

Taking Revalidation Forward Action Plan

July 2017

General
Medical
Council

Working together to take revalidation forward

This plan sets out how the GMC and others will implement the recommendations of Sir Keith Pearson's report, [Taking Revalidation Forward](#). These recommendations are listed in full in [Appendix B](#).

Delivery of the plan will be coordinated by the Revalidation Oversight Group (ROG), a group of stakeholder organisations chaired by the GMC. There is a list of ROG members at [Appendix C](#). The objectives set out in this plan are supported by all of the organisations represented on ROG. Some organisations will be more active than others in delivering those objectives, but all will contribute to the discussions and oversee progress.

Our six priorities

Our plan is organised into six work streams, each one covering a priority area from Sir Keith Pearson's report:

1. [Making revalidation more accessible to patients and the public](#)
2. [Reducing burdens and improving the appraisal experience for doctors](#)
3. [Strengthening assurance where doctors work in multiple locations](#)
4. [Reducing the number of doctors without a connection](#)
5. [Tracking the impact of revalidation](#)
6. [Supporting improved local governance](#)

The remainder of this plan sets out the actions that stakeholders will take under each priority area.

A summary of all the actions and delivery dates is provided at [Appendix A](#).

1. Making revalidation more accessible to patients and the public

Work stream objectives

- Increase patient/public awareness of, and involvement in, revalidation
- Increase the impact of patient feedback on doctors' practice

What the GMC will do, in partnership with others

1a) Develop materials to help explain revalidation to patients and the public

In collaboration with others, including patients, doctors and employers, we will prepare a core text and graphics that organisations can use locally and tailor to explain revalidation to patients. We will use simple and accessible language and will test and refine this with users before launch. We will seek feedback from stakeholders on the best way to disseminate messages. Target date: March 2018

We'll also improve information about revalidation for patients on the GMC's website and include a plain English explanation of the process on our online List of Registered Medical Practitioners. Target date: March 2018

Following consultation with stakeholders, we plan to keep the name 'revalidation', not least owing to the costs associated with changing it. The term 'revalidation' is defined in statute, embedded in local systems and is also increasingly used by other healthcare regulators.

1b) Share examples of patient involvement in local revalidation processes

Working with healthcare organisations, patient representatives and other interested parties, we will collect examples of patient and public involvement in local revalidation processes. We will publish case studies on our website to help healthcare organisations assess what models might work best for them. Target date: March 2018

1c) Produce and promote additional case studies to help doctors gather and reflect on patient feedback

We know that some doctors struggle to gather patient feedback because of the nature of their work. We have previously published case studies to illustrate how doctors and organisations have overcome challenges in collecting patient feedback. We will extend these case studies to cover additional scenarios, which are representative of roles and specialties where this may be more challenging. Target date: October 2017

1d) Review our revalidation requirements for patient feedback

We want to make it easier for patients to provide input into the revalidation process and also to make this feedback more meaningful for doctors. All stakeholders agree this is a key area for improvement.

We will consider the outcomes of the ongoing evaluation of revalidation by the UK wide collaboration, UMBRELLA, and research undertaken by the Royal College of Physicians London (RCPL), both of which are scheduled to complete towards the end of 2017. We will then formulate options for change and engage with patients, doctors and others to identify a preferred approach. Target date: June 2018

Actions by other stakeholders

The Academy of Medical Royal Colleges will:

- Share the findings of the Academy-funded project on improving patient feedback being undertaken by RCPL.
- Promote revalidation awareness materials through the Academy's website and other channels.

NHS England will:

- Continue to include a session on patient and public involvement, facilitated by lay members, in its responsible officer training.
- Undertake a joint pilot project with Healthwatch to improve patient and public involvement.
- Encourage responsible officers to broaden the approach to patient feedback and share examples across designated bodies.

Welsh Government will:

- Work with Community Health Councils, Health Boards and the Wales Deanery's Revalidation Support Unit (RSU) to make information about the processes of revalidation and clinical assurance available in GP surgeries and hospitals.

Lay representatives on ROG will:

- Advise the GMC on the current availability of public and patient awareness materials and suggest organisations that should be consulted as new materials are developed.

- Encourage local organisations such as Healthwatch in England and the Community Health Councils in Wales to provide information to patients and the public about revalidation.
- Provide examples and assist the GMC in developing a mechanism which will allow the sharing of ideas and existing practice around patient and public involvement in local revalidation processes.

NHS Improvement will:

- Promote good practice regarding patient and public involvement in revalidation to trust boards.

2. Reducing burdens and improving the appraisal experience for doctors

Work stream objectives

- Clarify evidence requirements of appraisal for revalidation
- Ensure appraisals support reflection and professional development as well as meeting revalidation requirements
- Ensure revalidation requirements are fully understood by doctors new to UK practice and those leaving training

What the GMC will do, in partnership with others

2a) Update our guidance on what doctors need to do for their revalidation.

We are updating our guidance on the [supporting information doctors must collect and reflect upon at their appraisal](#). We will make the GMC requirements clearer so that doctors can see what is needed for revalidation, as distinct from other appraisal requirements set by their employer/organisation. Target date: March 2018

As well as clarifying GMC requirements, we will:

- provide better advice on how doctors can evidence their reflection at appraisal;
- strengthen our guidance on how doctors should gather representative feedback from colleagues, including how those colleagues should be selected; and
- be more specific about what is expected in terms of quality improvement activity.

2b) Improve the clarity and accessibility of revalidation advice to doctors

We will review all the information for doctors currently provided on our website and make it easier to understand. This will include explaining the difference between appraisal and revalidation, as well as targeting misconceptions around evidence requirements. We will also improve revalidation advice for specific groups of doctors – for example, those who are new to UK practice, working as short-term locums or finishing supervised training. Target date: March 2018

2c) Enhance our advice and support to those making revalidation recommendations

We will review and refresh the [recommendation protocol](#) so that it more effectively supports decision making by responsible officers and suitable persons. We will make it easier to use and provide additional clarification where questions have arisen since revalidation was introduced and the protocol was first published.

For example, we will reinforce the importance of whole scope of practice appraisal and make clear what information must be considered where doctors work in multiple locations, particularly across the NHS and private sectors. We will also provide clearer advice for responsible officers of doctors who have recently completed UK training programmes. We will supplement the refreshed guidance with direct support for responsible officers from our employer liaison advisers. Target date: March 2018

2d) Collaborate with the Care Quality Commission and NHS England to reduce regulatory burdens

GPs and independent practitioners in England have said that there is some duplication between the information they must present for their revalidation, their inspection by the Care Quality Commission (CQC) and their annual declaration for NHS England (NHSE). We are therefore working with the CQC and NHSE to identify ways to reduce any unnecessary burden. Target date: December 2017.

Sir Keith asked the GMC to consider bringing forward the point of first revalidation for all new doctors. Under the current arrangements for UK training, we do not believe that it would be proportionate to introduce an earlier revalidation for doctors training in the UK as they are already subject to robust regulation and supervision. However, we will explore whether there is a case for earlier revalidation for other groups of doctors who are new to UK practice and not participating in a training programme.

Although the GMC is not responsible for the local IT systems used for appraisal, we support Sir Keith's recommendation that designated bodies should seek opportunities to simplify information collection for doctors wherever possible. We will use our contacts across the four countries to identify examples of good practice that could be shared.

Actions by other stakeholders

The Academy of Medical Royal Colleges will:

- Work with colleges and faculties to update their guidance to ensure greater clarity and understanding on what is required for revalidation, in a simple and consistent manner across the specialties. It will define which elements are GMC requirements for maintenance of a licence to practise and which are recommendations for best practice within the specialty.

NHS England will:

- Continue its actions to ensure clarity about the requirements for appraisal and ensure continued dissemination and implementation of its guidance [*Improving the inputs to medical appraisal*](#).

The Northern Ireland Responsible Officers' Forum and the Revalidation Delivery Board will:

- Continue to consider how revalidation processes might best be streamlined; how appraisal processes can be enhanced and where there is best practice that can be shared.

Welsh Government will:

- Support the Revalidation Support Unit programme of systematic quality assurance reviews of appraisal, covering all designated bodies on a rotational basis, and share the outcomes with stakeholders to inform future training and development.
- Ensure its guidance accurately reflects the difference between organisational requirements of appraisal and the requirements of supporting information for revalidation demonstrated at appraisal.
- Continue to work with NHS Wales data systems to improve the quality and availability of clinical outcomes data.

Lay representatives on ROG will:

- Share their experiences from revalidation quality assurance visits, including practical examples of where responsible officers/designated bodies have put in place arrangements that make it easier for doctors to be regularly provided with information for their portfolios.

3. Strengthening assurance where doctors work in multiple locations

Work stream objectives

- Establish UK-wide principles to govern the sharing of information
- Clarify which locum agencies have designated body status
- Reinforce and promote the responsibilities of designated bodies in respect of doctors working in multiple settings

What the GMC will do, in partnership with others

3a) Seek collective agreement on information sharing principles across the four countries

We will work with stakeholders to identify best practice and draft a set of principles for approval by ROG. These principles will cover responsibilities for sharing information when doctors move between designated bodies or work in multiple settings – for example, across the NHS and private practice. They will also reinforce the importance of whole scope of practice appraisal. We will explore whether a legal obligation and power to share information is needed. Target date: March 2018

3b) Reinforce the responsibilities of designated bodies who have doctors connected to them but working elsewhere

Where doctors work in multiple locations or frequently change their designated body, it can be difficult to make sure they are keeping up to date with appraisal and revalidation. Drawing on good practice examples, we will clarify our expectations of designated bodies (including locum agencies) to make sure they are supporting their doctors with revalidation. Our employer liaison advisers will promote these expectations and support responsible officers. Target date: December 2017

Actions by other stakeholders

Department of Health (England) will:

- Review the Responsible Officer Regulations with stakeholders to identify whether amendments are needed to clarify and confirm the prescribed connection between a doctor, a designated body and a responsible officer, and to ensure only organisations with robust governance arrangements are able oversee doctors' revalidation.

NHS England will:

- Lead a programme of work aimed at improving the support, clinical governance and assurance surrounding medical locums. This includes working collaboratively with the GMC, CQC, NHS Improvement and others to make sure that locum doctors have the appropriate skills and are properly supported in their roles.
- Approach counterparts in the other three countries to establish a working group aimed at agreeing a unified code of practice on information flows. This document would complement and support the high-level principles agreed at ROG.

NHS Employers will:

- Update and consolidate their guidance on the appointment and employment of NHS locum doctors.

4. Reducing the number of doctors without a connection

Work stream objectives

- Increase the potential for doctors to make a stable and meaningful connection to a designated body
- Clarify advice for doctors on when a licence to practise is required
- Ensure the revalidation process is robust for doctors who remain without a connection

What the GMC will do, in partnership with others

4a) Identify options for regulatory change to reduce the number of doctors without a prescribed connection

We will prepare a list of changes to the Responsible Officer Regulations that could increase the number of doctors who can connect to a designated body and present these to the health departments of the four nations of the UK. Stakeholders agree that the wish to increase connections needs to be balanced against the ability of responsible officers to meaningfully oversee the practice of those doctors. Target date: December 2017

4b) Refine the Suitable Person scheme

We will review the Suitable Person scheme to see if there is scope for this to cover more doctors, whilst remaining sustainable and robust. Target date: December 2017

4c) Improve the information, support and advice we provide to doctors to help them identify potential connections

We will improve the content and accessibility of our web guidance for doctors without a connection and provide enhanced advice on options available to them for making a connection to a designated body. Target date: March 2018

4d) Improve our advice on when to hold a licence to practise

We will provide additional guidance to help doctors and employers decide whether a licence is required to undertake a particular role, service or activity. Target date: March 2018

4e) Strengthen quality assurance of appraisals for doctors without connections

Doctors who do not have a connection must still have an annual appraisal and submit evidence of this to the GMC. We want to make sure that the organisations and individuals providing appraisals for these doctors are working to equivalent quality standards as

appraisers in mainstream healthcare providers. We are reviewing the appraisals carried out for doctors without a connection and will use the results to decide whether we need to make changes to the process or the criteria. Target date: December 2017

Actions by other stakeholders

Department of Health (England) will:

- Review the Responsible Officer Regulations with stakeholders to identify whether amendments are needed to clarify and confirm the prescribed connection between a doctor, a designated body and a responsible officer.

5. Tracking the impact of revalidation

Work stream objective

- Develop a proportionate approach to tracking revalidation on an ongoing basis to ensure it continues to meet its objectives at a national and local level.

What the GMC will do, in partnership with others

5a) Review the conclusions of the ongoing evaluation studies by [UMbRELLA](#), the Department of Health (England) and others.

In 2014 we commissioned a collaboration of independent researchers (known as UMbRELLA) to carry out a long-term evaluation of revalidation. This work is nearing completion. We will review this evaluation, and other research, to identify what measures could be used on an ongoing basis to track the impact of revalidation. We will also reflect on any challenges the studies and evaluations identified in measuring the impact of revalidation. Target date: December 2017

5b) Engage with stakeholders to develop an approach to tracking that adds value without placing unreasonable additional burdens on the system

We will engage with stakeholders to understand which aspects of revalidation can reasonably be measured and to identify the types of data that are already being generated and reported upon. Target date: March 2018

Actions by other stakeholders

The Independent Doctors Federation will

- Carry out an audit of the impact of revalidation on a cohort of around 500 of their connected doctors. These doctors typically work remotely across a wide geographical area, often alone or in small groups, with little access to local clinical governance. This work will be complete by autumn 2018.

6. Supporting improved local governance

Work stream objectives

- Strengthen local governance processes, including board-level engagement, to improve the impact of revalidation on care and safety in healthcare organisations
- Ensure effective local processes are in place within designated bodies to assure fair and unbiased revalidation recommendations

What the GMC will do, in partnership with others

6a) Update revalidation advice and tools for boards and governing bodies

The [Governance Handbook](#) is a guide for boards and governing bodies setting out core elements and principles for effective local governance of revalidation. It was jointly produced in March 2013 by the GMC, CQC, Monitor, Government Procurement Service, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, the Regulation and Quality Improvement Authority in Northern Ireland. We will collaborate with others to improve and re-promote the Handbook, making sure it captures learning and best practice from revalidation to date. Target date: June 2018

6b) Improve information and data for responsible officers

We will make it easier for responsible officers to find and navigate revalidation advice and guidance on our website. We'll also expand and improve the data we currently provide to help responsible officers monitor local revalidation processes. Target date: March 2018

Actions by other stakeholders

NHS Improvement will

- Start a review of clinical governance arrangements in the NHS. The review will be undertaken by the Patient Safety Team, starting in 2017.

Appendix A – Summary of key actions

Priority area	Who	What	When
Making revalidation more accessible to patients and the public	GMC	More case studies to help doctors with patient feedback	Oct 2017
		Simple explanation of revalidation for patients and the public available for use by GMC and local organisations	March 2018
		Examples of patient involvement in local revalidation processes published on the GMC website	March 2018
		Agree changes to patient feedback for revalidation	June 2018
	AoMRC	Share findings from patient feedback research project	Oct 2017
	NHSE	Joint pilot project with Healthwatch to improve patient and public involvement	Ongoing
		Collect and share examples of broader approaches to patient feedback	Ongoing
	Welsh Govt	Make information about revalidation and clinical assurance available in GP surgeries and hospitals	2018
	Lay reps	Share and promote examples of patient and public involvement in revalidation	Ongoing
	NHSI	Promote good practice on patient involvement to trust boards	Ongoing

Priority area	Who	What	When
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Reducing burdens and improving the appraisal experience for doctors	GMC	Agree actions to reduce regulatory burdens with CQC and NHS England	Dec 2017
		Improved advice and guidance for doctors on GMC requirements for revalidation, including colleague feedback and quality improvement activity	March 2018
		Recommendation protocol refreshed to reflect learning to date	March 2018
	AoMRC	Work with colleges and faculties to distinguish specialty best practice from GMC requirements	2018
	NHSE	Disseminate guidance on <i>Improving the inputs to medical appraisal</i>	Ongoing
	NI Govt	Consider how revalidation processes can be streamlined and appraisal processes enhanced	Ongoing
	Welsh Govt	Undertake systematic quality assurance reviews of appraisal across all designated bodies	Ongoing
		Ensure guidance accurately reflects the difference between organisational requirements of appraisal and supporting information for revalidation	Ongoing
		Continue to work with NHS Wales data systems to improve the quality and availability of clinical outcomes data	Ongoing
	Lay reps	Share best practice on support for doctors obtained from revalidation quality assurance visits	Ongoing

Priority area	Who	What	When
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Strengthening assurance where doctors work in multiple locations	GMC	Clearer advice on responsibility of all designated bodies to support their doctors with revalidation	Dec 2017
		Principles for information sharing agreed by all four UK countries	March 2018
	DH (Eng)	Review Responsible Officer Regulations to ensure only organisations with robust governance arrangements are able to oversee doctors' revalidation	Ongoing
	NHSE	Implement changes to improve clinical governance and support of medical locums	2018
	NHS Employers	Issue updated guidance on the appointment and employment of NHS locum doctors	2018

Reducing the number of doctors without a connection	GMC	Set out any changes needed to the Suitable Person scheme	Dec 2017
		Identify where changes to the Responsible Officer Regulations could reduce the number of doctors without a prescribed connection	Dec 2017
		Share outcomes of quality review of appraisals for doctors without connections	Dec 2017
		Improved advice and guidance for doctors who cannot make a connection	March 2018
		Publish clearer advice on when doctors need to hold a licence to practise	March 2018
	DH (Eng)	Review the Responsible Officer Regulations to identify whether amendments are needed to clarify and confirm prescribed connections	Ongoing

Priority area	Who	What	When
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Tracking the impact of revalidation	GMC	Extract learning on impact from final report of UMbRELLA and other research	Dec 2017
		Launch approach to ongoing tracking of revalidation	March 2018
	IDF	Review appraisal documentation to identify impact of revalidation on doctors working independently	2018

Supporting improved local governance	GMC	Improve information and data for responsible officers	March 2018
		Update governance advice and tools for boards and governing bodies	June 2018
	NHSI	Review NHS clinical governance arrangements	2018

Appendix B – Sir Keith Pearson’s recommendations

- 1** Healthcare organisations, with advice from the GMC and national partners, should work with local patient groups to publicise and promote their processes for ensuring that doctors are up to date and fit to practise, including the requirement for periodic relicensing.
- 2** The GMC should consider setting an earlier revalidation date for newly-licensed doctors so that they receive their first revalidation within two years of commencing practice in the UK.
- 3** The GMC should work with stakeholders to identify a range of measures by which to track the impact of revalidation on patient care and safety over time.
- 4** The GMC and others should begin using the term ‘relicensing’ in place of ‘revalidation’, in order to increase understanding of the significance of the process for both patients and doctors.
- 5** The GMC should work with others to identify ways to improve patient input to the revalidation process. In particular it should develop a broader definition of feedback which harnesses technology and makes the process more ‘real time’ and accessible to patients.
- 6** Responsible officers should report regularly to their board on the learning coming from revalidation and how local processes are developing. Boards should challenge their responsible officers as to how they are learning from best practice and how revalidation is helping to improve safety and quality.
- 7** The GMC should work with others to update its governance handbook for revalidation and set out expectations for board-level engagement in revalidation and provide tools to support improvement.
- 8** The GMC should continue its work with partners to update guidance on the supporting information required for appraisal for revalidation to make clear what is mandatory (and why), what is sufficient, and where flexibility exists. They should also ensure consistency and compatibility across different sources of guidance.
- 9** Responsible officers should make sure that the revalidation process for individual doctors is not used to achieve local objectives that are not part of the requirements specified by the GMC.

- 10** Boards of healthcare organisations should make sure that effective processes are in place for quality assurance of local appraisal and revalidation decisions, including provision for doctors to provide feedback and to challenge decisions they feel are unfair.
- 11** Healthcare organisations should continue work to drive up the quality and consistency of appraisal, learning from feedback and acknowledged good practice. They should also make sure the time set aside for appraisal adequately reflects its importance to revalidation outcomes.
- 12** Healthcare organisations should explore ways to make it easier for their doctors to pull together and reflect upon supporting information for their appraisal. This might occur through better IT systems or investment in administrative support teams.
- 13** The GMC should continue its work with the CQC in England to reduce workload and duplication for GPs, and work with relevant organisations in Northern Ireland, Scotland and Wales to identify and respond to any similar issues if they emerge.
- 14** The GMC should work with health departments and responsible officers to address weaknesses in information sharing in respect of doctors who move between designated bodies.
- 15** The Departments of Health, in consultation with the GMC, should review the Responsible Officer regulations with a view to establishing a prescribed connection to a designated body for all doctors who need a licence to practise in the UK. They should also review the criteria for prescribed connections for locums on short-term placements.

Appendix C – Revalidation Oversight Group members

UK-wide

Sir Keith Pearson – Special Adviser to ROG

Academy of Medical Royal Colleges

Association of Independent Healthcare Organisations

British Medical Association

General Medical Council

Royal College of GPs

England

Care Quality Commission

Department of Health England

Health Education England

NHS Employers

NHS England

NHS Improvement

Patient/Lay representative

Scotland

Healthcare Improvement Scotland

NHS Education for Scotland

Scottish Government Health Directorates

Patient/Lay representative

Wales

Wales Deanery

Welsh Government

Healthcare Inspectorate Wales

Patient/Lay representative

Northern Ireland

Department of Health Northern Ireland

Northern Ireland Medical & Dental Training Agency

Regulation and Quality Improvement Authority

Patient/Lay representative