

Agenda item:	5
Report title:	GMC progress report
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Action:	To note

Executive summary

We have now completed the first three years of revalidation. The period for revalidating all doctors who held a licence to practise on 3 December 2012 runs until 31 March 2018, and we have revalidated the majority of these doctors (excluding trainees). We continue to receive recommendations in line with the agreed implementation schedule.

There are 224,938 doctors with a licence to practise required to participate in revalidation. We have received and approved 182,048 recommendations to date and 148,143 doctors have been revalidated. Where doctors have not engaged in the process of revalidation we have taken steps to remove their licence. In total we have withdrawn 2,846 licences from doctors for failing to engage in the requirements for their revalidation.

This report and its annexes provide the Board with further information on the progress of revalidation and an analysis of the revalidation data.

Recommendations

The Revalidation Advisory Board is asked to:

- a** Note the GMC progress report.
- b** Note the summary of key issues and themes at Annex A, and the revalidation data in Annex B.

Issue

- 1** We have now completed the third year of revalidation. We continue to receive recommendations from Responsible Officers (ROs) and Suitable Persons (SPs) in line with the agreed schedule.

Suitable Persons

- 2** So far we have approved 23 Suitable Persons to make recommendations for a number of different cohorts of doctors. In all, 995 doctors have an approved Suitable Person. A list of SPs and their cohorts is available on our [website](#). We continue to hold regular meetings of the Suitable Persons Reference Group to provide support, information, peer interaction and an opportunity for feedback.
- 3** We continue to try to identify SPs for those groups of doctors who require a licence to practise but do not have a connection under the RO Regulations. We have recently approved a SP for doctors working as Medical Practitioners Tribunal Service (MPTS) panellists and doctors who work in health informatics, who capture and communicate data and clinical knowledge to support health professionals that do not have a connection elsewhere.

Doctors without a connection

- 4** As of 31 March 2016 there were 9691 doctors on GMC records without a prescribed connection to a designated body or a GMC approved SP. Fewer than 6,000 of these doctors have confirmed to us that they do not have a connection to a designated body. The remainder have not yet provided us with information about their connection, as they are recently registered or have recently lost their previous connection. We will automatically contact these doctors within four months of registration or losing a connection, and ask them to provide us with details of their designated body. We need this information to support a doctor's revalidation, and failure to provide it can place a doctor's licence at risk.

Information on deferral reasons

- 5** Since the Board last met we have developed a number of high-level categories to describe the numerous circumstances that underpin recommendations to defer doctors' submission dates.
- 6** We recently shared these initial ideas with our RO and SP reference groups. We are considering their helpful feedback alongside the equality and diversity and data protection issues previously identified.

Revalidation data

- 7** Our current [published data on revalidation](#) show the position as at 31 May 2016. We have identified certain issues and themes that are available to the Board in Annex A and summarised in Annex B.

Equality and diversity

- 8** The data at Annex B shows the breakdown of recommendations by age, gender, ethnicity and primary medical qualification. We have touched on some of the emerging themes in relation to the data where possible, and will continue to monitor these. Consideration of equality and diversity issues will also form part of our longer term evaluation of revalidation.

5 - GMC progress report

5 - Annex A

Summary of key issues and themes

Deferrals

- 1** Average deferral rates remain consistent between countries and range from 8% in Northern Ireland to 14% in England for doctors not in training.
- 2** The headline figures tell us that the majority of deferrals continue to be driven by lack of evidence rather than doctors being subject to an ongoing local process. This latter group make up only 4.2% of all deferrals.
- 3** The average period for an individual deferral recommendation is fairly even across all four countries, ranging from 197 days to 232 days for doctors not in training.
- 4** Overall, doctors not in training aged under 40, or over 65, are more likely to be deferred. Among doctors under the age of 40, women are more likely to be deferred than men, whereas among doctors over 40, men are more likely to be deferred. Overall women are more likely to be revalidated than men.
- 5** Doctors with a UK primary medical qualification (PMQ) have a lower deferral rate than doctors with an EEA PMQ in particular and, to a lesser extent, than doctors with an International PMQ.
- 6** Deferral itself is a neutral act and a decision to defer a doctor's revalidation has no effect on their licence to practise, which they continue to hold. It provides flexibility in the system where a doctor requires more time to meet the revalidation requirements or where there is an on-going local process that is still to be resolved.
- 7** Our [guidance](#) for ROs is clear in that it is only appropriate to recommend a deferral if a doctor is engaging sufficiently with all the local processes that underpin revalidation, including annual appraisal. If they are not, then the RO should notify the GMC that the doctor is not engaging.
- 8** We have processes to identify doctors who have had more than one deferral recommendation made to the GMC. If we are not satisfied about the doctor's engagement, we can decide not to defer and begin the process to withdraw the doctor's licence to practise.

9 We will continue to monitor these trends and include them in our published data.

Non-engagement, licence withdrawal and appeals

Non-engagement

10 The proportion of non-engagement recommendations from ROs remains low (compared with revalidate and defer recommendations), although we continue to see a steady rise in numbers. As of 31 March 2016, we have approved 425 non-engagement recommendations. Of these:

- a** 101 doctors have had their licence withdrawn.
- b** 101 doctors have relinquished their licence/registration themselves, or we have removed their registration – most often for non-payment of the annual fee.
- c** 74 doctors remain in the licence withdrawal process.
- d** 149 doctors continue to hold a licence to practise. In some instances, following a non-engagement recommendation, doctors start to engage. Based on any further information submitted by the doctor and/or their RO we will make a decision about the doctor's revalidation. This can be to defer for a further period if there is clear evidence of engagement but more time is needed to meet the requirements. Occasionally a doctor will have completed the required actions and, having involved the RO, we will make a decision to revalidate. We also consider whether the doctor's subsequent revalidation cycle should be set at a shorter period than five years.

Licence withdrawals

11 We have withdrawn the licences of 2,846 doctors for not meeting the requirements for their revalidation. We have provided some further data about the doctors who have had their licence withdrawn in Annex B.

12 As the number of licence withdrawals remains relatively small we are cautious in interpreting any trends but will continue to monitor.

Doctors relinquishing licences

13 Doctors can be registered with or without a licence to practise. Registration without a licence:

- a** Shows employers, overseas regulators and others that a doctor remains in good standing with us.
- b** Acknowledges the doctor's PMQ that allowed them to gain entry to the UK medical register.

- 14** We continue to see doctors making the decision to relinquish their licence to practise when they are not working in the UK. We have also seen an increase in doctors applying to restore their licence when they are intending to practise again in the UK.
- 15** We ask doctors to tell us why they are relinquishing their licence. The vast majority of doctors who choose to relinquish their licence do so because they are going to work overseas or because they have retired from practice in the UK.
- 16** We have provided some further data about the doctors who are relinquishing their licence in Annex B.

Appeals

- 17** All doctors have a statutory right to appeal decisions to withdraw their licence for failure to meet the revalidation requirements. Up to the 31 March 2016 we have received 373 appeals.
- 18** Of those appeals 270 have been closed with the following outcomes:
- Appeal dismissed -34
 - Appeal upheld - 1
 - Appeal did not proceed to hearing – 235
- 19** There are 103 appeals that remain in the appeals process.

5 - GMC progress report

5 - Annex B

Revalidation data

1 The data in the report is cumulative from 3 December 2012 to 31 March 2016.

Recommendations received

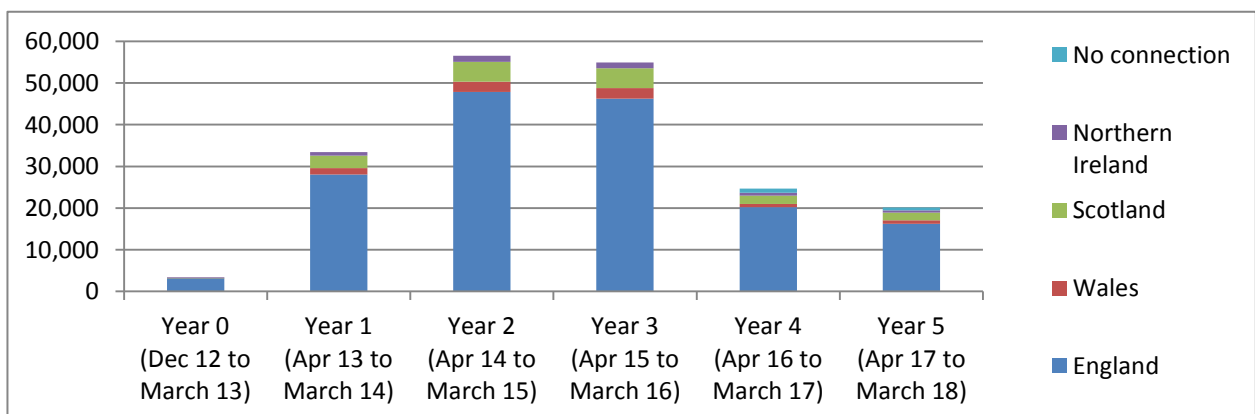
2 224,938 doctors are currently subject to revalidation. 182,048 recommendations have been approved to date (81% of those subject to revalidation).

Submissions profile – all doctors

3 The period for revalidating all doctors licensed on 3 December 2012 runs until 31 March 2018.

4 The majority of doctors, except those in training, have a scheduled revalidation date between December 2012 and March 2016. The profile is approximately 20%, 40% and 40% in years 1, 2 and 3, followed by doctors in training in years 4 and 5.

Chart 1: Submission profile



5 The submission profile shows approved revalidate recommendations Y0-Y3 and then submission dates Y4-Y5. Previously it included all recommendations. The profile shape remains the same.

- 6** Responsible Officers (ROs) scheduled revalidation dates for their doctors and the approaches differed slightly in each of the four countries. The profile of doctors scheduled in each year therefore does not necessarily reflect the profile of the whole population of licensed doctors. For example, there was a higher proportion of male doctors scheduled in year 0 than the proportion of male doctors in the wider population of licensed doctors. The data in this report has not been adjusted to weight it according to the profile of the whole population of licensed doctors.
- 7** The asymmetric distribution for gender in the scheduled population is still significant in statistical terms until the end of Year 4. This is due to the scheduling of proportionately more trainees (the most female-strong cohort) in the later years. For age, this effect is still significant until the end of Quarter 2, Year 5. The trend towards white ethnicity is moderate but is not significant beyond the end of Year 2.
- 8** For the full UK population, with our sample size, we are now achieving a very low margin of error (Confidence Interval of 0.02 with a Confidence Level of 99%).

Designated bodies and connected doctors

Table 1: Designated bodies and connected doctors

	England	Northern Ireland	Scotland	Wales	<i>Total</i>
Designated Bodies	782	23	32	17	854
Connected Doctors	182,228	5,639	18,268	8,941	215,076

- 9** There are 9,691 doctors without a connection to a designated body or Suitable Person recorded on GMC systems. Doctors without a connection currently make up 4.3% of the number of doctors subject to revalidation.

Suitable Persons

- 10** So far we have approved 23 Suitable Persons to make recommendations for a number of different cohorts of doctors. In all, 995 doctors have an approved Suitable Person.

Recommendations and decisions

Table 2: Decisions to date – all doctors

Decision	No. of doctors	% of doctors
Revalidate	148,143	81.85
Defer *	32,427	17.92
Non-engagement	425	0.23
Total	180,995	100

* This includes doctors in training who have been deferred as their CCT date has changed. This is covered in more detail later in this annex.

- 11** 94% (571) of ROs have made recommendations so far. The remainder are ROs in organisations that were not on the list of designated bodies when the initial schedules were set in October 2012. Most of these are small organisations with a small number of connected doctors.
- 12** A RO can make a recommendation about a doctor at any point in the four month window from our issue of the formal notice specifying the doctor's submission date, to that recommendation submission date. 1.3% (2,305) recommendations arrived after the submission date. The overall number is small and some are due to doctors making a connection to a designated body very close or just after their submission date.
- 13** Of the 425 approved non-engagement recommendations, the following outcomes apply:

Licence withdrawn and remained unlicensed	101
No longer licensed / registered for other reasons	101
In the process of licence withdrawal (includes appeals)	74
Continue to hold a licence and engaging with revalidation	149

In the next section we focus on data on deferrals as this has been an area of interest.

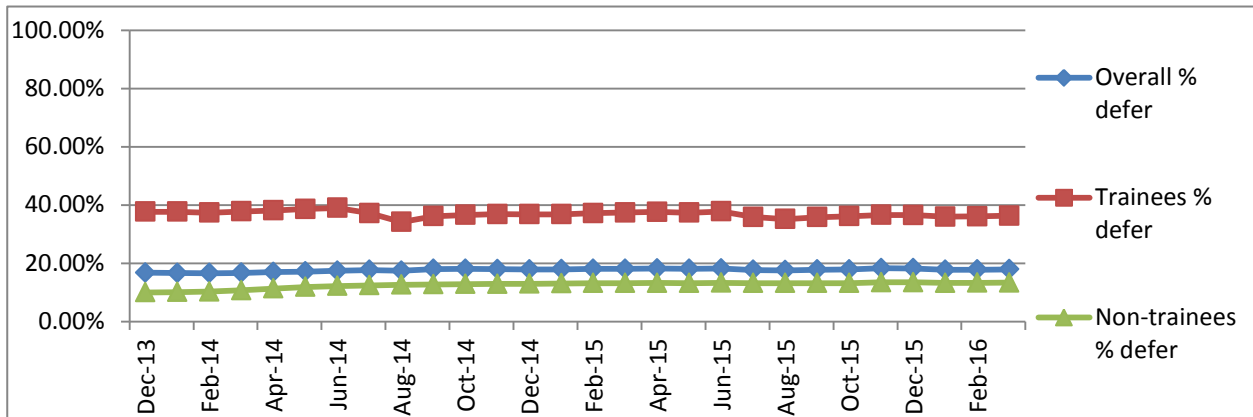
Deferrals

- 14** Doctors in training had their revalidation date aligned to their predicted Certificate of Completion of Training (CCT) date. The projected date was agreed with deaneries but there have been significant deferrals as the point at which trainees become eligible for

a CCT often changes. A significant number of trainees have had their revalidation date deferred to keep it in line with their predicted CCT date.

- 15 This factor has distorted the headline deferral rate and so we have reported deferrals in the trainee population separately for clarity.

Chart 2: Deferral rates over time – all doctors



Please note this is cumulative to each month from the beginning of revalidation.

Chart 3: Deferral rate (as at 31/03/2016) split by trainees and by specialist and GP register status at the time of the recommendation.

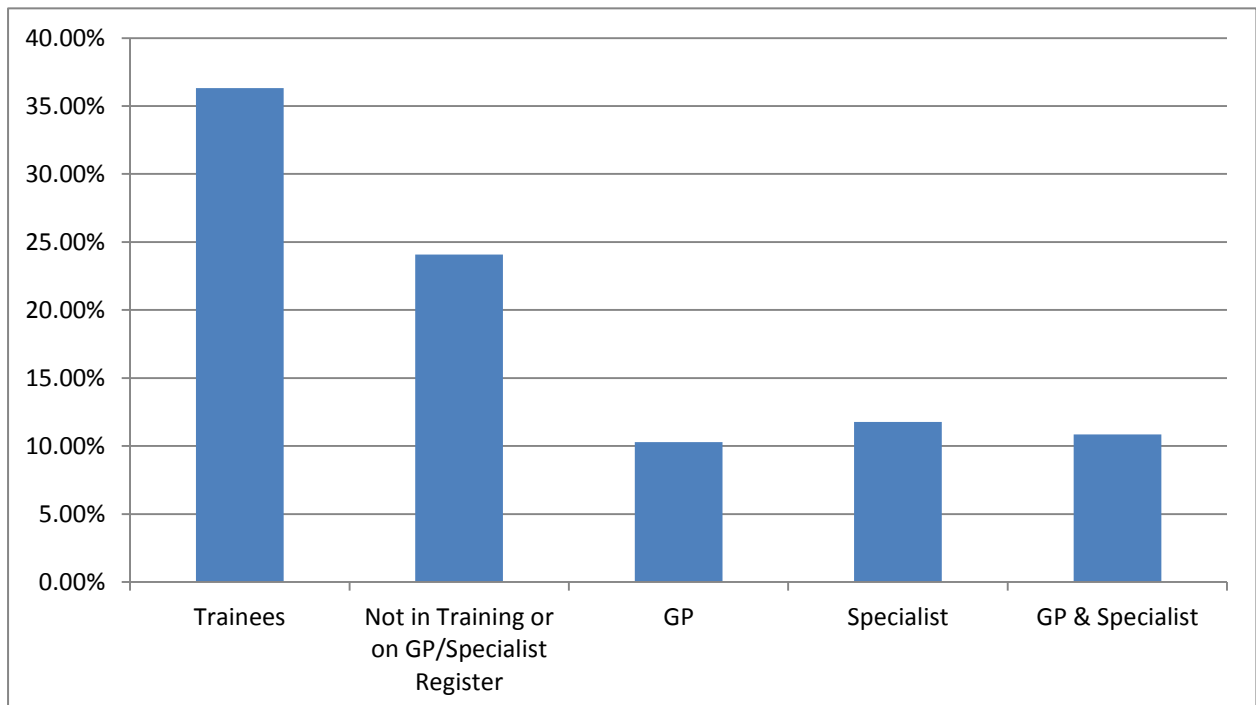
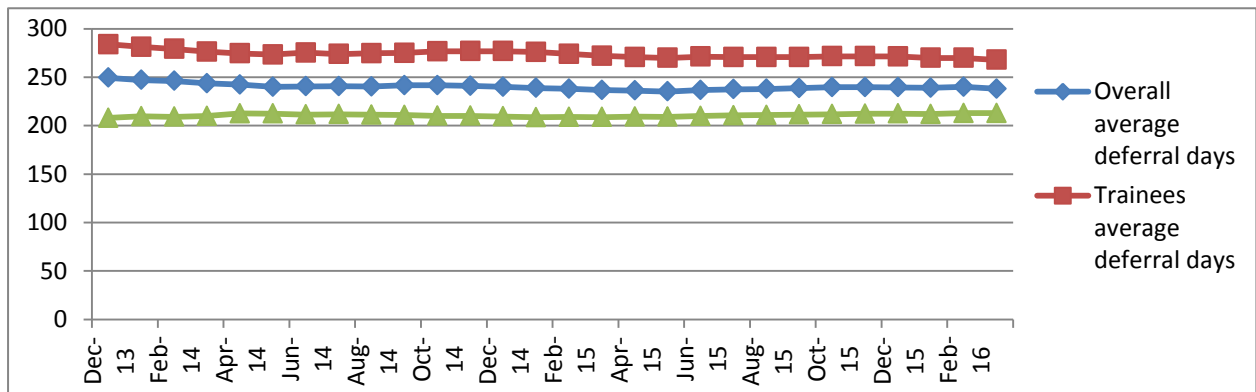


Chart 4: Deferral period – all doctors



Please note this is cumulative to each month from the beginning of revalidation.

Table 3: Average deferral period – all doctors

Trainee	268 days
Non-trainee	213 days
Overall	238 days

Table 4: Average deferral period (days) by country – all doctors

	England	Northern Ireland	Scotland	Wales
Trainee	267	290	272	276
Non-trainee	213	232	212	197
Overall	238	266	242	228

ROs can recommend a deferral for two reasons: insufficient evidence on which to base a recommendation or an on-going local process that needs to be concluded before a recommendation is made.

	Insufficient evidence for a revalidate recommendation (%)	The doctor is subject to an ongoing process (%)
Trainee	96.9	3.1
Non-trainee	95.1	4.9
Overall	95.8	4.2

17 The charts in the rest of this section show figures for non-trainees only because the majority of trainee deferrals are linked to a change in CCT date.

Chart 5: Deferral by country – non-trainees

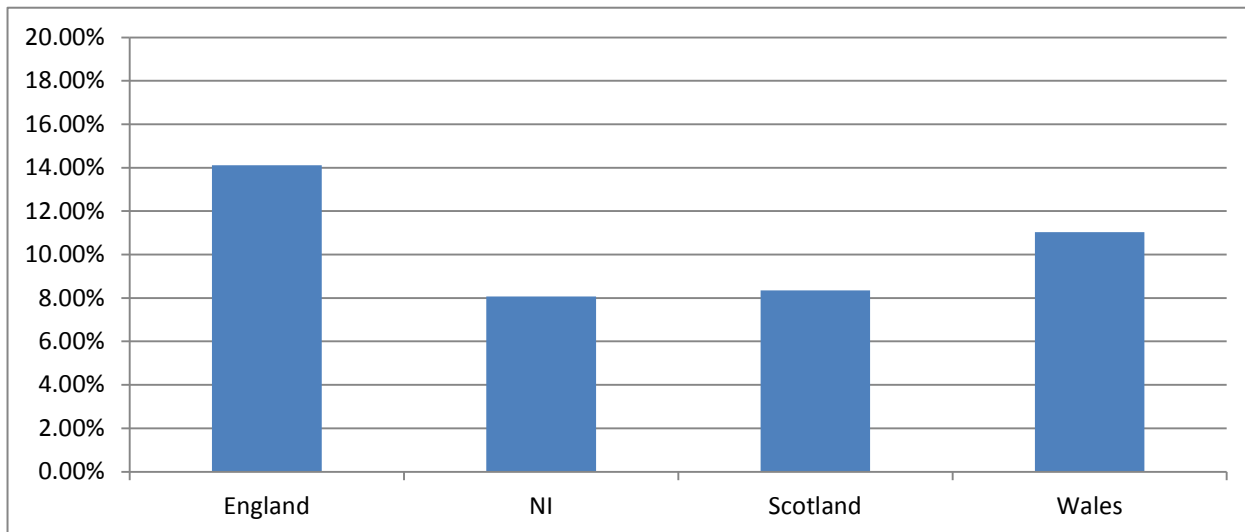


Chart 6: All decisions by gender – non-trainees

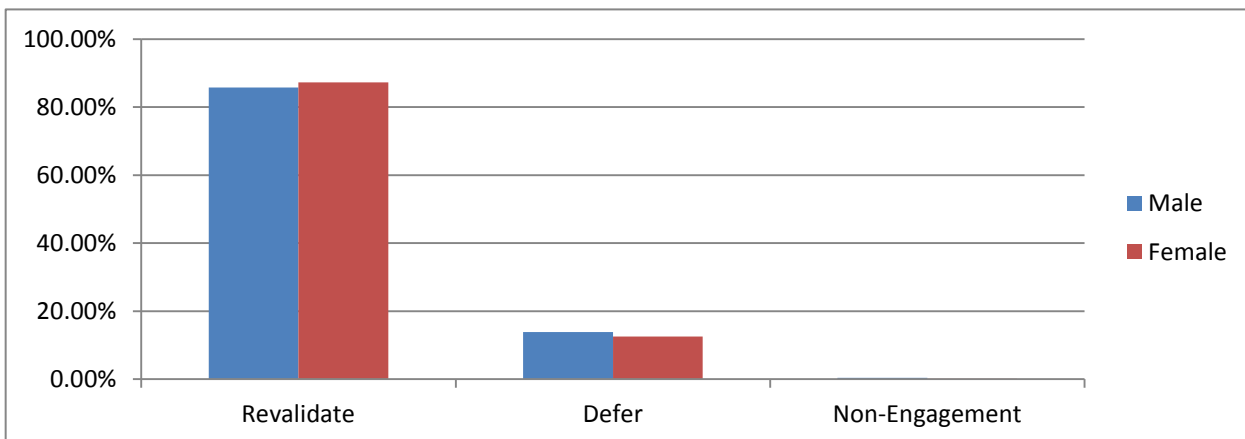


Chart 7: Deferral by age and gender – non-trainees

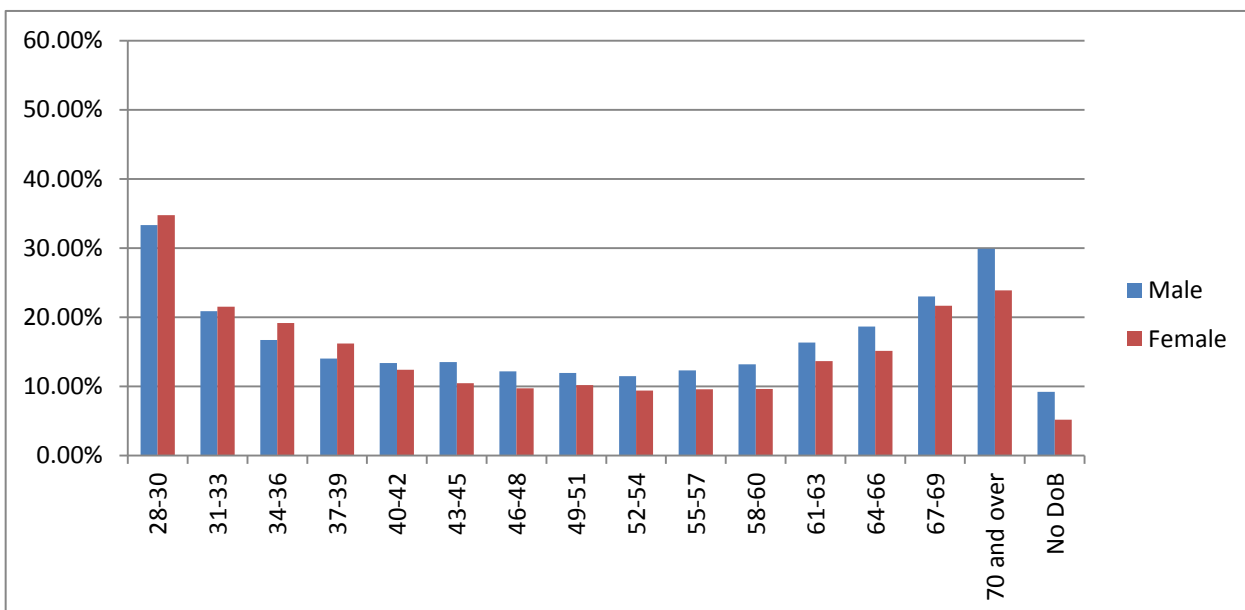


Chart 8: Deferral by age (proportion of all submissions made) – non-trainees

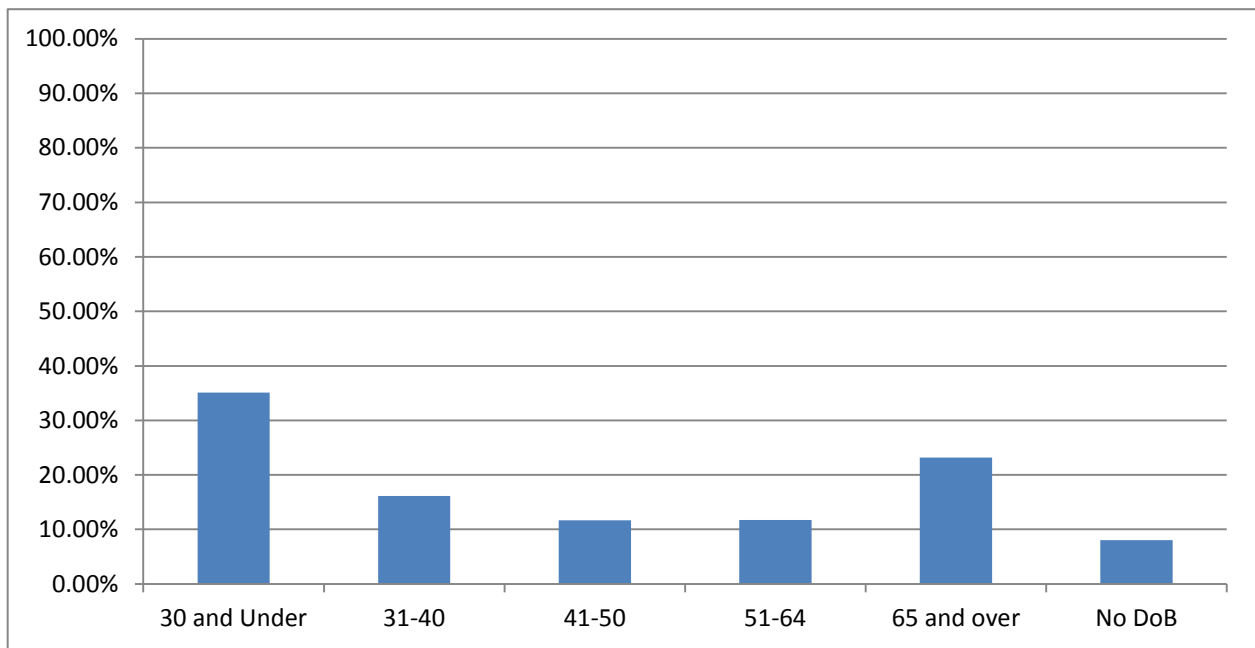


Chart 9: Deferral by ethnicity – non-trainees

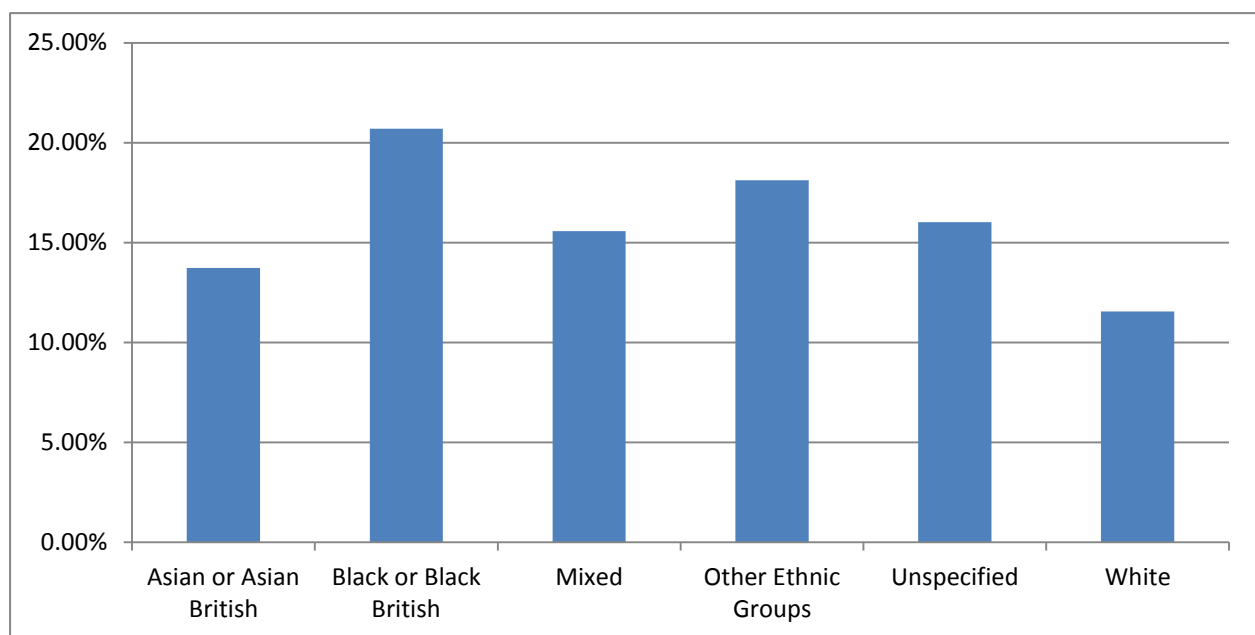
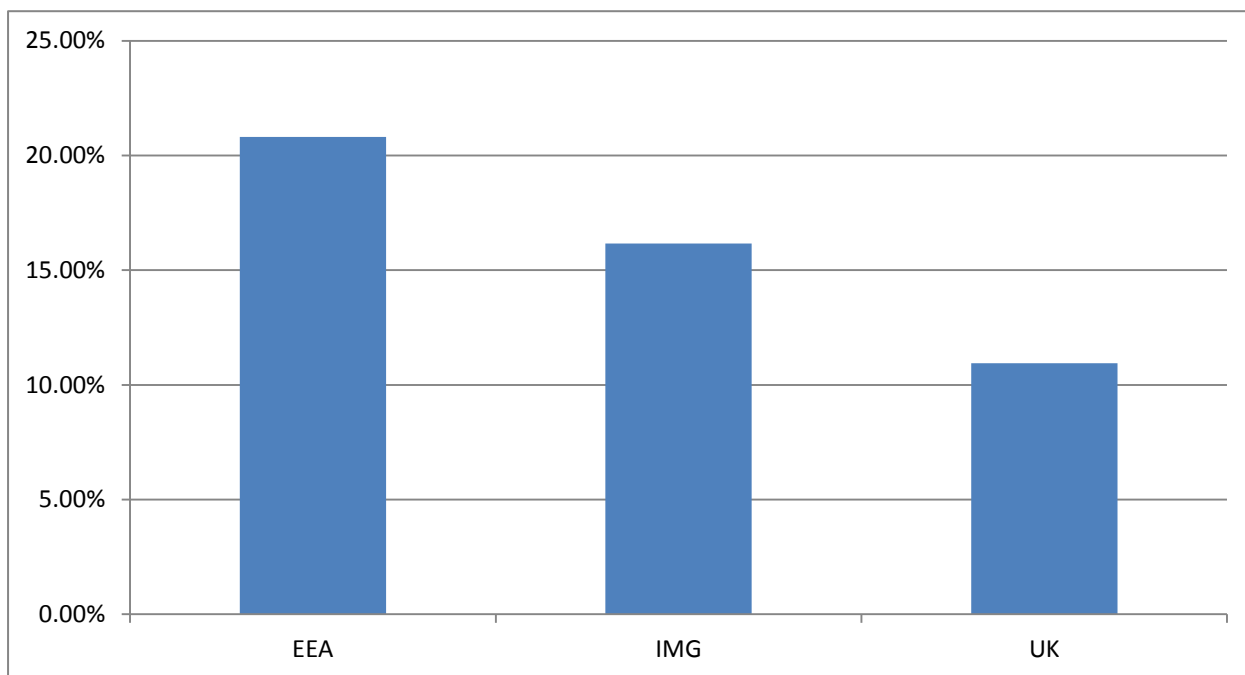


Chart 10: Deferral by primary medical qualification region – non-trainees



Changes to registration and licence to practise

Table 5: Licence withdrawals – all doctors

Total	2,846
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Chart 11: Licence withdrawals by age at time of recommendation – all doctors

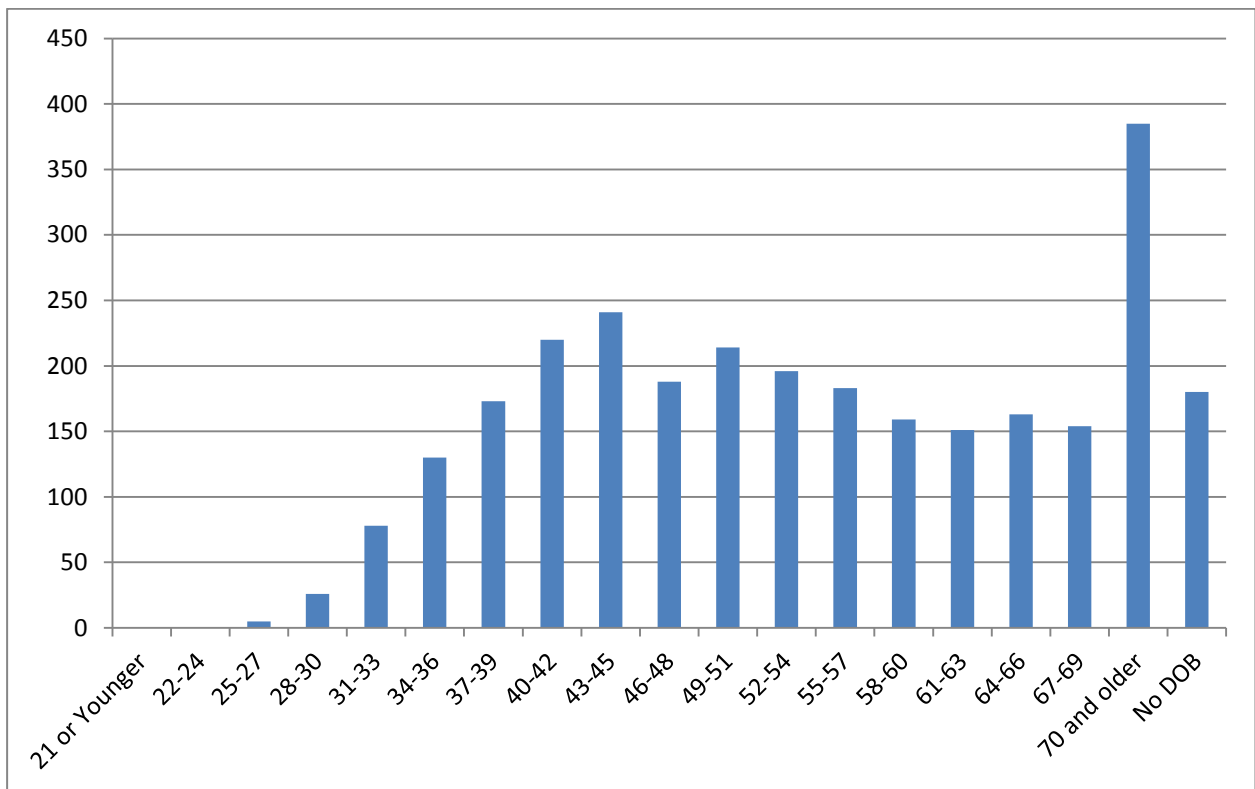


Chart 12: Licence withdrawals by gender – all doctors

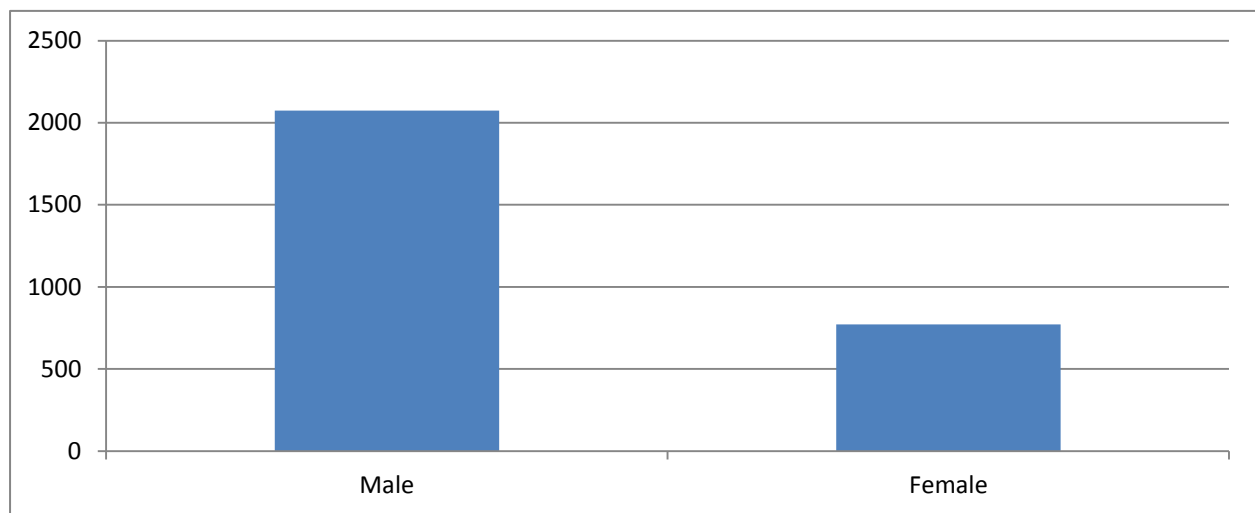


Chart 13: Licence withdrawals by PMQ region – all doctors

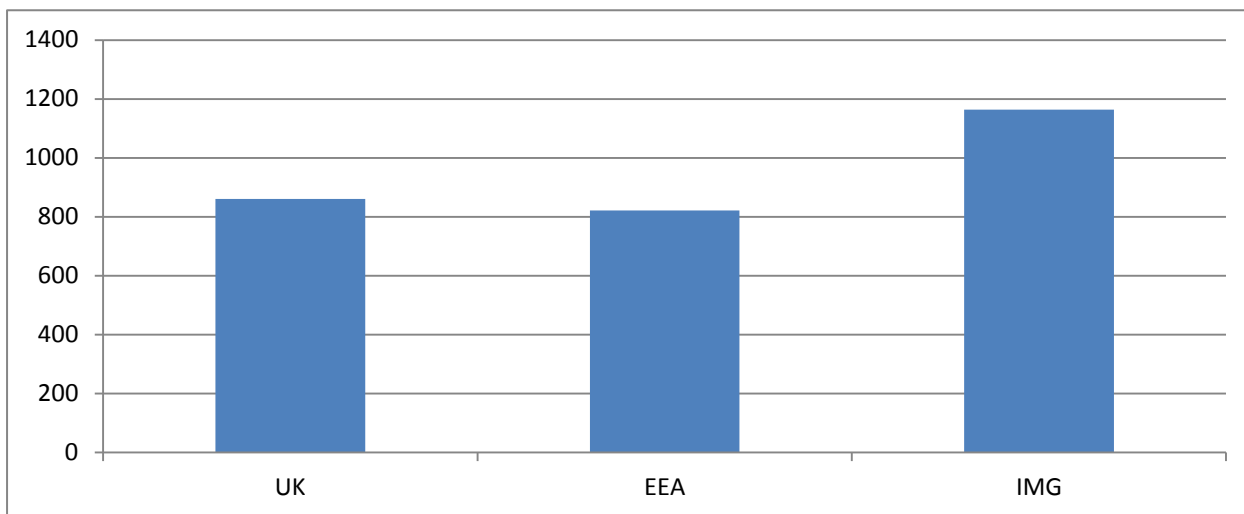


Chart 14: Licence withdrawals by registered address region – all doctors

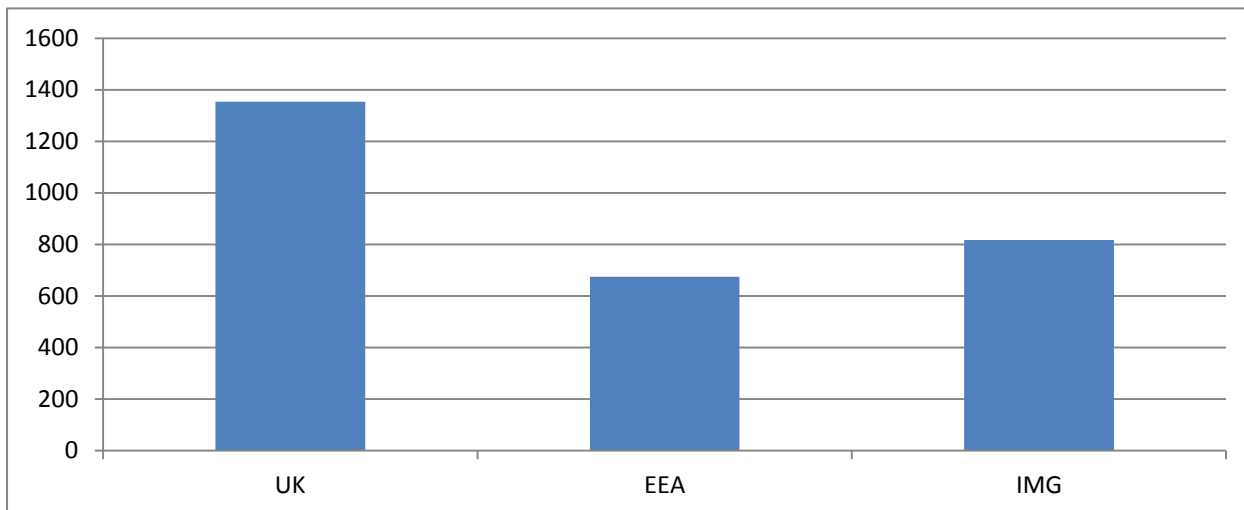


Chart 15: Doctors relinquishing their licence to practise – all doctors

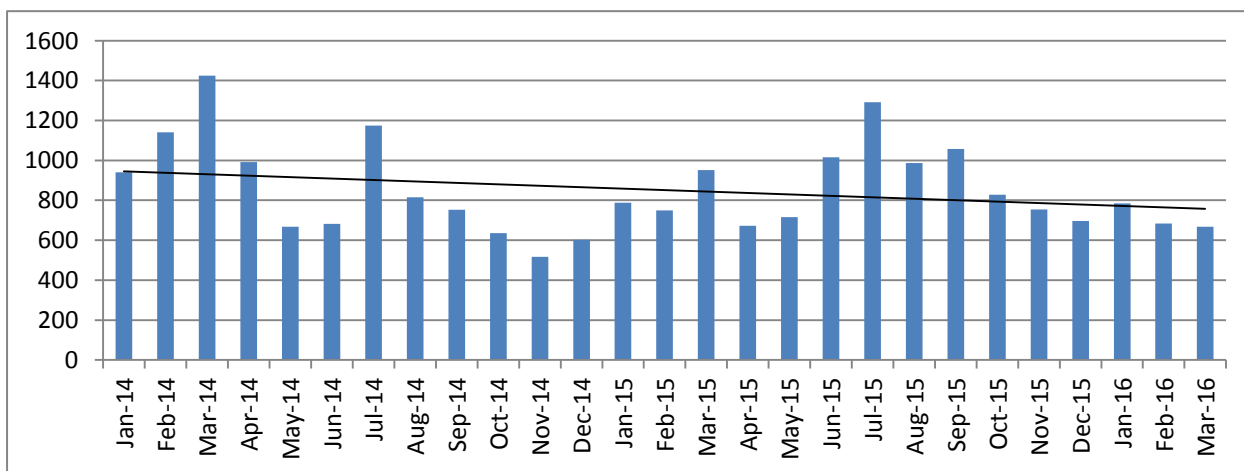


Chart 16: Licence relinquishments (December 2012 to March 2016) by age at time of relinquishment – all doctors

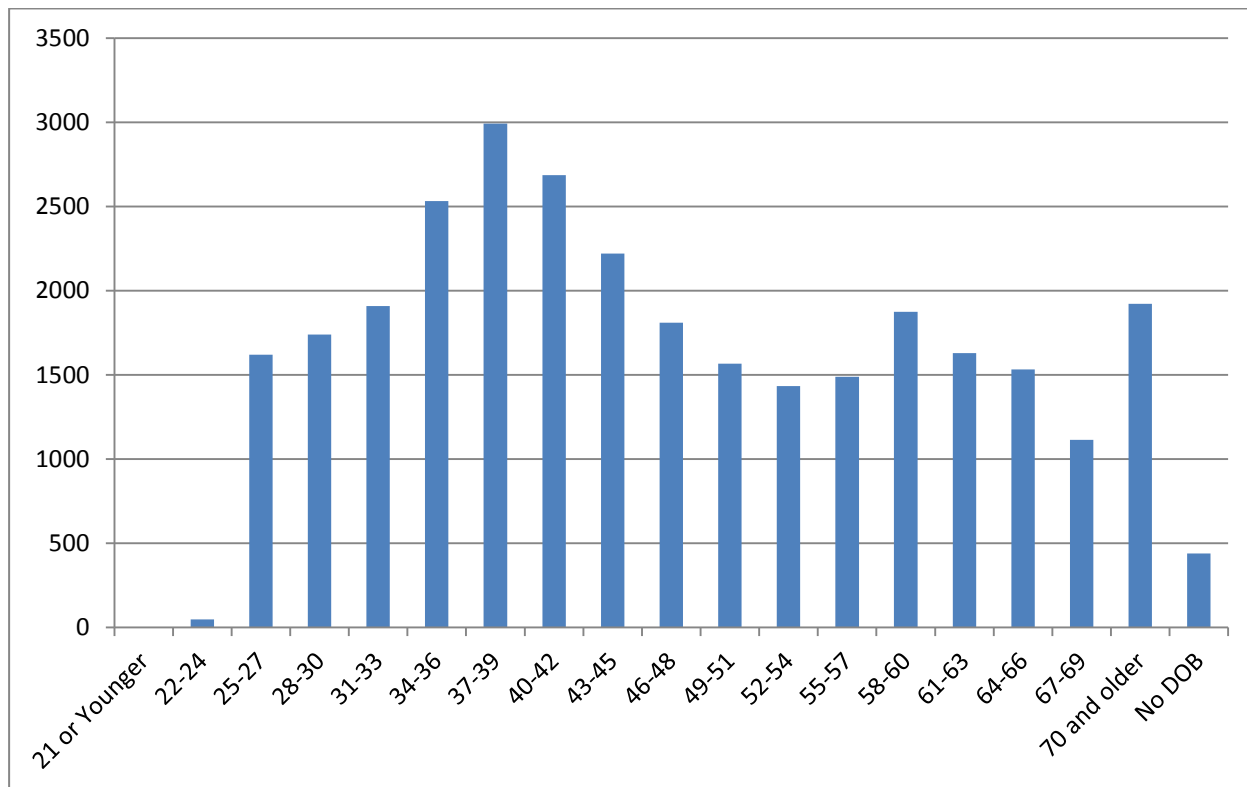


Chart 17: Licence relinquishments (December 2012 to March 2016) by age at time of relinquishment and gender – all doctors

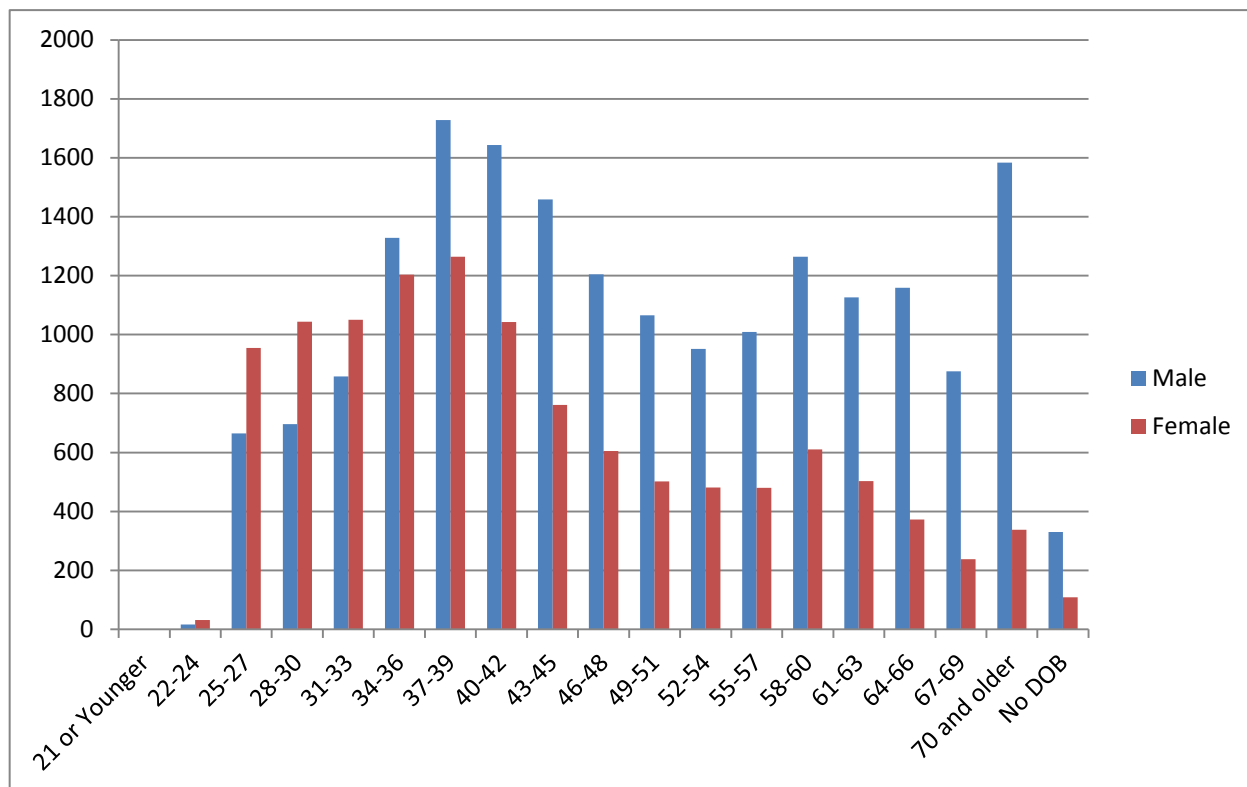


Chart 18: Licence relinquishments (December 2012 to March 2016) by PMQ - all doctors

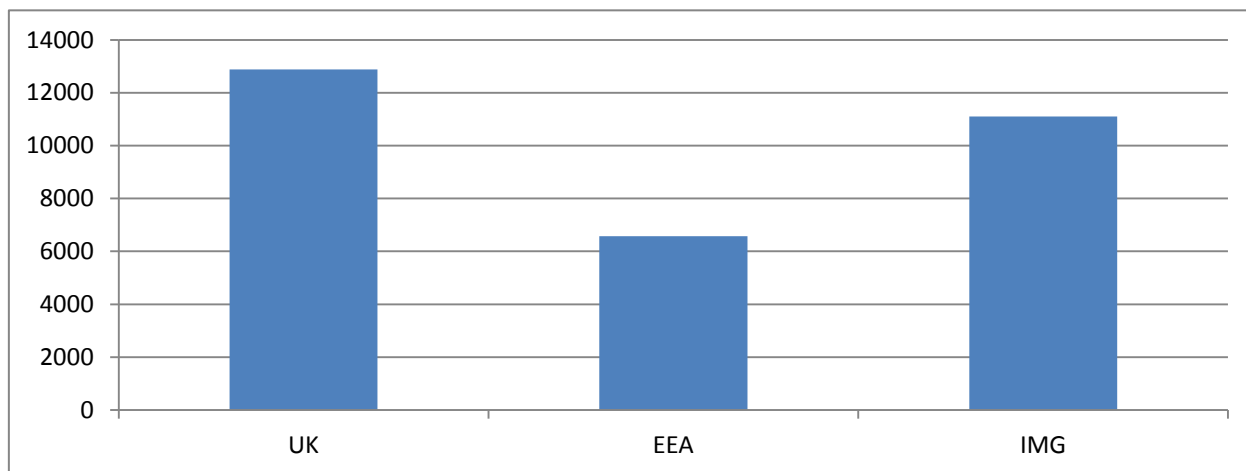


Chart 19: Licence relinquishments (December 2012 to March 2016) by address – all doctors

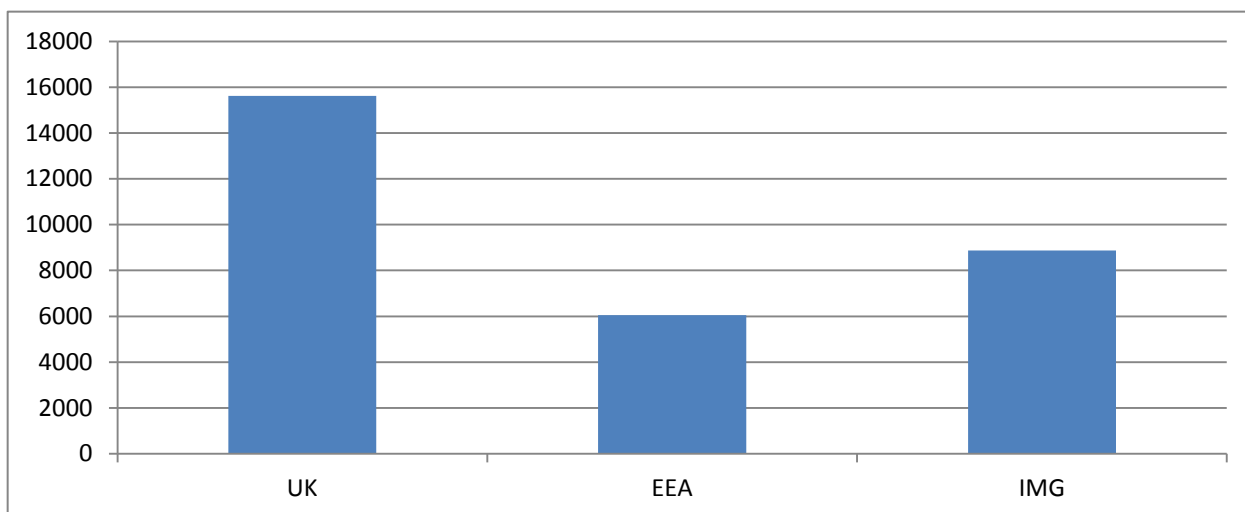


Chart 20: Number of doctors taking voluntary erasure – all doctors

