

<b>Agenda item:</b>	<b>3</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 first period for revalidating all doctors who held a licence to practise on 3 December 2012 runs until 31 March 2018, and we have now revalidated the majority of doctors (excluding trainees). We continue to receive recommendations in line with doctors' expected submission dates.

There are 228,885 doctors with a licence to practise required to participate in revalidation. We have received and approved 205,112 recommendations to date and 165,218 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 In total we have withdrawn 3,443 licences from doctors for failing to engage in the requirements for their revalidation.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, 1,051 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.

### **Doctors without a connection**

- 3 As of 31 December 2016 there were 10,239 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 have either recently registered or recently lost their previous connection. We have a process in place to follow up with these doctors to check their connection status. Doctors must provide a response to this request for information within 4 months or their licence may be at risk.

### *Revalidation data*

- 4 Our current [published data on revalidation](#) shows the position as at 31 December 2016. We have identified certain issues and themes in Annex A and provided a summary in Annex B.

### *Equality and diversity*

- 5 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 any trends. Consideration of equality and diversity issues will also form part of our longer term evaluation of revalidation.

### 3 - GMC progress report

## 3 - 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 makes up only 4% of all deferrals.
- 3 The average period for an individual deferral recommendation is fairly even across all four countries.
- 4 The statistics show that 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.
- 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 December 2016, we have approved 520 non-engagement recommendations. Of these:
  - a 140 doctors have had their licence withdrawn.
  - b 137 doctors have relinquished their licence/registration themselves, or we have removed their registration – most often for non-payment of the annual fee.
  - c 35 doctors remain in the licence withdrawal process.
  - d 208 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 3,443 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 December 2016 we have received 427 appeals.
- 18** Of those appeals 427 have been closed with the following outcomes:
- Appeal dismissed -54
  - Appeal upheld - 1
  - Appeal did not proceed to hearing – 330
  - There are 42 appeals that remain in the appeals process.

### **Revalidation Assessment**

- 19** The GMC introduced a revalidation assessment for doctors without a connection in 2016. More information about the revalidation assessment can be found on our website [here](#).
- 20** All doctors without a connection and a revalidation submission date within the next 12 months have received a request to book an assessment within four months. In 2016 we send out over 1200 notices to doctors that they were required to book an assessment. On average around 10% of these doctors booked an assessment within four months. We still see a significant number of doctors who are obtaining a

connection, even after they have booked the assessment. These doctors are no longer required to sit the assessment.

- 21** As of 31 December 2016, 55 doctors had sat the revalidation assessment.
- 22** Of these, 38 doctors reached the required standard and 26 have been revalidated.
- 23** 12 doctors have not fully met the other requirements for their revalidation and have been asked to provide the necessary evidence by their next annual return date. Information about the annual return requirements can be found on our website [here](#).
- 24** In addition, 9 doctors have been revalidated as they have provided us with evidence that they have passed an assessment that we consider suitable for their revalidation and therefore do not need to sit the GMC's revalidation assessment.
- 25** When a doctor does not reach the required standard in the revalidation assessment we will consider what next steps we should take. We have published guidance for decision makers on the factors they should consider when deciding if the doctor has a reasonable excuse for not meeting the required standard, and in what circumstances the doctor's licence should be withdrawn. This guidance can be found [here](#).

## 3 – GMC progress report

## 3 – Annex B

### Revalidation data

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

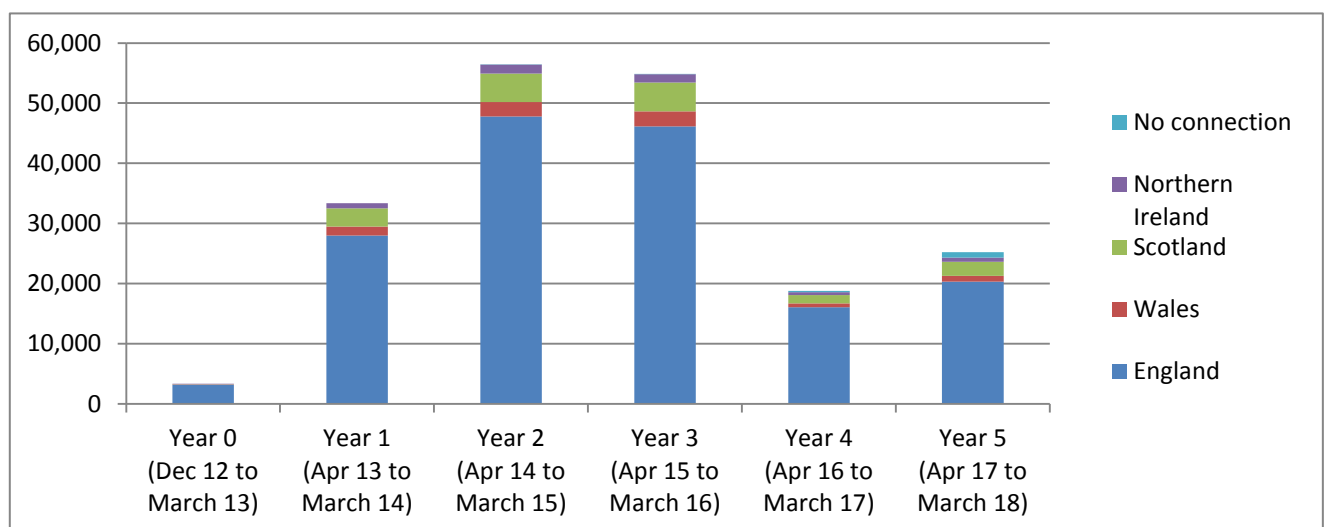
### Recommendations received

2 228,885 doctors are currently subject to revalidation. 205,112 recommendations have been approved to date (91% 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, had 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-Y4 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 have not been adjusted to weight them according to the profile of the whole population of licensed doctors.
- 7 The asymmetric distribution for gender in the scheduled population remains 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.

### 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	816	24	33	17	890
Connected Doctors	186,047	5,776	18,745	9,067	219,665

- 8 There are 10,239 doctors without a connection to a designated body or Suitable Person. Doctors without a connection currently make up 4.5% of the number of doctors subject to revalidation.

### Suitable Persons

- 9 To date, there are 42 Suitable Persons approved to make recommendations for a total of 1,051 doctors. Suitable Persons are listed on our website: [link](#).



## Recommendations and decisions

**Table 2: All decisions to date**

Decision	No. of doctors	% of doctors
Revalidate	165,218	80.6
Defer *	39,370	19.2
Non-engagement	524	0.3
<b>Total</b>	<b>205,112</b>	<b>100</b>

\* 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** ROs can make a revalidation recommendation about a doctor at any point in the four month window between our issue of the formal notice specifying the doctor's submission date and the recommendation submission date itself. 1.3% (2,767) 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.
- 11** Of the 520 approved non-engagement recommendations, the following outcomes apply:

Licence withdrawn (and remained unlicensed)	140
No longer licensed / registered for other reasons	137
In the process of licence withdrawal (includes appeals)	35
Continue to hold a licence and engaging with Revalidation	208

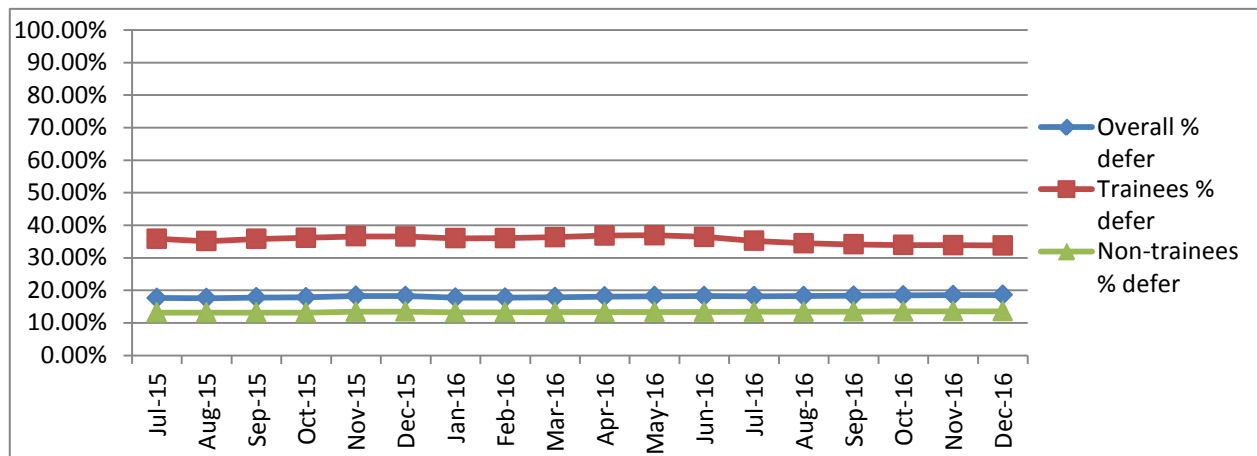
- 12** In the next section we focus on data on deferrals as this has been an area of interest. The doctor profile for revalidate recommendations and decisions is implicit in the data provided.

## 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 because the point at which trainees become eligible for a CCT often changes. This has meant a significant number of trainees have had to have their revalidation date deferred to keep it in line with their predicted CCT date.

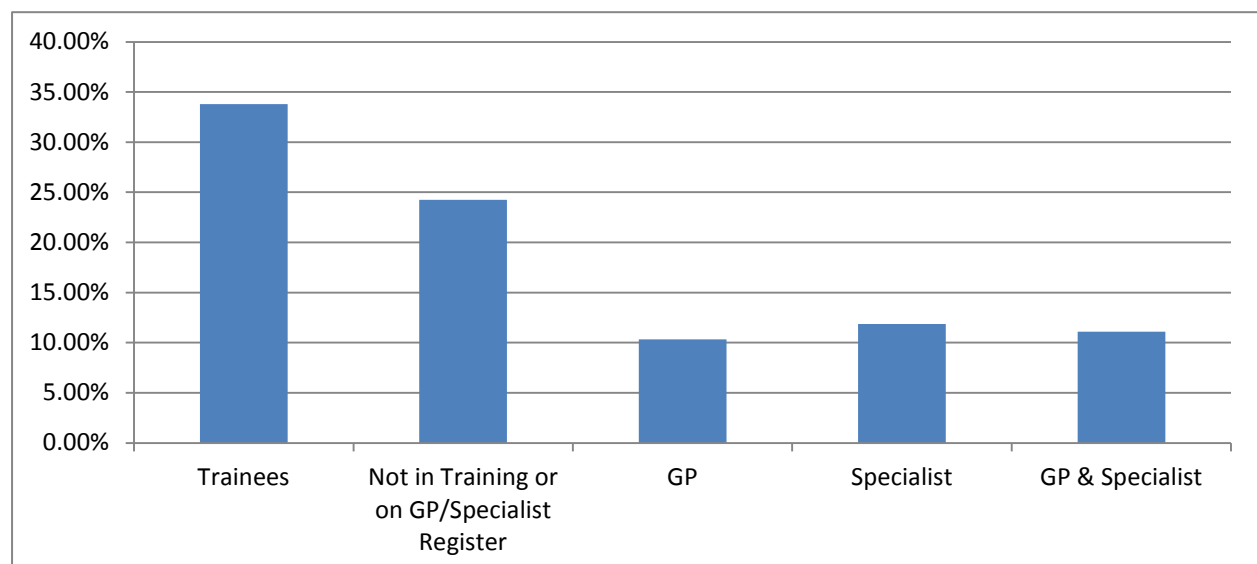
**14** This factor has distorted the headline deferral rate and so we have reported deferrals in the trainee population separately for clarity.

**Chart 2: Deferral rates over time**

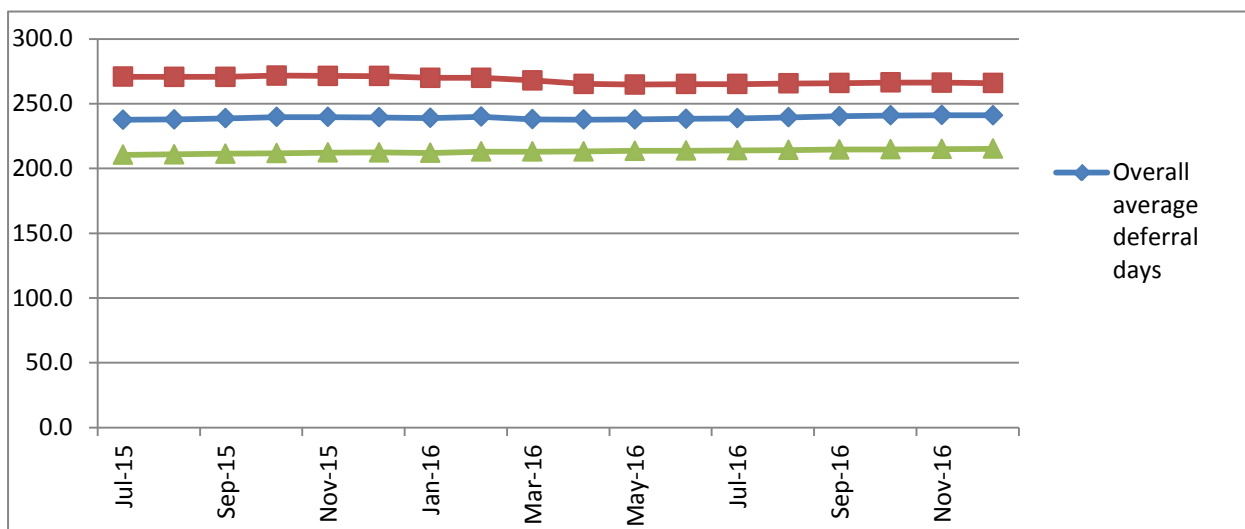


*Please note this is cumulative to each month from the beginning of revalidation.*

**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**



*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	237	214	203
Overall	240	263	248	232

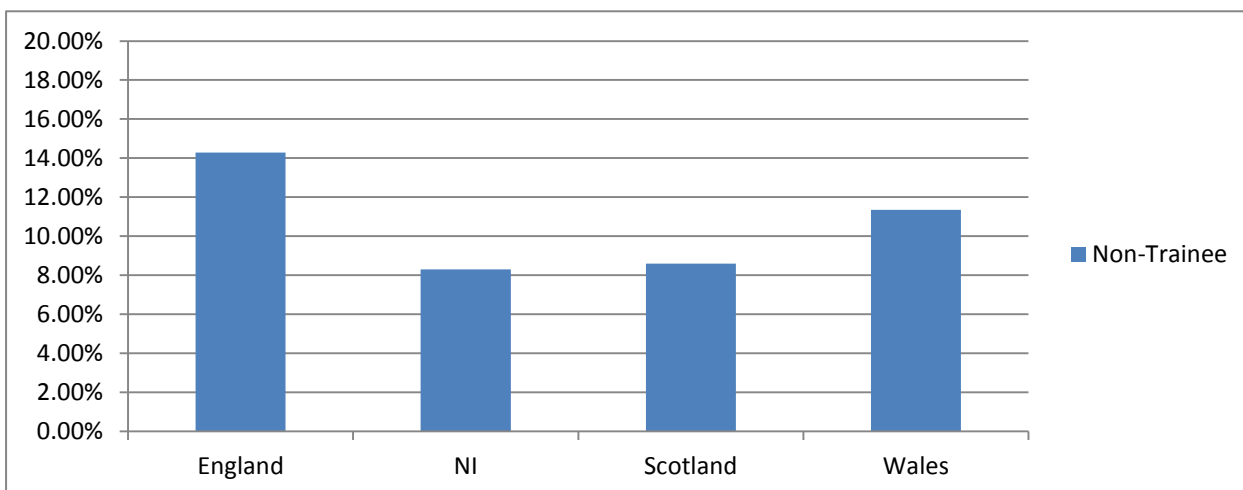
ROs can recommend a deferral for one of two reasons: insufficient evidence on which to base a recommendation, or an on-going local process that needs to be concluded before a recommendation can be made.

**Table 5: Deferral Reasons**

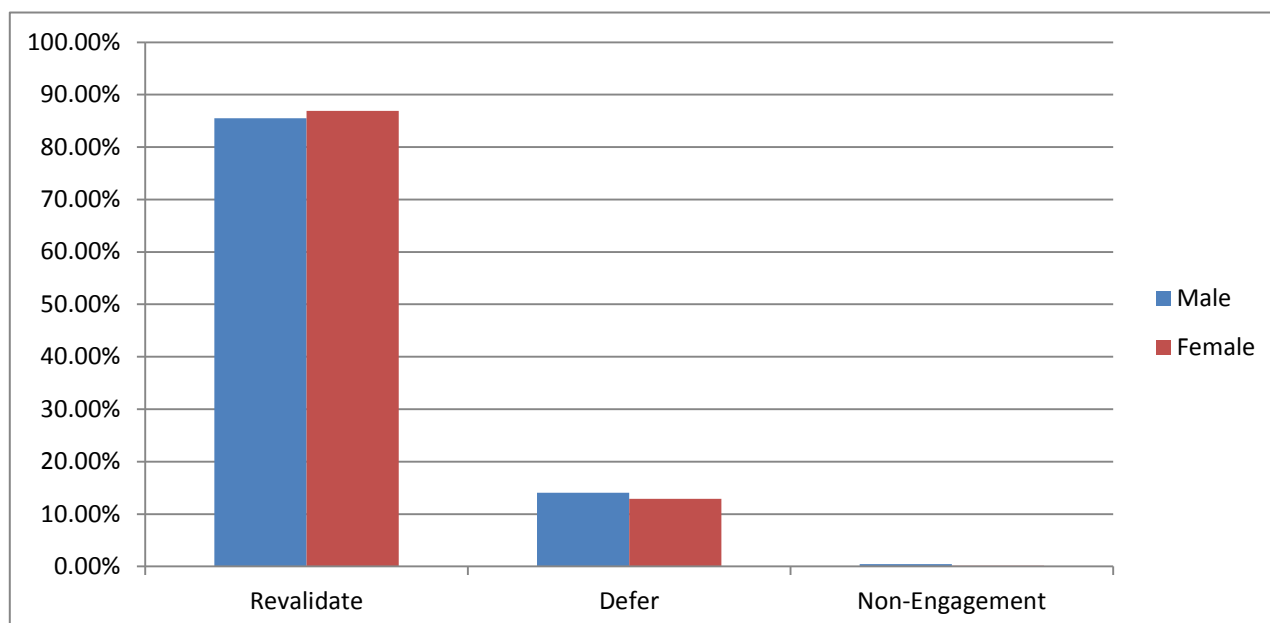
	Insufficient evidence for a recommendation revalidate	The doctor is subject to an ongoing process
Trainee	97.4%	2.6%
Non-trainee	94.9%	5.1%
Overall	96.1%	3.9%

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

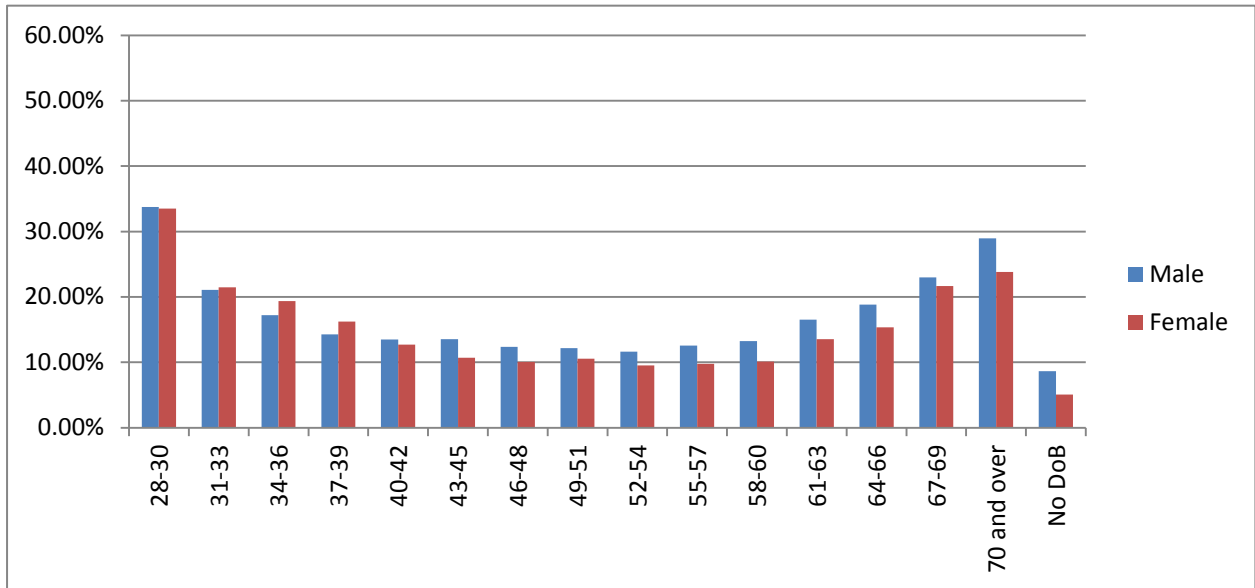
**Chart 5: Deferral by country**



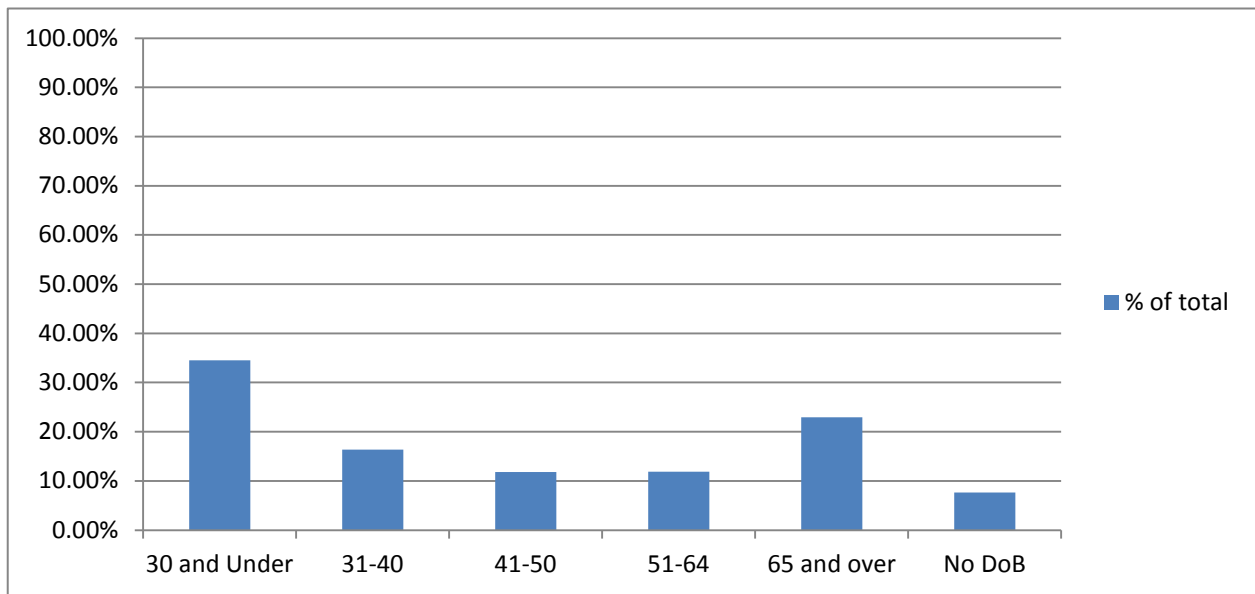
**Chart 6: All decisions by gender**



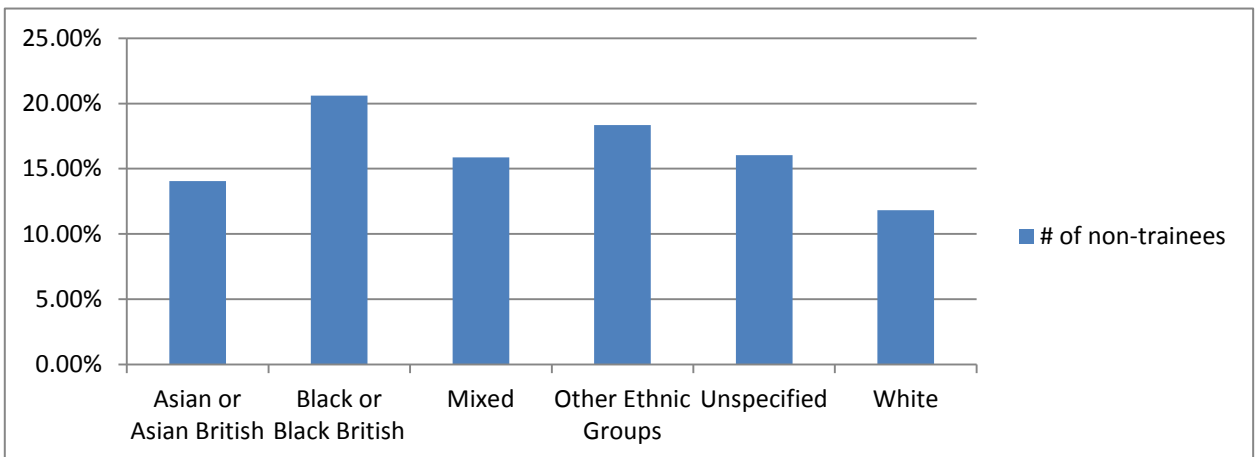
**Chart 7: Deferral by age and gender**

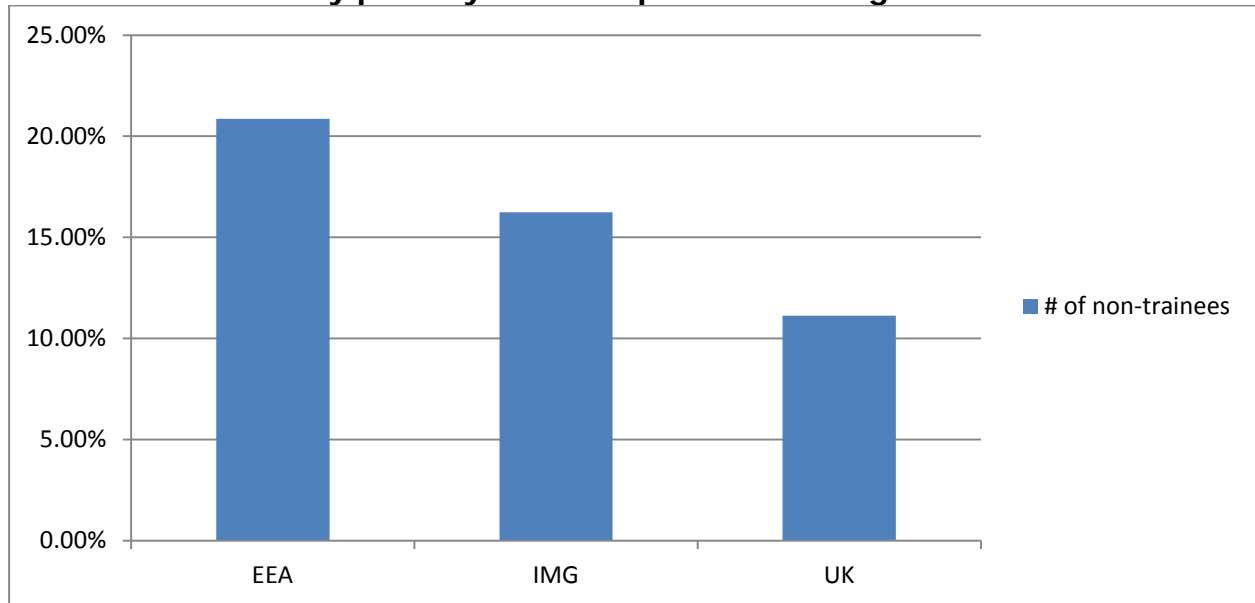


**Chart 8: Deferral by age (proportion of all submissions made)**



**Chart 9: Deferral by ethnicity**



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

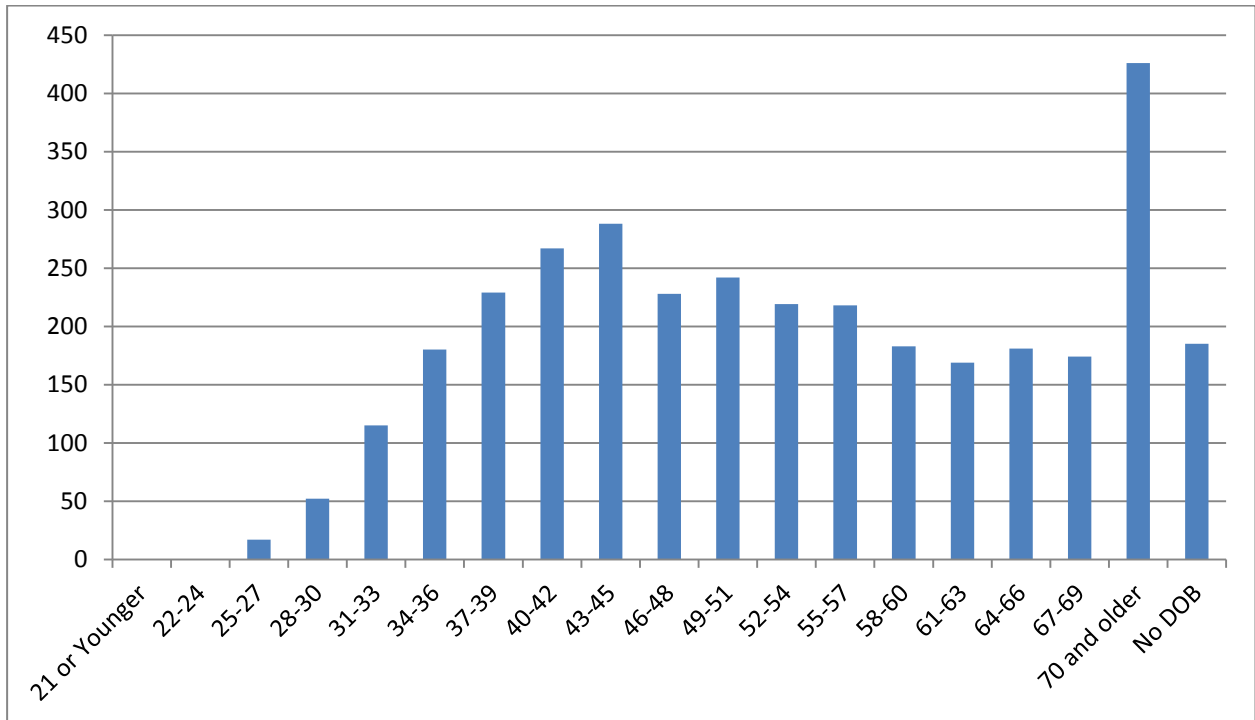
- 16** Doctors connected to secondary care locum agencies as their designated body currently have a deferral rate of 30.5%. These account for 2,683 of the 37,854 deferrals made in total.

## Changes to registration and licence to practise

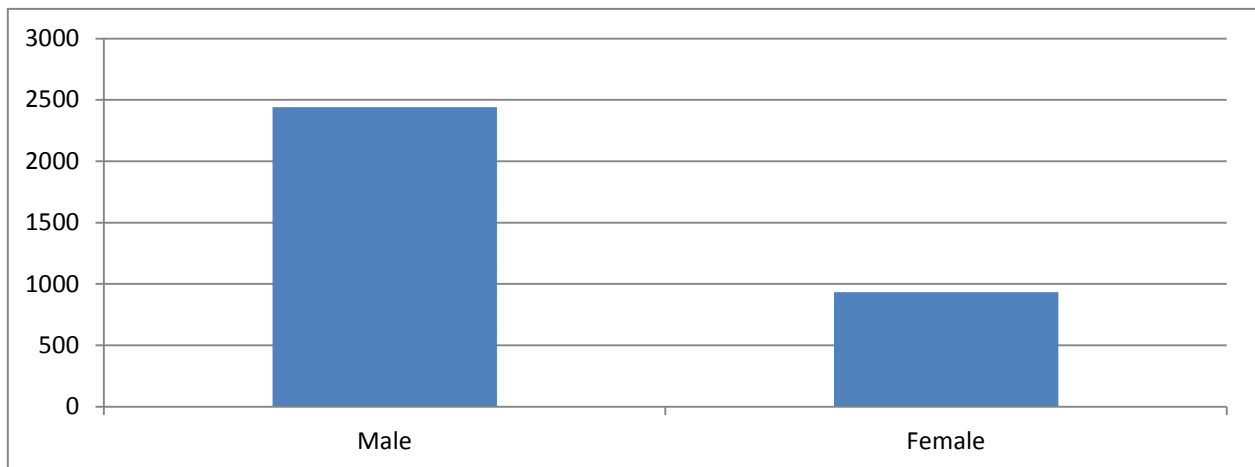
**Table 6: Licence withdrawals**

<b>Total</b>	<b>3,443</b>
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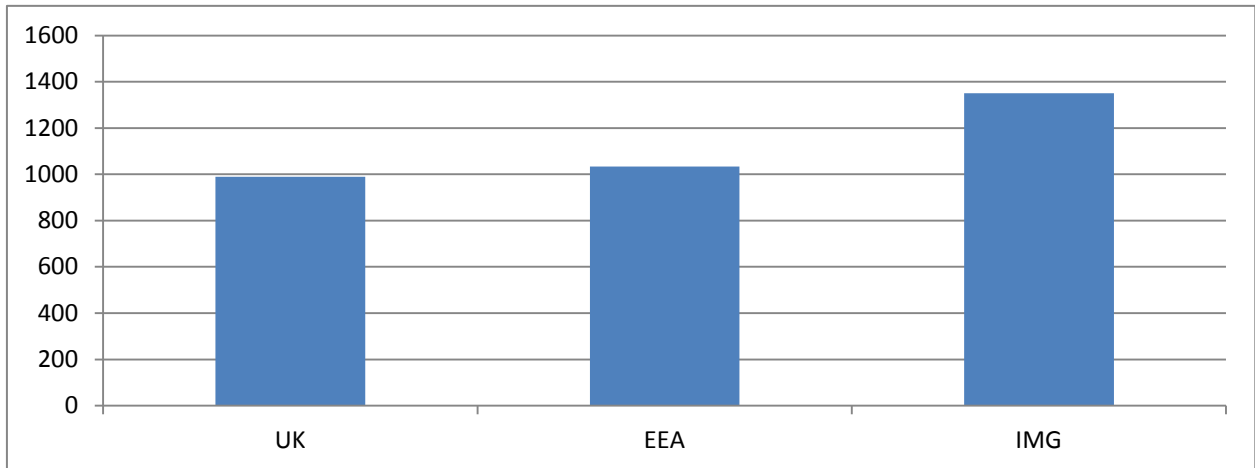
**Chart 11: Licence withdrawals by age at time of recommendation**



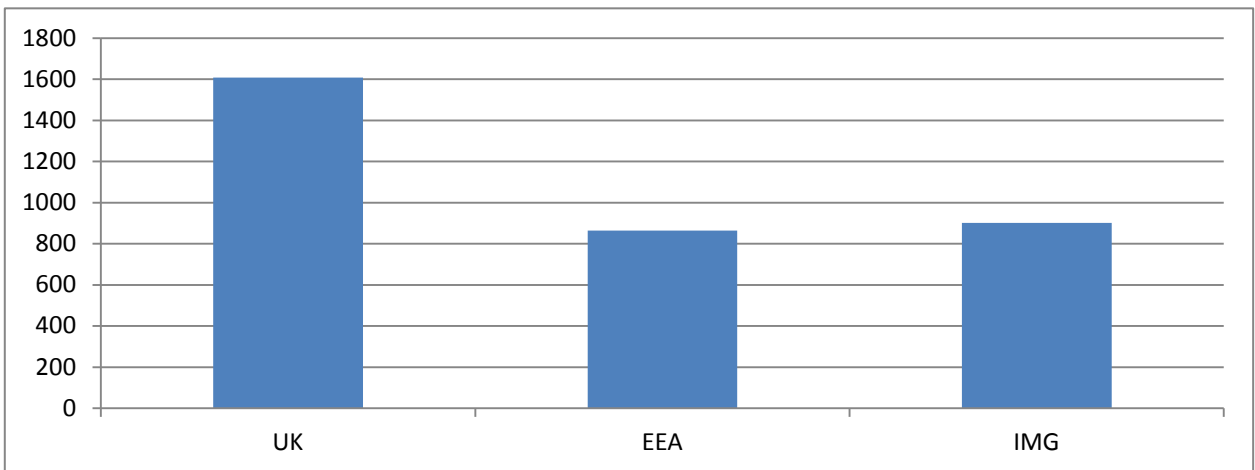
**Chart 12: Licence withdrawals by gender**



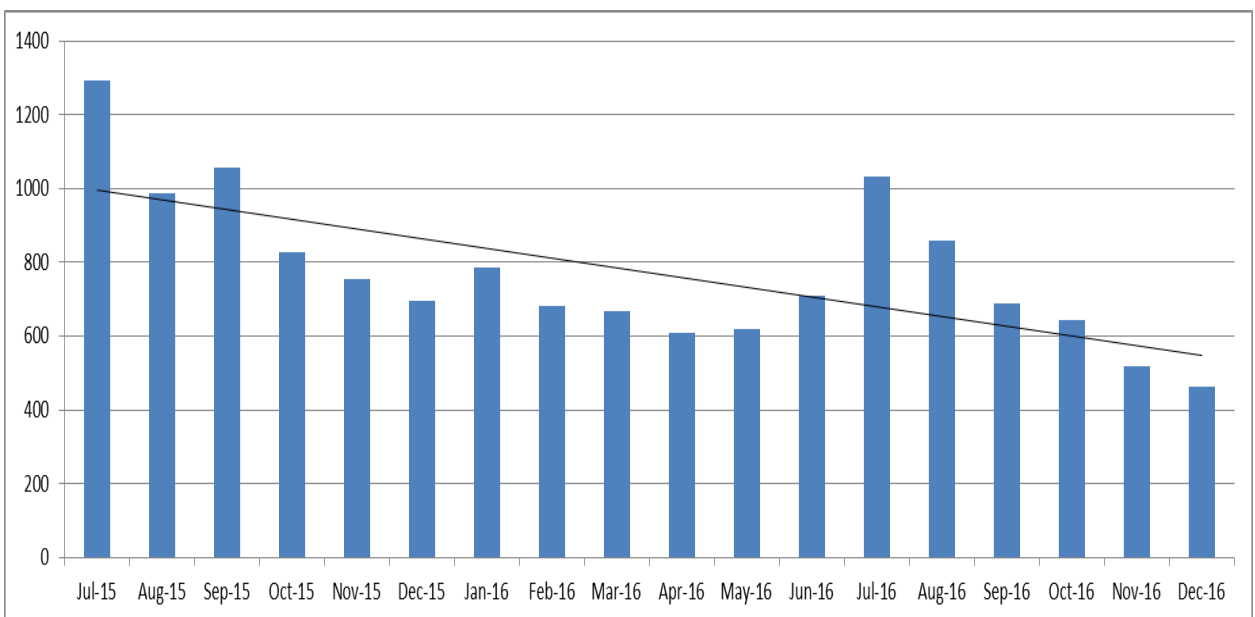
**Chart 13: Licence withdrawals by PMQ region**



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

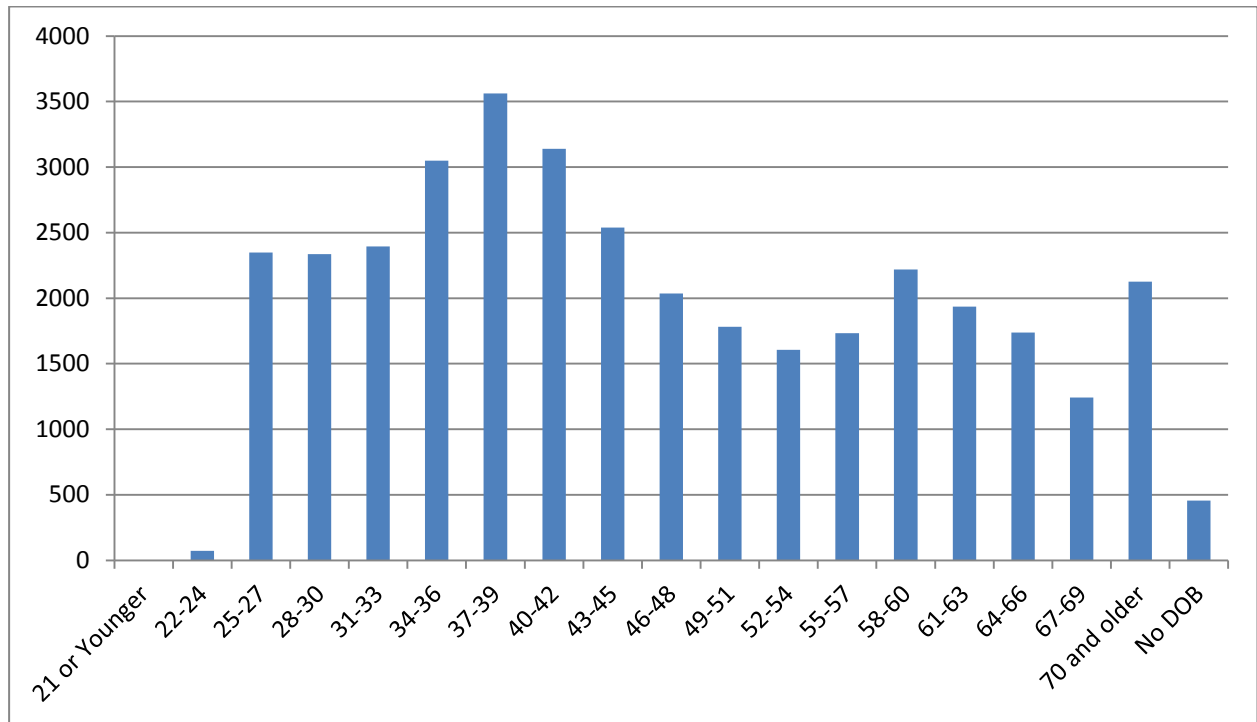


**Chart 15: Doctors relinquishing their licence to practise**

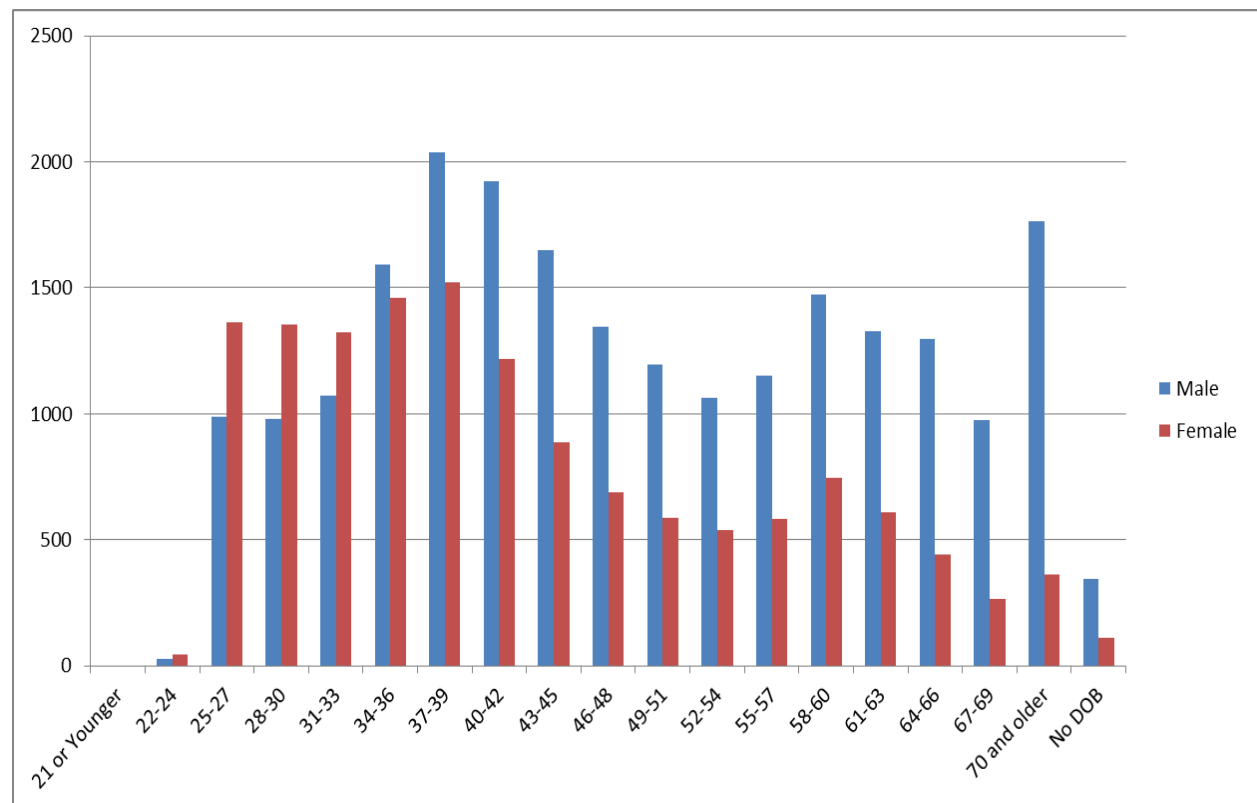




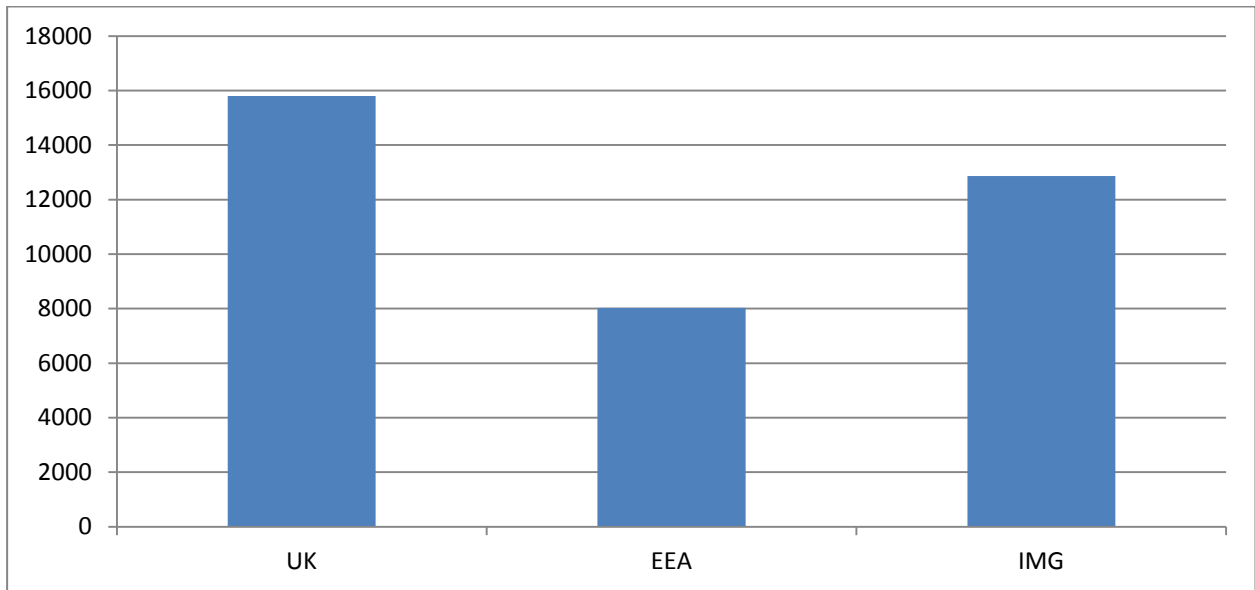
**Chart 16: All licence relinquishments (December 2012 to October 2016) by age at time of relinquishment**



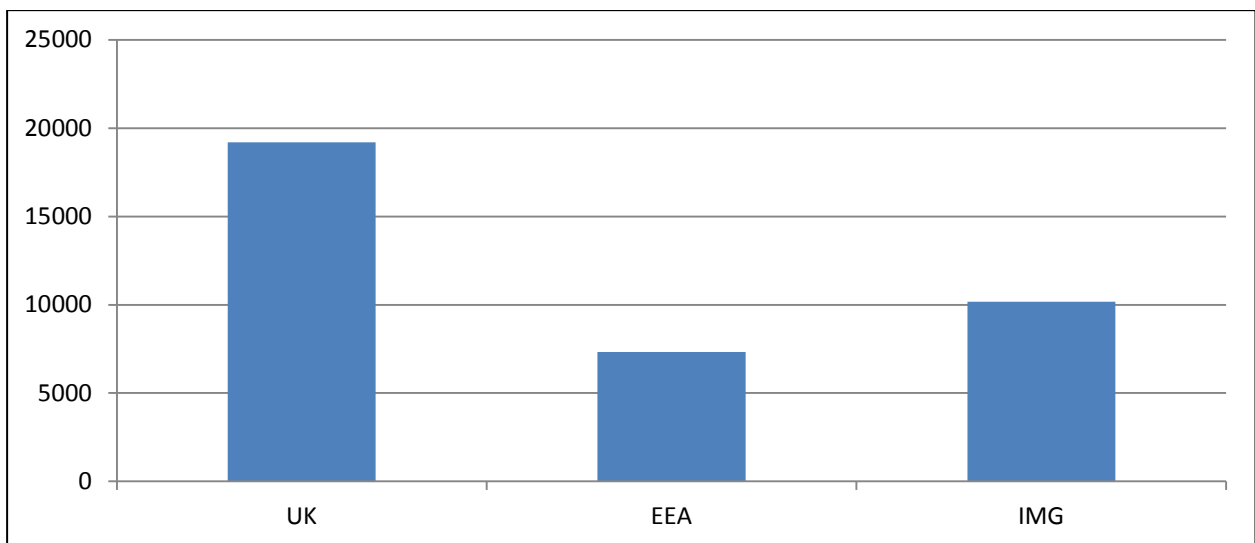
**Chart 17: All licence relinquishments (December 2012 to December 2016) by age at time of relinquishment and gender**



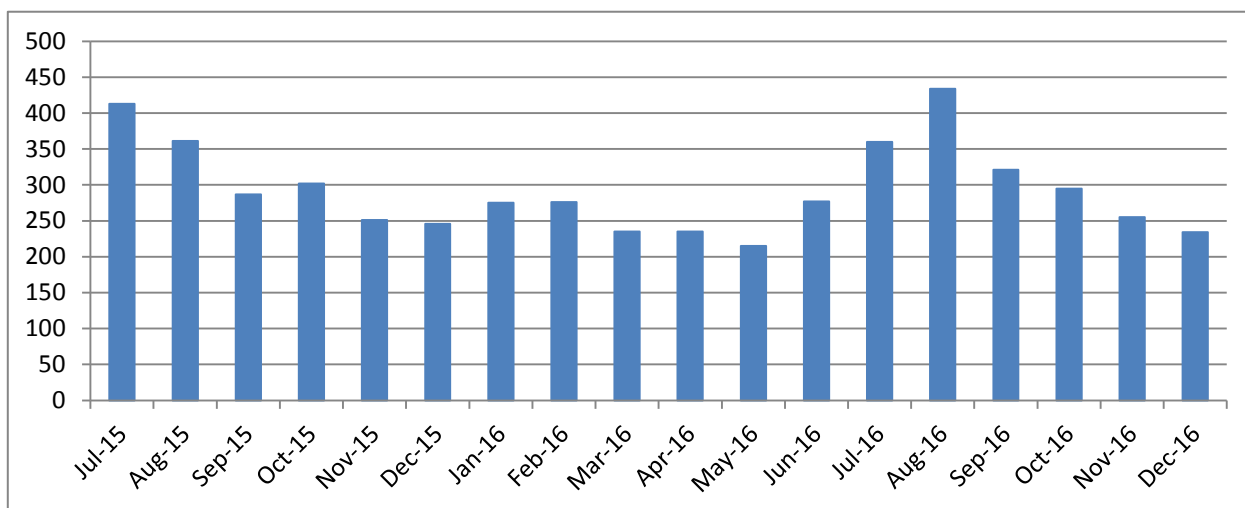
**Chart 18: All licence relinquishments (December 2012 to December 2016) by PMQ**



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



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



**Table 7: Revalidation Assessment**

Assessment Type	Number of doctors	Number of doctors meeting required standard	Number of doctors not meeting the required standard
General Practitioner	11	7	4
Surgery	7	6	1
Obs&Gyn	6	6	0
Psychiatry	7	6	1
Paediatrics	4	3	1
Foundation	4	1	3
Medicine	6	4	2
Ophthalmology	2	2	0
Anaesthetics	3	1	2
Emergency Medicine	5	2	3