

Agenda item:	13
Report title:	Report from the Revalidation Advisory Board
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Action:	To note

Executive summary

This paper reports on discussions at the Revalidation Advisory Board meeting on 8 March 2016.

Recommendation

The Strategy and Policy Board is asked to note the report of the Revalidation Advisory Board.

8 March 2016

- 1 The Revalidation Advisory Board (RAB) provided advice on the work areas set out below.

'Taking revalidation forward' review

- 2 RAB received a short briefing on the independent review which the GMC is commissioning on how revalidation has worked since it was introduced in December 2012.

GMC progress report

- 3 RAB considered a report on the progress with revalidation including the latest high level statistics.
- 4 RAB advised that:
 - a Consideration should be given to presenting the deferral rates for doctors in training separately from other doctors.
 - b Inclusion of some narrative around the reasons for deferring doctors in training would help set those rates in context.
 - c The revalidation data provided in the progress report meets RAB's needs and is enough to begin to draw conclusions.

Patient and Public Involvement project

- 5 RAB received a paper describing two GMC initiatives responding to feedback from a wide range of key interests that the requirements for collecting and reflecting on patient feedback for revalidation could be made clearer. The initiatives involved production of:
 - a A leaflet for patients about their role in giving feedback to their doctor.
 - b A set of case studies showing how doctors can meet our patient feedback requirements in a range of roles and circumstances.
- 6 RAB was very supportive of this work and advised that:
 - a There are a number of issues, some of which could be substantial considerations in Sir Keith Pearson's review. These include:

- i** Whether patients do, or need to, understand the meaning of ‘revalidation’ in addition to having a general awareness about the importance of their role in providing feedback to their doctor.
 - ii** If there is a need to explain ‘revalidation’ to patients, then the explanation should be in readily understandable terms.
 - iii** Emphasising the importance of patients giving feedback to their doctor needs to be reinforced whenever possible.
 - iv** Whether the patient leaflet could be handed out with revalidation feedback forms.
 - v** Clarification of the difference between complaints and feedback and improving patient awareness of how their feedback will be used.
 - vi** Examining examples of existing patient involvement initiatives with a view to the possible production of guidance on best practice.
- b** Even more could be done to broadcast these resources to reinforce patient and doctor awareness and understanding.
 - c** Revalidation Delivery Boards and Responsible Officer networks should consider these issues, and might also reflect on wider local dissemination for example via local radio or print media and groups, such as Community Health Councils and Healthwatch, where patients are actively engaged.
 - d** Sir Keith’s review should consider the frequency of patient and colleague feedback.

UK progress updates

- 7** RAB received updates on key appraisal and revalidation issues from each UK country and from the independent sector and Health Education England representatives.
- 8** No specific advice was given. The Chair noted that the RAB discussions had identified a number of potential opportunities for engage with stakeholders in the revalidation review. These include meetings of programme and delivery boards and Community Health Councils. The Chair also welcomed RAB members’ agreement to help facilitate interactions during his review.

Next meeting

- 9** The next RAB meeting is scheduled for 9 June 2016.