations / with some doctors
- Preoccupied with processes rather than outcomes
- Need better clarity of purpose / information to share
- Some good experiences e.g. MH patients feeding back they like being asked to be involved
- Independent sector seeing good engagement some confusion re which patients to seek feedback from. Short vs. Long term relationship

2. What have the challenges been so far?

- Frequency of feedback – same patients being asked
- Doctors wary of process
- Organisations not geared up to be supportive to doctors or patients
- Consistency
- Importance of feedback not embedded
- Locum doctors seeking feedback
- Use of free text
- Behaviour of doctors whilst being assessed – could change relationships with patients
- Feedback on service rather than doctor interaction

3. How do you view patient feedback in the context of all the other supporting information required for revalidation?

- All component parts important
- Timings / cycle of feedback important not just a 5yr exercise
- Link / compare with complaints / incidents
- Dialogue rather than just paper exercise
- Not just tokenism / tick box
- Consistency across all sectors important
- Process needs to be explained and embedded so used to improve practice
4 Are there other ways that patients can drive ‘good’ doctor behaviours and better patient safety outcomes?

- Listen and learn from feedback
- Offer open feedback sessions for dialogue rather than challenge
- Involve patients in business / service – co-design
- Involve in complaint / SI / RCA review
- Engage patients as governors
- Involve in training
- Seek feedback / opinion via social media

5 How can patients be involved in other aspects of revalidation?

- Involvement needs to be creative
- Engage in service improvement
- Involve training
- Share feedback from patients in an open way e.g. posters / tweets etc
- Involve patients in the quality assurance of feedback – ask them to triangulate with complaints and incidents with you
- MH orgs are using patients in doctor appraisal – seen as good involvement
- Publish the “you said we did”

6 If the GMC were to develop further guidance, what would you like it to address?

- Analysis of data shared across all organisations – annual report?
- Concept of “must do” changed to “good to do”, embed in to practice
- Patients feedback on how the process has supported them and what improvements they have seen
- The use of feedback to assist training and service developments
- Link to NMC for nurse revalidation
- Support for RO to challenge if feedback isn’t rounded
- Information on organisation’s doctors should be published in their Quality Account each year – how many doctors have gone through process and what the feedback has been in year – Transparency important!