General Medical Council

Agenda item:	**16**
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 7 January 2017.

Recommendation

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

10 January 2017

1 The agenda was largely devoted to presentation and discussion of Sir Keith Pearson's *Taking Revalidation Forward* report, the response from the GMC and the initial reactions of Board members. The Board had been shown an embargoed copy of the report a week before the meeting, ahead of its formal publication on 13 January 2017.

2 The Revalidation Advisory Board (RAB) was not invited to provide specific advice on this occasion.

Taking Revalidation Forward review report

3 RAB received a short briefing from Sir Keith Pearson (RAB Chair) on his independent review of the impact of revalidation since its introduction in December 2012.

4 Sir Keith emphasised the final report is owned by the GMC and it will be for us to address the recommendations and issues raised.

5 Sir Keith's overall conclusion is that revalidation has settled well and is progressing as expected. No major overhaul is required and Sir Keith's recommendations focus on improving some aspects of revalidation for the benefit of both doctors and patients.

6 In summary, the areas of focus for improvement, discussed in detail in the report, are:

- **a** Raising public awareness of revalidation, which will raise assurance
- **b** Raising the quality and consistency of appraisal, which will raise assurance and increase doctor buy-in
- **c** Boards of healthcare provider organisations should take a more active role in the context of their clinical governance roles and responsibilities to challenge in the area of appraisal and revalidation for learning and improvement
- **d** Burdens on doctors can be reduced if organisations provide better support and improve information systems
- **e** Issues around the appraisal and revalidation of secondary care locums and doctors without a Responsible Officer constitute weak points in the system that need to be addressed.

7 The report makes recommendations to a range of stakeholders to address the areas for improvement – the GMC, Government departments, healthcare provider organisations and the Boards of those provider organisations.

The GMC response

8 We welcomed the report as a well-evidenced, balanced and incisive analysis of the impact of revalidation, and noted the report is reassuring about the embedding of revalidation and the positive impact it is beginning to have on clinical practice.

9 We also committed to taking forward all the recommendations and expressed the aspiration that other stakeholders would similarly commit. We indicated that we will prioritise work with stakeholders to develop a plan of action to take the recommendations forward and maintain momentum.

10 We noted five priority areas for action, and these are described in more detail in our full response. In summary:

a Making revalidation more accessible to patients and the public

b Reducing unnecessary burdens and bureaucracy for doctors

c Increasing oversight of, and support for, doctors in short term locum positions

d Extending the Responsible Officer model to all doctors who need a licence to practise in the UK

e Measuring and evaluating the impact of revalidation.

The initial views of RAB members

11 Board members welcomed the report and expressed universal praise for its thoroughness and proportionate recommendations. There was a general sense that the review means we can be more confident about the improvements needed going forward. There were no complaints or criticisms of the report and it was recognised that further discussions would be needed. Board members expressed a strong intention that their organisations would work together to implement the recommendations.

12 Board members made a substantial number of observations, which will be recorded in the RAB minutes. These will provide extremely useful food for thought as we take the recommendations forward. Notable among those observations were:

a The recommendations are generally measured and realistic but the detail would need to be discussed

b Amending regulations alone cannot resolve the locum doctor issues identified in the report

c Some aspects of the recommendations accord with work already in hand

d The impact and value of any change to the patient feedback requirements requires careful thought.

Next steps

13 We requested Board members to share more detail of their thoughts on the recommendations and broadly how they plan to take action in response, by the end of January 2017. We would then coordinate responses and arrange meetings with stakeholders to agree an overall approach and timetable to explore and organise the implementation of Sir Keith's recommendations.

Next meeting

14 The next RAB meeting is scheduled for 7 March 2017.