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To consider

Revalidation: Preliminary Report on Consultation

Issue

1. Preliminary report on our recent revalidation consultation.

Recommendation

2. To consider this preliminary report on our recent revalidation consultation (paragraphs 13-38 and Annexes A and B).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 9236602.

Background

4. Strategic Aim Two of the 2010 Business Plan is to ‘give all our key interest groups confidence that doctors are fit to practise.’ This includes a commitment to developing policy and guidance to support the introduction of revalidation; and consulting on that policy and guidance. In addition, Strategic Aim Five is to ‘develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK’.

5. In 2009, the Continued Practice Board identified a number of policy issues around revalidation which it agreed should be incorporated in a single public consultation. Members emphasised that it was important that the proposed consultation provided a coherent and authoritative account of our plans and proposals for revalidation.

6. To help provide a coherent picture of our proposals, the consultation document grouped the policy themes into four main sections:

- a. How revalidation will work.
- b. What doctors, employers and contractors of doctors’ services will need to do.
- c. Patient and public involvement in revalidation.
- d. How and when revalidation will be introduced.

7. The consultation material made it clear that we were not consulting on whether revalidation should be introduced, but on what form revalidation should take and how it should be implemented.

8. The consultation document was supported by the following annexes:

- a. The *Good Medical Practice* framework for appraisal.
- b. Specialty and General Practice frameworks.
- c. GMC Principles, Criteria and Key Indicators for colleague and patient feedback in revalidation.

9. Council considered our proposals for revalidation, including the draft consultation document, in February 2010. We subsequently made a number of changes to the document to reflect the helpful comments from Council members, as well as those received from members of the GMC Reference Community and from our revalidation partners.

10. The consultation document posed 20 questions. For the majority of questions, respondents also had the option of providing additional comments. We made it clear, however, that respondents were not required to comment on all questions and that they could focus on those issues of particular interest to them.

11. The final consultation paper was signed off by the Chair of Council and the Chief Executive.

12. We branded the consultation *Revalidation: The Way Ahead*. This followed a similar approach to the successful licensing campaign.

Discussion

13. The consultation was launched on 1 March 2010, with briefing events in each of the four UK countries. The briefing events were led by either the Chair of Council or the Chief Executive, and members of Council. Representatives from a range of organisations, including revalidation partner organisations such as the medical Royal Colleges and the four health departments attended the events.

14. We sent details of the consultation to several thousand organisations. We also developed a series of web pages providing details of the consultation. In addition, many of our revalidation partners, including the medical Royal Colleges, sent details of the consultation to their members or posted details of the consultation on their websites. Some organisations, such as the Royal College of General Practitioners, asked their members to respond directly to them and incorporated the opinions of members in their response to our consultation.

15. There were several ways that people could respond to the consultation - online, through our consultation website, by email, by phone or by submitting a hard copy response.

16. Both the consultation document and the consultation website were designed to facilitate easy navigation, enabling people to identify those sections of the consultation that were of particular interest to them.

17. We also developed a number of tools to encourage participation in the consultation including a toolkit and a series of consultation guides. This was the first time that we have developed such a toolkit. It was designed to support groups of doctors and employers to hold local sessions to discuss revalidation and contribute to the consultation.

Communications and engagement

18. The consultation was supported by an extensive communication and engagement programme.

19. The objectives of our communication and engagement programme were:

- a. To raise awareness of revalidation and the consultation among identified target groups across the four UK countries through a variety of communications channels and products.

- b. To ensure the consultation process and material was accessible to provide all key interest groups with an opportunity to respond, paying particular attention to minority groups and sections of the medical profession whose involvement in revalidation may be less straightforward than mainstream groups.
- c. To enhance people's understanding of revalidation by carefully managing the presentation of the consultation issues and themes.
- d. To ensure that the information, messages and language on revalidation and the consultation were consistent across the many channels and products that were developed as part of this campaign and to work with our revalidation partners to develop this same consistency in their communications.
- e. To enhance the perception of the GMC's process for developing policy as one based on openness, transparency and engagement.
- f. To consolidate and strengthen our relationships with those organisations that have an interest in revalidation and other regulatory reforms.
- g. To promote the role and function of the General Medical Council; and highlight the continuing progress we are making in the delivery of regulatory reforms.
- h. To underpin the GMC's role as the authoritative voice on revalidation.

Engagement programme

20. We planned the engagement programme to enable us to engage with a wide range of individuals and organisations from each of our four key interest groups. We arranged and held a number of events during the consultation period but we also contributed to a significant number of pre-arranged third party events taking place during the course of the consultation. These included conferences organised by the British Association of Medical Managers, the British Medical Association, NHS Employers, the independent sector and the health departments in Wales, Scotland and Northern Ireland.

21. This approach allowed us to engage with a large number of people and wide range of key interests throughout the UK. We also took the view that, given the complex nature of many of the consultation issues, it was preferable to engage separately with single interest groups rather than to hold GMC events for mixed audiences.

22. Events during the engagement programme took a number of forms, including presentations, workshops, one to one meetings and conference stands.

23. During the consultation we took part in over 130 events. A list of these events is attached at Annex A. We estimate that we met and spoke to about 4600 people face to face at these events.

24. The Chair of Council and a number of Council members made an important contribution to our programme of events.

25. Our purpose in engaging with doctors was two-fold. Firstly, we sought to use the consultation to ensure that doctors are better informed about our proposals and that they had an opportunity to respond and influence the way that revalidation is developed and how it will work for them. We also wanted to use the opportunity to provide reassurance to doctors that our proposals are based on existing professional activities that are worthwhile in themselves, rather than new activities devised for the GMC's purposes.

26. We tried to ensure that there were sufficient opportunities for doctors at all levels of the service and sectors had an opportunity to meet with us and discuss our proposals. We attended events involving doctors in a range of roles, including consultants, general practitioners, locums, trainees, medical students and staff and associate specialist doctors. We also attended a number of events for BME doctors and met with representatives of doctors of specific religious faiths and also gay and lesbian doctors.

27. We held a number of public and patient focused events. In particular, we held two day long events (in Leeds and London) in collaboration with National Voices, a coalition of over 200 health and social care organisations, aimed at giving a voice to patients and their carers.

28. Our engagement programme was supported by a number of communication activities, including:

- a. A media campaign.
- b. A special edition of *GMCToday*.
- c. A series of podcasts.

29. We replaced the March and April edition of *GMCToday* with a one-off publication dedicated to keeping doctors up to date with revalidation and featuring details of the consultation.

30. During the consultation, the media team identified a number of opportunities to secure media coverage about the consultation and revalidation in general. Media activity included a series of press briefings and press releases. The Chair of Council and the Chief Executive were interviewed about revalidation in a number of specialist publications. During the consultation, there were 99 print or online stories about revalidation and eight broadcast references.

31. We also commissioned a public survey of more than 2000 UK residents which asked respondents how confident they had felt in the last doctor they had seen and if their confidence would increase if they knew their doctor had been regularly appraised. The poll generated a number of articles about our proposals for revalidation.

32. Overall the vast majority of print and online media coverage about revalidation during the consultation was positive or neutral.

Podcasts

33. During the consultation we launched three podcasts. The first, featuring the Chair of Council, Professor Sir Peter Rubin, provided a general introduction to our consultation. The second explored what revalidation will mean for patients and doctors. The third podcast looked at what revalidation will mean for employers. The podcasts featured interviews with Council members, representatives from our revalidation partners, including doctors who had been involved in revalidation pilots and the Chief Executive of National Voices.

34. We are conscious of the importance of continuing our engagement with our key interests around revalidation. We have written to all of the organisations that responded and have published the thank you letter on our website.

Response to the consultation

35. We have been delighted with the levels of interest in the consultation. During the consultation 14,500 people visited the consultation pages of our website. We distributed around 6000 hard copies of the consultation document.

36. We have received around 940 responses to the consultation. Of these, around 700 were from individuals, while the remainder were submitted on behalf of organisations or, in a few cases, groups of doctors. A list of the organisations that responded is attached at Annex B.

37. The level of responses compares favourably with other recent GMC consultations, for example, the recent consultation on guidance on *End of Life Treatment and Care* attracted 529 responses and the 2006 consultation on *Good Medical Practice* to which we received approximately 500 responses. It also compares positively with the Department of Health (England)'s consultation on Responsible Officers last year which attracted in the region of 150 responses.

Next steps

38. We have begun the process of analysing the responses. We are planning to report back to Council in September 2010 and to publish our consultation report thereafter.

Recommendation: To consider this preliminary report on our recent revalidation consultation.

Resource implications

39. There are no resource implications arising directly from this paper.

Equality

40. Our communication and engagement plan involved a series of initiatives to help us engage effectively with a wide range of people and organisations. We organised events and developed a range of communication channels to ensure that we engaged effectively with doctors working in particular settings or types of practice in which black, minority ethnic and/or international medical graduate doctors are particularly represented (including locums, single-handed GPs or specialty doctors). We worked with organisations such as National Voices to ensure that we also obtained feedback on our proposals from a range of organisations representing patients and the public.