Independent Review on Taking Revalidation Forward

Background

1 Medical revalidation started in the UK on 3 December 2012. This system of checks means all licensed doctors registered with the General Medical Council (GMC), are now required to demonstrate on a regular basis that they are up to date, competent to practise in their chosen field and able to provide a good level of care.

2 The aim is to help doctors provide the best possible care by encouraging them to reflect on their practice and to engage in activities such as clinical audit, significant event reviews and seeking feedback from patients and colleagues. It is also designed to help identify emerging poor performance at an earlier stage, before patient care is compromised.

3 By April 2016 the vast majority of licensed doctors will have been through the revalidation process. It therefore seems appropriate at this point to review how the system has worked and to identify any changes or improvements that could be made.

Terms of Reference

4 The review will assess the available evidence on the operation and impact of revalidation since its introduction and will focus in particular on:

4.1 Research into revalidation and national surveys completed since December 2012 including the interim report on the evaluation of revalidation by the UMbRELLA consortium and the RCGP.

4.2 Data held by the GMC including a detailed breakdown of the figures on recommendations to revalidate, defer and of non-engagement covering primary and secondary care both in the NHS and independent sector, licence withdrawals, appeals and complaints received.

4.3 Published reports on how local systems of appraisal and clinical governance are working including NHS England’s annual report on medical revalidation, Healthcare Improvement Scotland’s Annual report of Medical Revalidation in Scotland, the
Welsh Deanery’s Revalidation Support Unit Annual Report and the relevant sections of the governance reviews of Health Boards by Healthcare Inspectorate Wales. For Northern Ireland it will consider the Regulation and Quality Improvement Authority’s Review of Governance Arrangements within HSC Organisations that Support Professional Regulation.

4.4 Available information and reports about doctors’ experiences of revalidation – including their feedback on collecting evidence and preparing for their appraisals. This will include consideration of the effectiveness of local appraisal and clinical governance systems both from the point of view of employers and the doctors who are using them.

4.5 Formal and informal feedback from Responsible Officers through existing forums and feedback from GMC Liaison Services.

4.6 Feedback and/or submissions from key partners including the four health departments, the medical Royal Colleges, the BMA, independent sector representatives, NHS England and the systems regulators and improvement authorities in each of the four parts of the UK.

4.7 Feedback from the parliaments and assemblies of the UK including reports from health or other relevant committees.

4.8 Views from patients and patient groups, including available information on the views of patients who have taken part in revalidation feedback assessing their doctor.

4.9 Information about the interaction between revalidation and other quality assurance, inspection or improvement systems across the UK.

5 The review will produce a written report with recommendations designed to support the next phase of revalidation in fulfilling its aim of being a process through which doctors can show they continue to meet the standards of medical professionalism and patient care expected of them and patients can have confidence that their doctors are fit to practise, while minimising burdens on the profession and the system, and avoiding duplication with other processes.

6 The GMC has appointed Sir Keith Pearson (Independent Chair of the GMC’s Revalidation Advisory Board) to undertake the review which will be completed by December 2016. Sir Keith will present his findings to the Council of the GMC, following which his report will be published.

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