

<b>Agenda item:</b>	<b>Paper circulated for information</b>
<b>Report title:</b>	<b>GMC progress report</b>
<b>Report by:</b>	<b>Clare Barton</b> , Assistant Director, Registration and Revalidation <a href="mailto:cbarton@gmc-uk.org">cbarton@gmc-uk.org</a> , 0161 923 6589
<b>Action:</b>	<b>To note</b>

## Executive summary

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 doctors (excluding trainees). We continue to receive recommendations in line with doctors expected submission dates.

There are 229,583 doctors with a licence to practise required to participate in revalidation. We have received and approved 201,382 recommendations to date and 162,584 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 In total we have withdrawn 3,373 licences from doctors for failing to engage in the requirements for their revalidation.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 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 42 Suitable Persons. In all, 1,026 doctors have an approved Suitable Person. A list of SPs who have been approved for cohorts of doctors is available on our [website](#). We continue to hold regular meetings of the Suitable Persons Network 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.

### **Doctors without a connection**

- 4 As of 31 October 2016 there were 12,741 doctors on GMC records without a prescribed connection to a designated body or a GMC approved SP. Fewer than 5,000 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. The number of doctors for whom we hold no information about their connection is higher in October due to the doctors moving in and out of training and the time lag in them updating us with their connection details. We have a process in place to follow up these doctors to ask them to tell us their connection details.

### *Information on deferral reasons*

- 5 We continue to progress our work in developing a number of high-level categories to describe the numerous circumstances that underpin recommendations to defer doctors' submission dates.

### *Revalidation data*

- 6 Our current [published data on revalidation](#) show the position as at 31 October 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*

- 7 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.

## GMC progress report

## Annex A

### Summary of key issues and themes

#### Deferrals

- 1 Average deferral rates remain consistent for doctors not in training between countries and range from 8% in Northern Ireland to 14% in England.
- 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% of all deferrals.
- 3 The average period for deferral recommendations for doctors not in training is fairly even across all four countries, ranging from 201 days to 236 days.
- 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. Deferral 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 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 doctors are not engaging, then the RO should notify the GMC.
- 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 October 2016, we have approved 504 non-engagement recommendations. Of these:
- a 126 doctors have had their licence withdrawn.
  - b 124 doctors have relinquished their licence/registration themselves, or we have removed their registration – most often for non-payment of the annual fee.
  - c 62 doctors remain in the licence withdrawal process.
  - d 192 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 period shorter than five years.

### *Licence withdrawals*

- 11 We have withdrawn the licences of 3,373 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 this.

### *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 the GMC.
  - b Acknowledges the doctor's PMQ which 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 a decision to withdraw their licence for failure to meet the revalidation requirements. Up to the 31 October 2016 we have received 387 appeals.
- 18** Of those appeals 348 have been closed with the following outcomes:
  - Appeal dismissed - 46
  - Appeal upheld - 1
  - Appeal did not proceed to hearing – 301
- 19** 39 appeals remain in the appeals process.

## GMC progress report

## Annex B

### Revalidation data

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

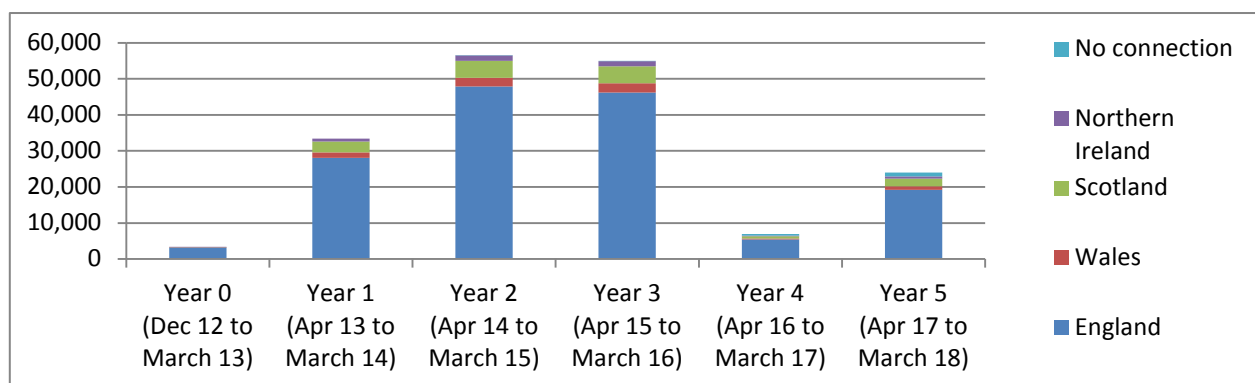
#### Recommendations received

2 229,583 doctors are currently subject to revalidation. 201,382 recommendations have been approved to date (88% of those subject to revalidation).

#### Submissions profile

- 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 of the UK. The profile of

doctors scheduled in each year therefore does not necessarily reflect the profile of the whole population of licensed doctors. For example, the proportion of male doctors scheduled in year 0 was higher than the proportion of male doctors in the wider population of licensed doctors. The data in this report have not been adjusted to weight them according to the profile of the whole population of licensed doctors.

## Designated bodies and connected doctors

**Table 1: Designated bodies and connected doctors**

	<b>England</b>	<b>Northern Ireland</b>	<b>Scotland</b>	<b>Wales</b>	<i><b>Total</b></i>
Designated Bodies	801	24	33	17	875
Connected Doctors	184,254	5,697	18,438	8,903	217,292

- 7** There are 12,714 doctors without a connection to a designated body or Suitable Person. Doctors without a connection currently make up 5.5% of the number of doctors subject to revalidation.

## Suitable Persons

- 8** So far, there are 42 Suitable Persons approved to make recommendations for a total of 1,026 doctors. Suitable Persons with an approved cohort of doctors are listed on our website: [link](#).

## Recommendations and decisions

**Table 2: All decisions to date**

<b>Decision</b>	<b>No. of doctors</b>	<b>% of doctors</b>
Revalidate	162,584	81.3
Defer <sup>1</sup>	36,897	18.4
Non-engagement	504	0.25
<b>Total</b>	<b>199,985</b>	<b>100.00</b>

- 9** 93% of current ROs (572 of 617) have made recommendations so far.

<sup>1</sup> 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.



- 10 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% (2,633) of 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 to or just after their submission date.
- 11 Of the 504 approved non-engagement recommendations, the following outcomes apply:

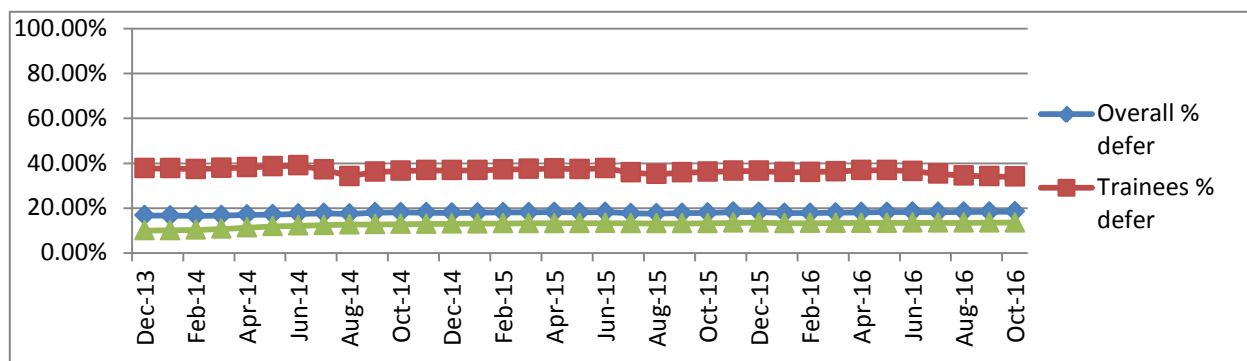
Licence withdrawn and remained unlicensed	126
No longer licensed / registered for other reasons	124
In the process of licence withdrawal (includes appeals)	62
Continue to hold a licence and engaging with Revalidation	192

- 12 In the next section we focus on data on deferrals as this has been an area of interest. The doctor profile for revalidate recommendations and decisions is implicit in the data provided.

**Deferrals**

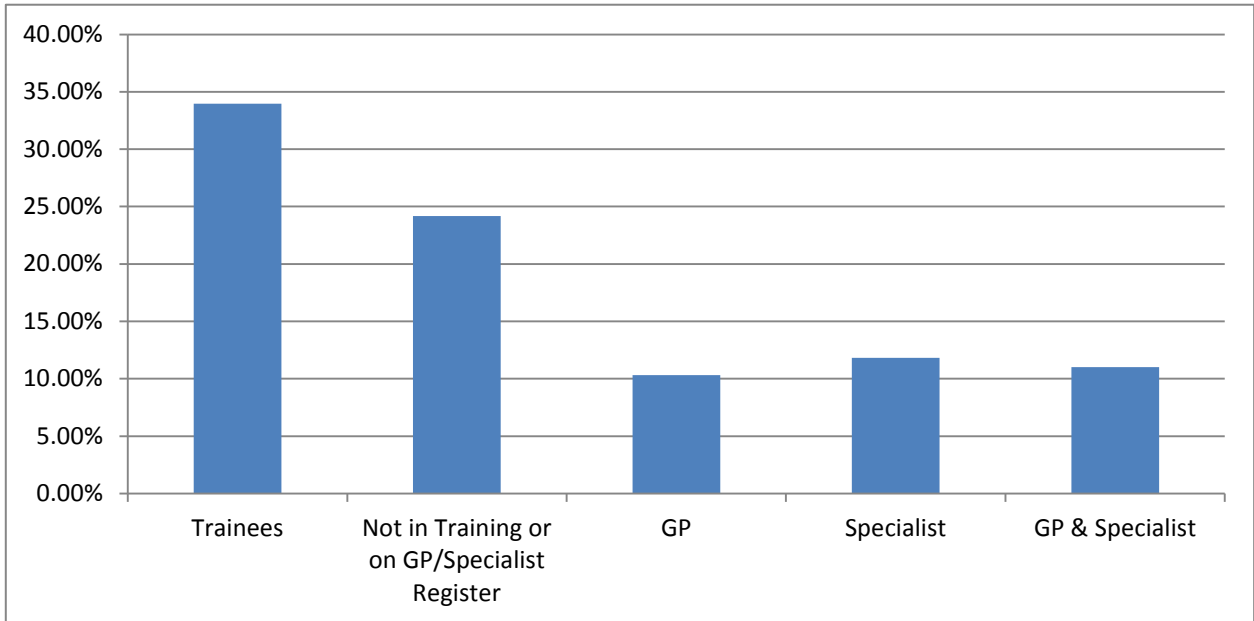
- 13 Doctors in training had their revalidation date aligned to their predicted Certificate of Completion of Training (CCT) date. The projected date was agreed with deaneries but there have been significant deferrals as the point at which trainees become eligible for a CCT often changes. This has meant that a significant number of trainees have had their revalidation date deferred to keep it in line with their predicted CCT date.
- 14 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<sup>2</sup>**

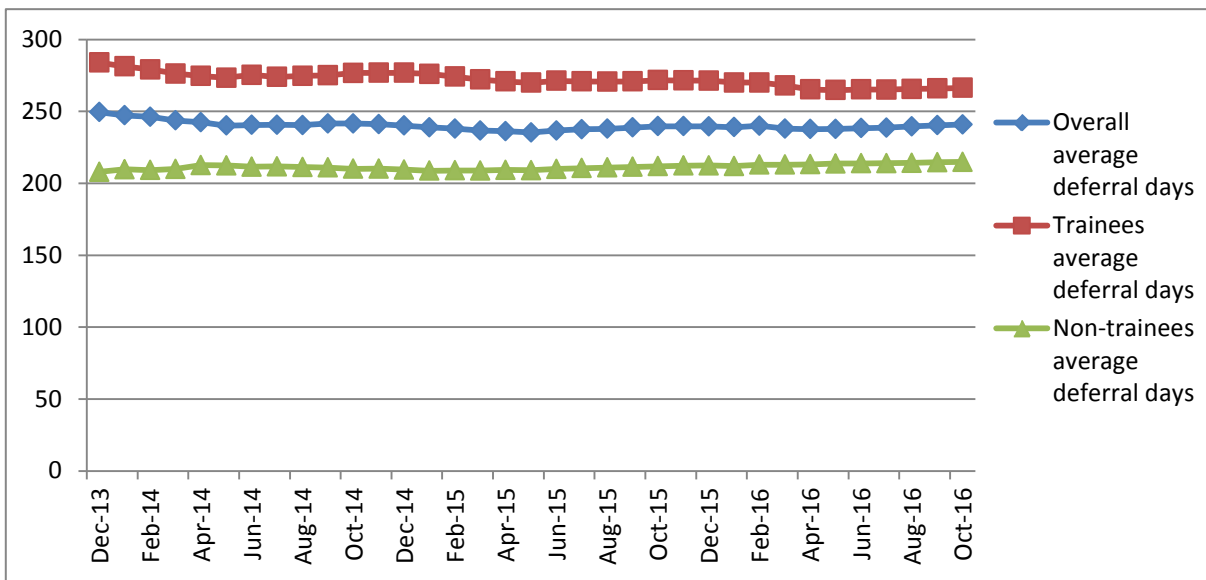


<sup>2</sup> Please note this is cumulative to each month from the beginning of revalidation

**Chart 3: Deferral rate (as at 31/10/2016) split by trainees and by specialist and GP register status at the time of the recommendation**



**Chart 4: Deferral period<sup>3</sup>**



<sup>3</sup> Please note this is cumulative to each month from the beginning of revalidation.

**Table 3: Average deferral period**

Trainee	266 days
Non-trainee	215 days
Overall	241 days

**Table 4: Average deferral period (days) by country**

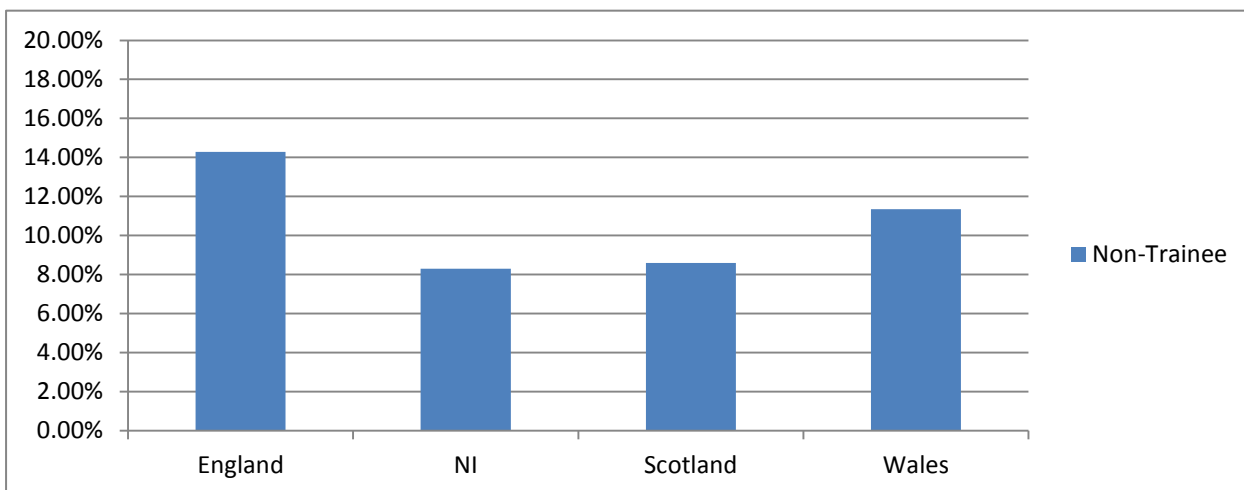
	England	Northern Ireland	Scotland	Wales
Trainee	265	278	271	272
Non-trainee	215	236	214	201
Overall	240	263	248	231

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.

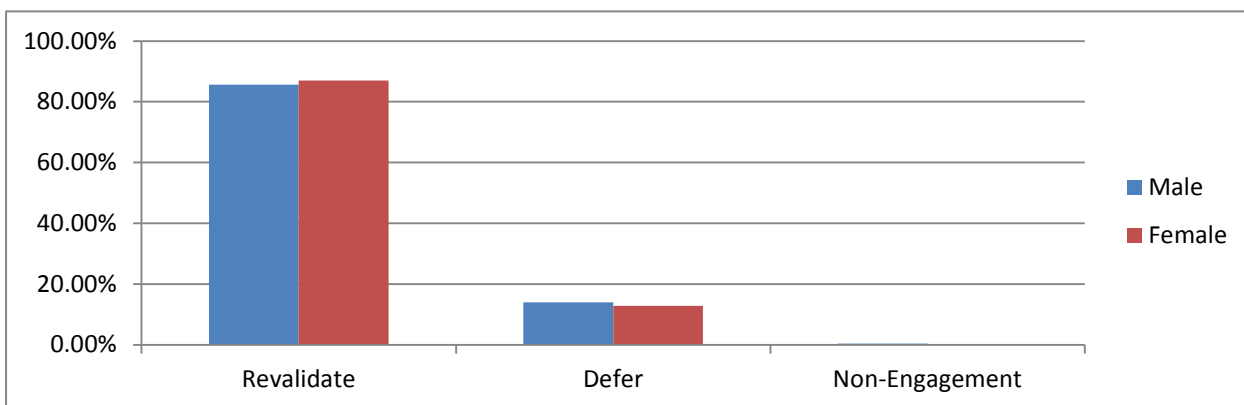
	Insufficient evidence for a recommendation revalidate	The doctor is subject to an ongoing process
Trainee	97.37%	2.63%
Non-trainee	94.89%	5.11%
Overall	96.02%	3.98%

**17** The charts in the rest of this section show figures for non-trainees only

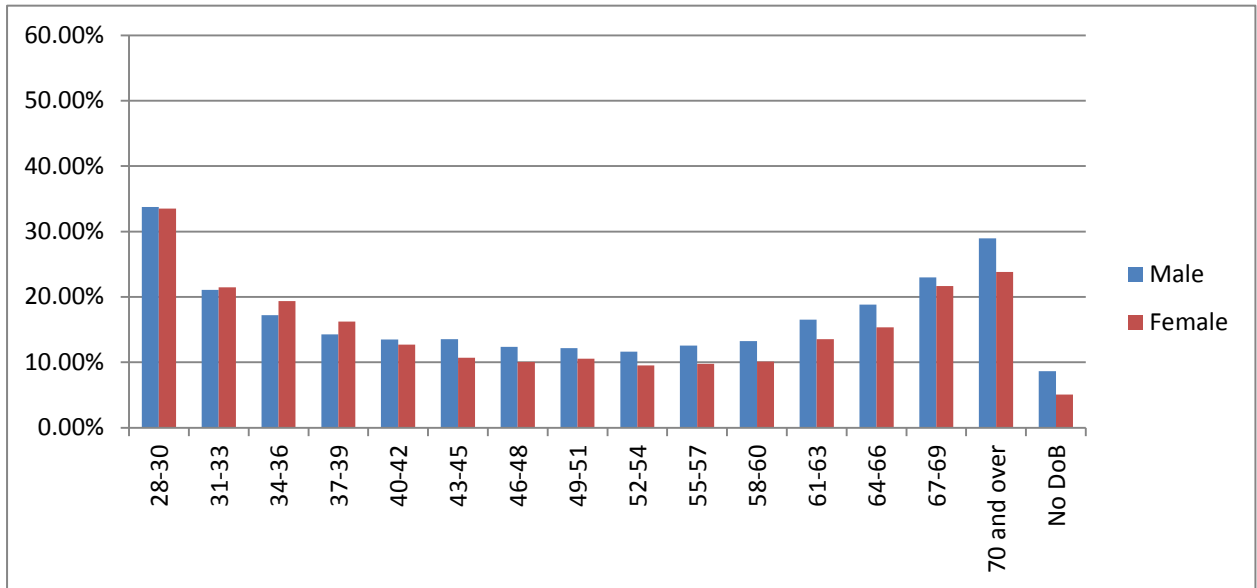
**Chart 5: Deferral by country**



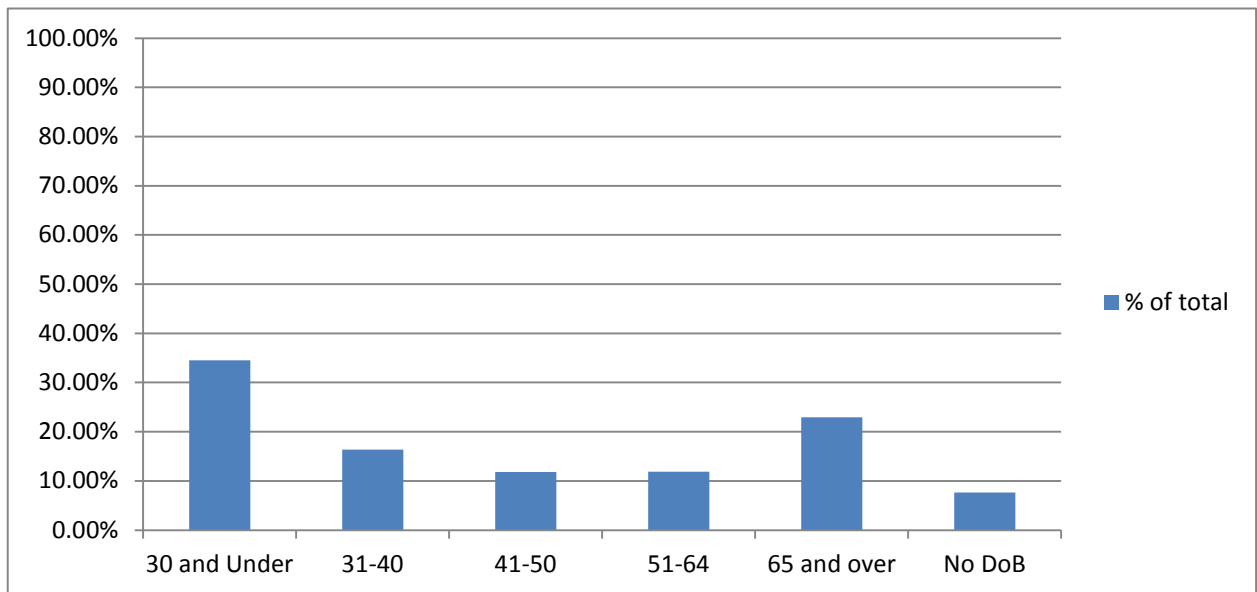
**Chart 6: All decisions by gender**



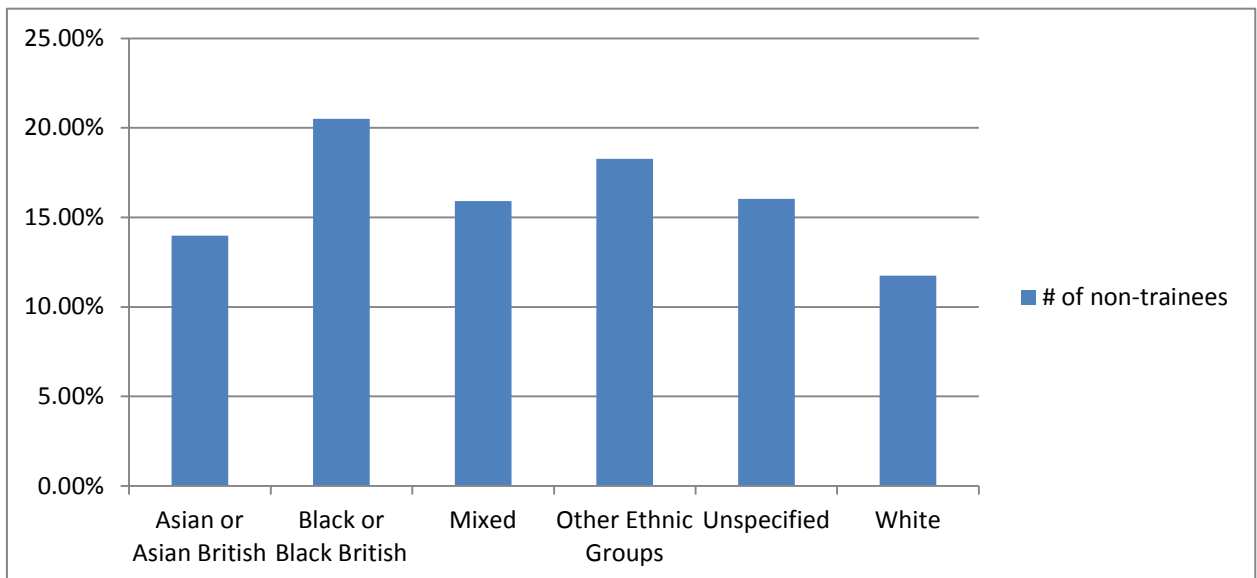
**Chart 7: Deferral by age and gender**



**Chart 8: Deferral by age (proportion of all submissions made)**



**Chart 9: Deferral by ethnicity**



**Chart 10: Deferral by primary medical qualification region**



**16** Deferral rates among doctors with different Primary Medical Qualification (PMQ) regions show heightened deferral rates for non-trainees with European PMQs particularly and to a lesser extent for non-trainees with International PMQs.

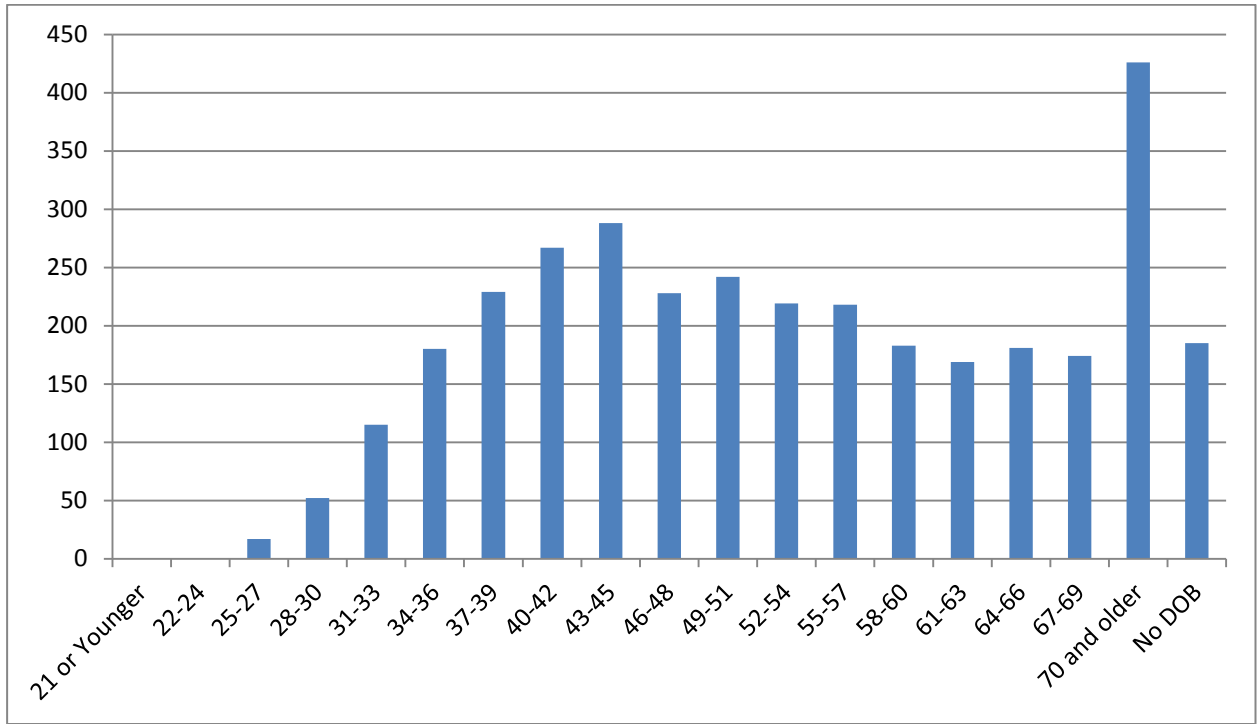
**17** Doctors connected to secondary care locum agencies as a designated body currently have a deferral rate of 31.41%. This is 2,640 deferrals of the 36,897 made in total.

**Changes to registration and licence to practise**

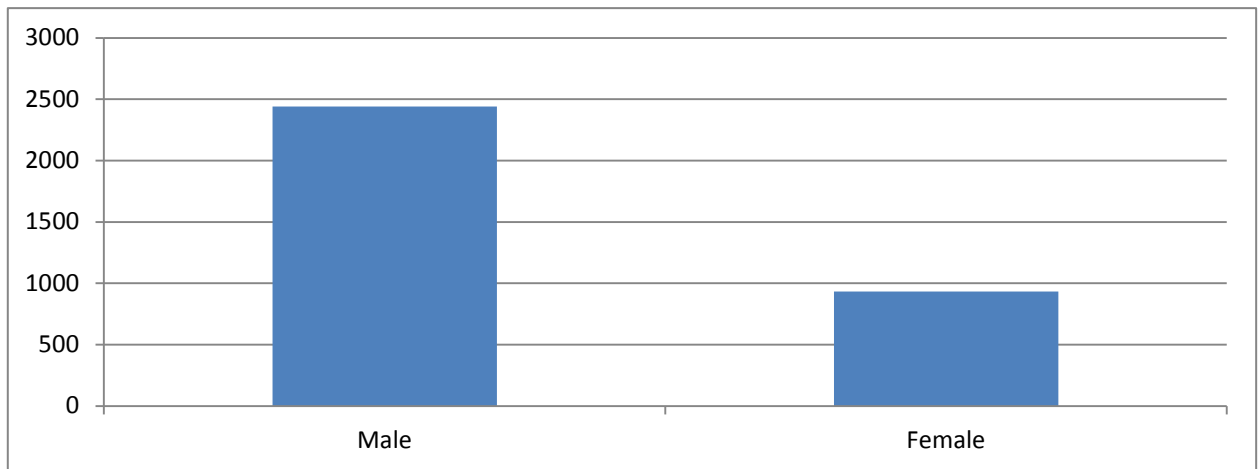
**Table 5: Licence withdrawals**

<b>Total</b>	<b>3,373</b>
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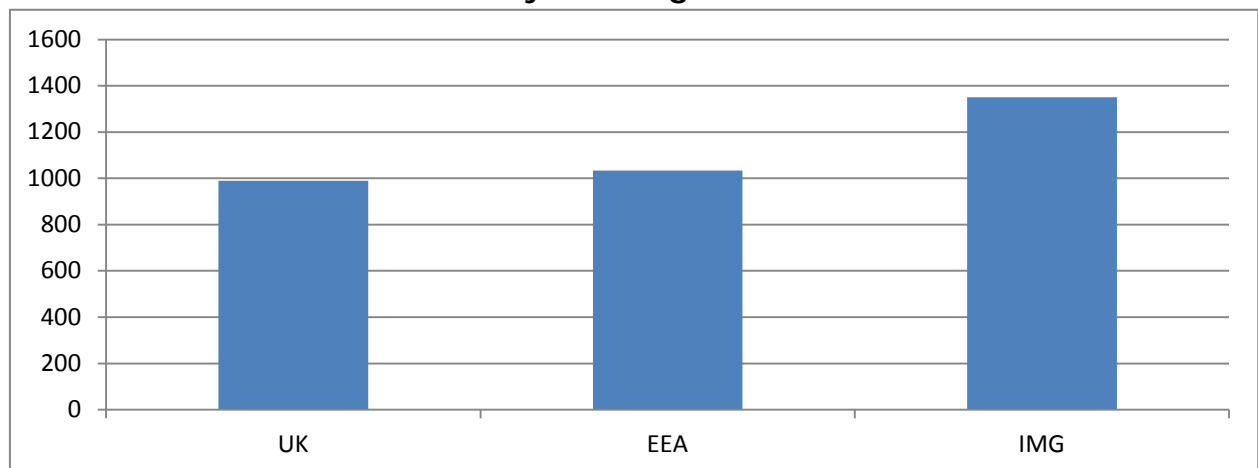
**Chart 11: Licence withdrawals by age at time of recommendation**



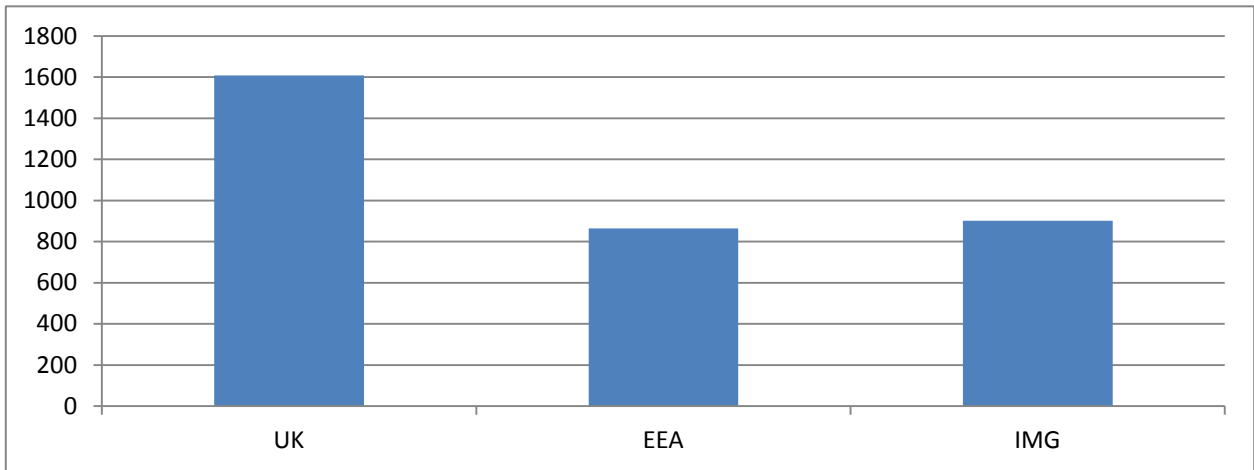
**Chart 12: Licence withdrawals by gender**



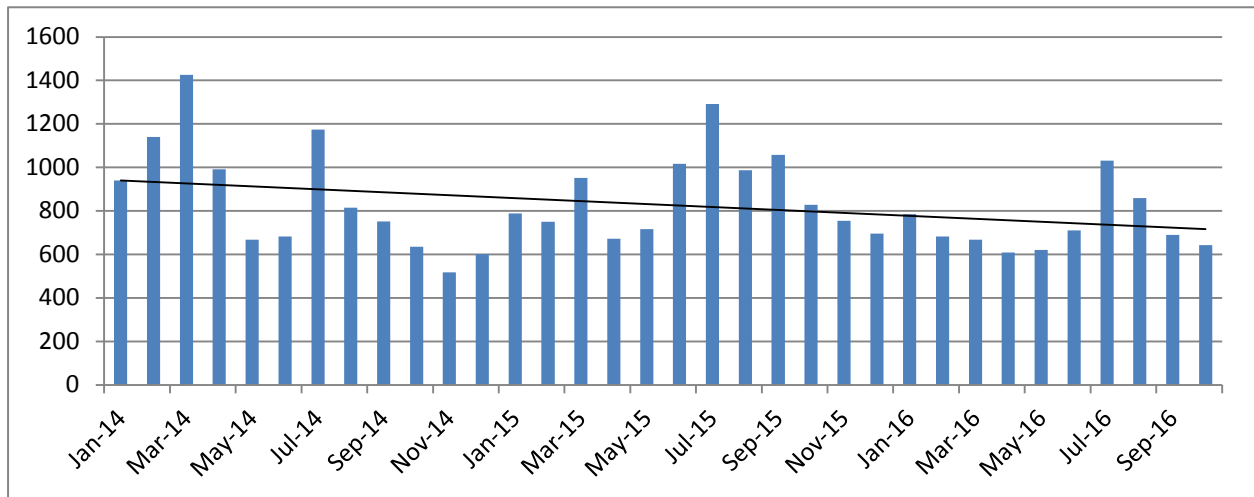
**Chart 13: Licence withdrawals by PMQ region**



**Chart 14: Licence withdrawals by registered address region**

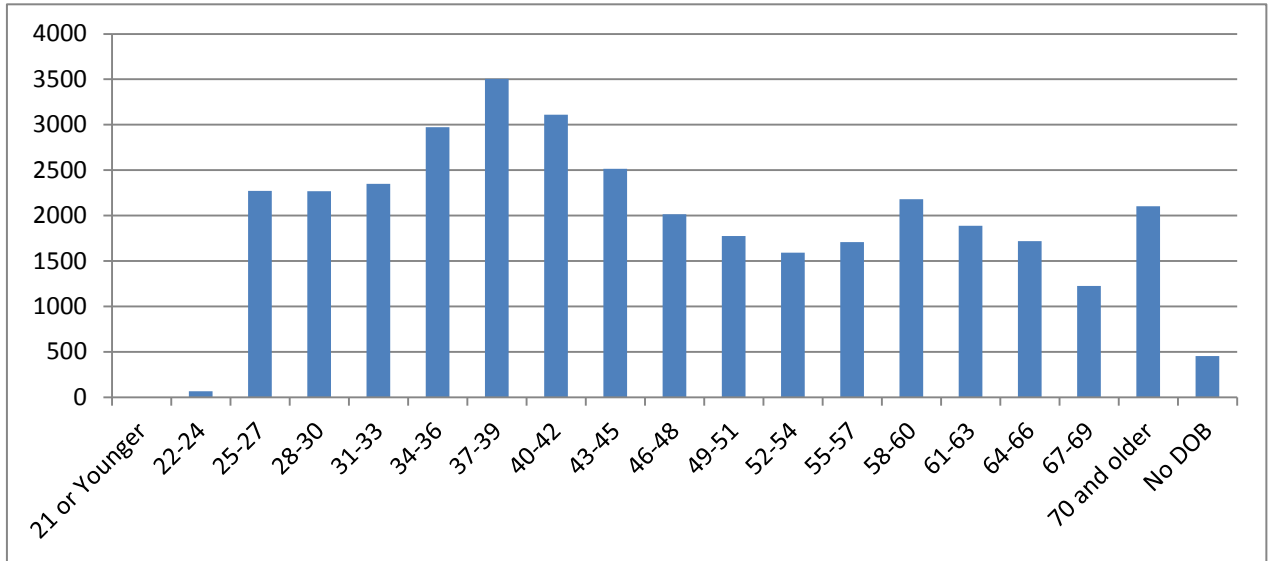


**Chart 15: Doctors relinquishing their licence to practise**

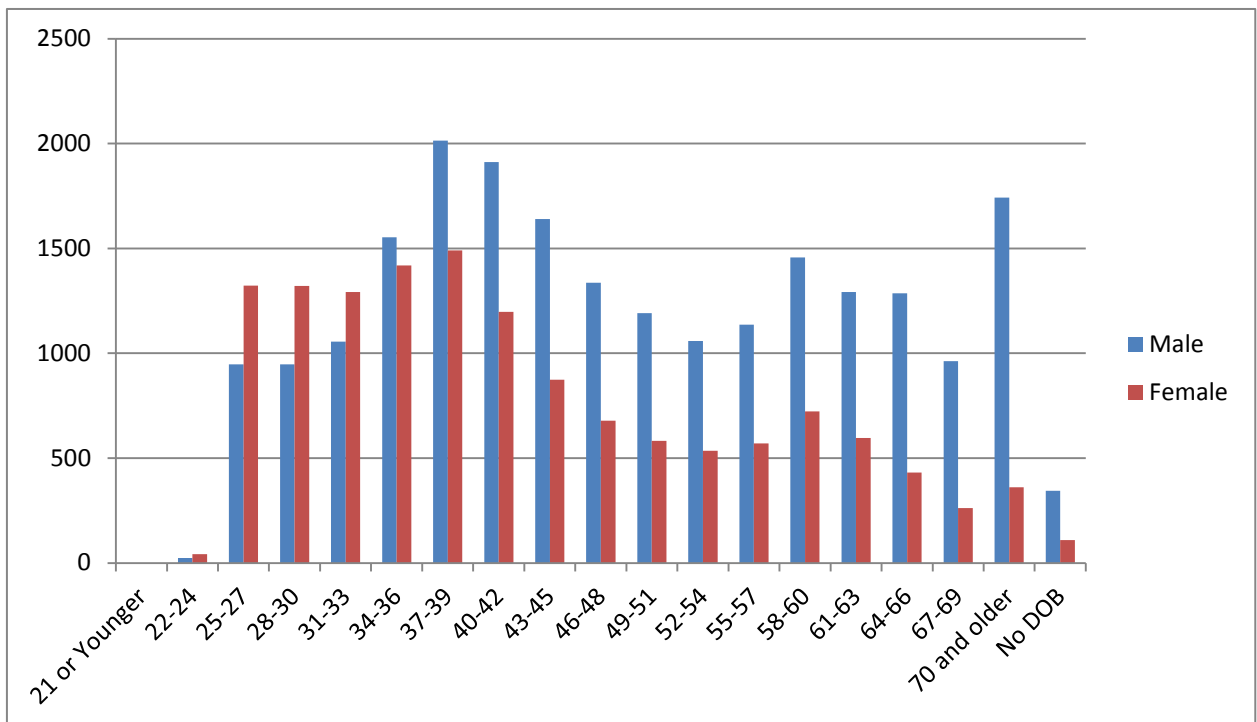


**Chart 16: All licence relinquishments (December 2012 to October 2016) by age at time of relinquishment**

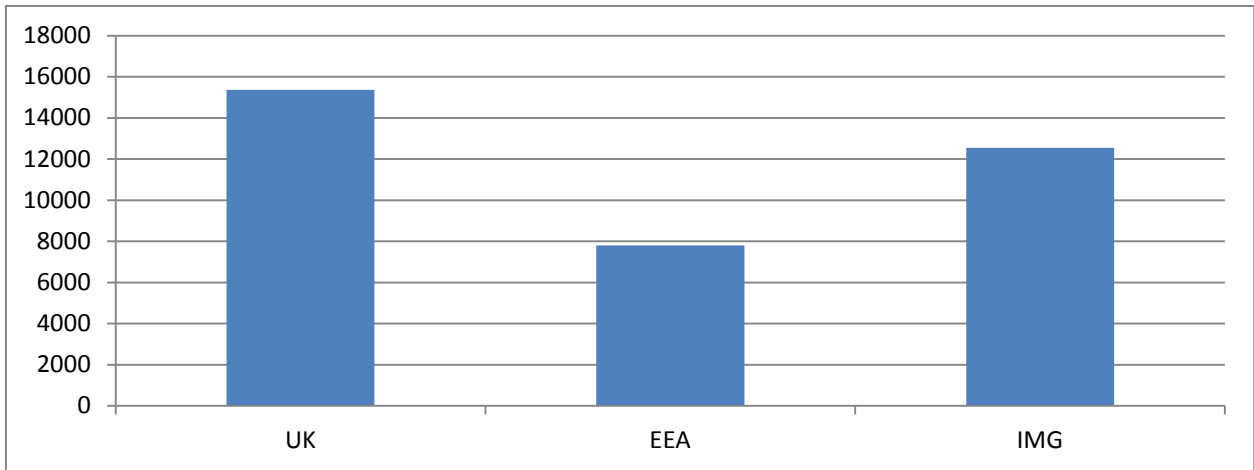




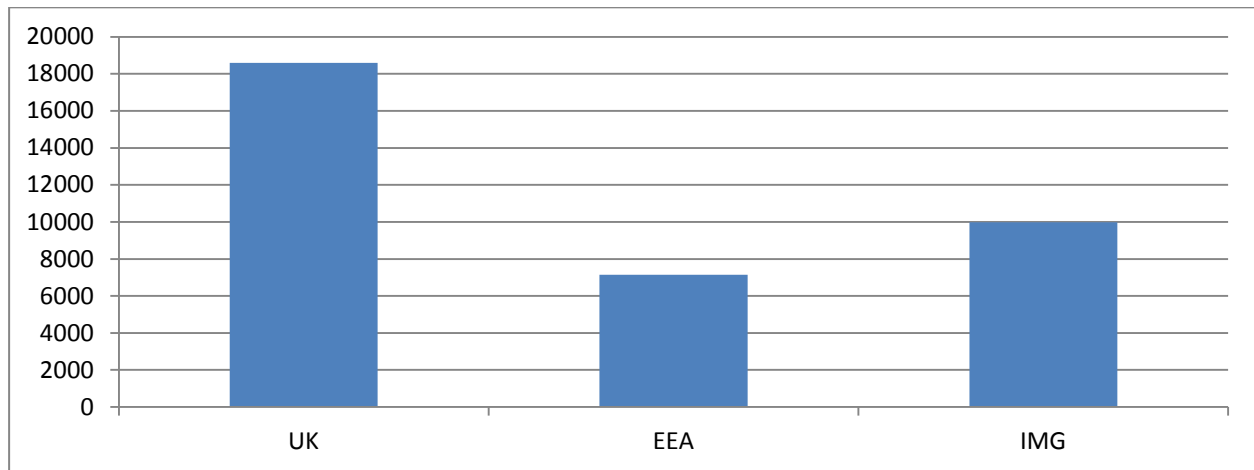
**Chart 17: All licence relinquishments (December 2012 to October 2016) by age at time of relinquishment and gender**



**Chart 18: All licence relinquishments (December 2012 to October 2016) by PMQ**



**Chart 19: All licence relinquishments (December 2012 to October 2016) by address**



**Chart 20: Number of doctors taking voluntary erasure**

