

## Headline measures for tracking revalidation

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### Colour key

Measures with a **blue** title look at revalidation activities.

Measures with an **orange** title look at revalidation outcomes.

### Collection and reporting of data

We recommend that data be collected and reported by financial year – 1 April to 31 March – for all measures to support the ability to identify trends.

# Doctor focused measures

## H1 Appraisal rates of doctors by designated body and country

### How to measure

The percentage of doctors who designated bodies report in the following appraisal categories in the previous 12 months:

- completed
- approved missed or incomplete
- unapproved missed or incomplete

### When to measure

Appraisal rates should be calculated for all doctors connected to the designated body on 31 March annually (ie by financial year).

### Guidance on appraisal rates

A 'completed' appraisal is one in which a meeting has been held and the outputs have been signed off by both the doctor and appraiser.

'Approved missed or incomplete' appraisals are those where the responsible officer has accepted the doctor's reason for missing or not completing it.

'Unapproved missed or incomplete' appraisals are those where the responsible officer has not approved the doctor's reason for missing or not completing it or where no reason was given.

### What it shows

How many doctors are having appraisals, and where they are not if there are approved reasons.

## H2 Doctors feel their most recent appraisal will help them to improve their professional practice

### What question to ask

- To doctors: Do you agree or disagree that your most recent appraisal will help you improve your professional practice in the coming year? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]

### How and when to measure

Survey each doctor after they complete their appraisal. This must be completed within one month of the appraisal.

### Guidance for answering the question

Professional practice includes anything that impacts on the doctor's ability to meet the standards set out in [Good medical practice](#). Improvements could include developing skills or acquiring new knowledge, accessing appropriate support or advice, and changes to behaviour, scope of practice or working pattern.

### What it will capture

Whether doctors feel that engaging in appraisal will help them make positive changes to their practice. Where this is happening we would expect it to lead to improvements to the quality of care they provide.

### **H3 Doctors feel their previous PDP supported them to make improvements to their professional practice**

#### What question to ask

- To doctors: Do you agree or disagree that your previous PDP supported you to make improvements to your professional practice in the past year? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]

#### How and when to measure

Survey each doctor after they complete their appraisal. This must be completed within one month of the appraisal.

#### Guidance for answering the question

'Previous PDP' refers to the completed PDP that covered the previous 12 month period.

Professional practice includes anything that impacts on the doctor's ability to meet the standards set out in [Good medical practice](#). Improvements could include developing skills or acquiring new knowledge, accessing appropriate support or advice, and changes to behaviour, scope of practice or working pattern.

#### What it will capture

Whether doctors feel their PDPs are supporting them to make positive changes to their practice. Where this is happening we would expect it to lead to improvements to the quality of care doctors provide and increased confidence in their practice.

## Appraiser focused measures

### H4 Appraisees' most recent appraisal will help them improve their professional practice

#### What question to ask

- To appraisers: Do you agree or disagree that the input your last appraisee made into their appraisal will help them improve to their professional practice in the coming year? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]
- When the appraiser answers this question they should focus on the appraisee's input into the appraisal (ie their supporting information and reflection) and not their own.

#### How and when to measure

Survey each appraiser after they carry out an appraisal. This must be completed within one month of the appraisal.

#### Guidance for answering the question

Professional practice includes anything that impacts on the doctor's ability to meet the standards set out in [Good medical practice](#). Improvements could include developing skills or acquiring new knowledge, accessing appropriate support or advice, and changes to behaviour, scope of practice or working pattern.

#### What it will capture

Whether appraisers feel doctors are making positive changes to their practice. Where this is happening we'd expect it to lead to improvements to the quality of care doctors provide.

### H5 Appraisees' previous PDP supported them to improve their professional practice

#### What question to ask

- To appraisers: Do you agree or disagree that the previous PDP of your last appraisee supported improvements to their professional practice in the past year? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]
- When you answer this question you should focus on the appraisee's input into the appraisal and not your own.

#### How and when to measure

Survey each appraiser after they carry out an appraisal. This must be completed within one month of the appraisal.

#### Guidance for answering the question

Professional practice includes anything that impacts on the doctor's ability to meet the standards set out in [Good medical practice](#). Improvements could include developing skills or acquiring new knowledge, accessing appropriate support or advice, and changes to behaviour, scope of practice or working pattern.

#### What it will capture

Whether appraisers feel PDPs are being used to identify strengths and areas for development in doctors' practice. Where this is happening we'd expect it to lead to improvements to the quality of care doctors provide and confidence in their practice.

## **H6 Appraisers feel they are well trained to carry out appraisals for revalidation**

### What question to ask

- To appraisers: Do you agree or disagree that you have been well trained to carry out effective appraisals for revalidation? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]

### How and when to measure

Survey each appraiser after they carry out an appraisal. This must be completed within one month of the appraisal.

### Guidance for answering the question

Being 'well trained' means that appraisers have the knowledge and skills to appraise doctors for revalidation. This includes being trained about the role of the appraiser and the appraisal process before carrying out appraisals. The appraiser should be trained to help doctors reflect on their supporting information, challenge where appropriate, and support doctors to create useful PDPs.

### What it will capture

If appraisers feel they are trained to support appraisees to identify their strengths and areas for development, and ensure that following this the appraisee tracks these through their annual PDPs.

## **H7 Appraisers feel they have enough time to carry out appraisals for revalidation**

### What question to ask

- To appraisers: Do you agree or disagree that you have enough time to carry out effective appraisals for revalidation? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]

### How and when to measure

Survey each appraiser after they carry out an appraisal. This must be completed within one month of the appraisal.

### Guidance for answering the question

Enough time means that appraisers feel they have enough time to prepare for appraisals, carry them out and record their outputs.

### What it will capture

Whether appraisers have enough time to prepare for appraisals that supports appraisees to identify their strengths and areas for development, and ensure that following this the appraisee tracks these through their annual PDPs.

## H8 Appraisers feel they have enough support to carry out appraisals for revalidation

### What question to ask

- To appraisers: Do you agree or disagree that you have enough support to carry out effective appraisals for revalidation? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]

### How and when to measure

Survey each appraiser after they carry out an appraisal. This must be completed within one month of the appraisal.

### Guidance for answering the question

Enough support means they have space to carry out the appraisal discussion in a suitable environment, access to advice; access to appraiser networks; administrative assistance; guidance; IT systems, and opportunities to calibrate their professional judgements when needed.

### What it will capture

Whether appraisers have enough support to prepare for appraisals that identify doctors' strengths and areas for development, and support appraisees to track these through their annual PDPs.

# Responsible officer and designated body focused measures

## H9 Designated bodies involve lay people in revalidation processes

### What question to ask

- To responsible officers (ROs): Are lay people involved in any of the processes that underpin revalidation in your designated body? [Yes/No]

### How and when to measure

In an annual survey of responsible officers.

### Guidance for answering the question

A lay person is defined as someone who is not a medical professional, not employed by the designated body and speaks for patients as a whole (rather than any specific interest group). The person must specifically tasked in relation to revalidation processes and not wider governance processes for the organisation where revalidation does not factor.

Involvement in revalidation process could include roles in governance and quality assurance of appraisal and revalidation processes, reviewing guidance, sitting on appraiser appointment panels.

The fact that non-executive members on boards receive reports on revalidation does not count as lay involvement for the purposes of this measure.

### What it will capture

If lay representatives are in a position to influence revalidation processes in designated bodies.

## H10 Number of doctors whom ROs have shared information of note with another organisation in line with the GMC's *Information sharing principles*

### What question to ask

- To ROs: How many doctors have you shared information of note about with another healthcare organisation in the last 12 months? Only count each doctor once even if you shared information with multiple organisations.

### How and when to measure

In an annual survey of responsible officers.

It should also be possible to determine the percentage of ROs who have shared information from this measure.

### Guidance for answering the question

'Information of note' means any restrictions on a doctor's practice or concerns about their ability to provide safe care. Full details can be found in the [GMC's information sharing principles](#).

Routine information sharing is not considered 'information of note' such as:

- routine RO to RO information transfer when a doctor moves between designated

bodies (where there are no ongoing concerns)

- exit reports from a locum placement
- standard employment references

'Shared' means that you have contacted another organisation with information of note about a doctor's practice. This includes all doctors who provide services to your designated body regardless of whether they are connected to your designated body. GMC referrals should not be included.

#### What it will capture

If designated bodies are generating and sharing information about a doctor's practice. Where doctors work in multiple locations and/or provide services to multiple designated bodies, effective information sharing is essential to make sure that revalidation recommendations take account of a doctor's whole scope of practice and information about ongoing concerns are transferred between ROs.

### **H11 Number of doctors whom ROs have received information of note about from another organisation in line with the GMC's *Information sharing principles***

#### What question to ask

- To ROs: How many doctors have you received information of note about from other healthcare organisations in the last 12 months? Only count each doctor once even if multiple organisations shared information with you.

#### How and when to measure

In an annual survey of responsible officers.

It should also be possible to determine the percentage of ROs who have received information from this measure.

#### Guidance for answering the question

'Information of note' means any restrictions on doctor's practice or concerns about their ability to provide safe care. Full details can be found in the [GMC's information sharing principles](#).

Routine information sharing is not considered 'information of note' such as:

- routine RO to RO information transfer when a doctor moves between designated bodies (where there are no ongoing concerns)
- exit reports from a locum placement
- standard employment references

Shared means that an organisation has contacted you, in your role as RO, with information of note about a doctor's practice. This includes all doctors who provide services to your designated body regardless of whether they are connected to your designated body.

#### What it will capture

If designated bodies are generating and sharing information about a doctor's practice. Where doctors work in multiple locations and/or provide services to multiple designated bodies, effective information sharing is essential to make sure that revalidation recommendations take account of a doctor's whole scope of practice and information

about ongoing concerns are transferred between ROs.

## **H12 ROs feel that revalidation processes help them to manage concerns about doctors**

### What question to ask

- To ROs: Do you agree or disagree that revalidation processes helped you to manage concerns about doctors in the last 12 months? [Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]

### How and when to measure

- The percentage of ROs who respond 'agree' to this question in an annual survey.

### Guidance for answering the question

Revalidation processes include:

- Managing your list of doctors connected to you
- Undertaking pre-employment including English language and identity checks
- Processes for responding to concerns
- Clinical governance processes including those focused on managing complaints and incidents
- Appraisal for revalidation
- Reviewing appraisal outputs and other information as part of making a revalidation recommendation

### What it will capture

If ROs feel their designated bodies' revalidation processes are making a helpful contribution to identifying and addressing concerns about a doctor's practice.

## GMC measures

### H13 Revalidation recommendations submitted to the GMC

#### How to measure

- The number of revalidate, defer and non-engagement recommendations in a 12 month period.

#### Guidance

This will look at the proportion of all approved revalidation submissions in the last 12 month period in all four countries (ie revalidate, defer and non-engagement).

#### What it will capture

The proportion of types of recommendations the GMC receives each year.

### H14 Number of doctors revalidated and deferred

#### How to measure

- The number of doctors revalidated and deferred in a 12 month period.

#### Guidance

Of the doctors who receive a revalidation recommendation, some doctors will have had more than one type of recommendation (for example a deferral before then revalidating). Therefore doctors will be counted multiple times across the categories to show how many individual doctors have received each type of recommendation.

Doctors will be counted once for each category, for example where a doctor has been approved for revalidation once and deferred twice, they are counted once in 'total number of doctors revalidated' and once in 'total number of doctors deferred'

#### What it will capture

Whether doctors are revalidating, and therefore continuing to demonstrate their fitness to practise.

### H15 Doctors who have had their licence withdrawn

#### How to measure

- The number of doctors who have had their licence withdrawn for failing to engage with revalidation in a 12 month period.

#### What it will capture

That doctors who fail to engage with revalidation and therefore fail to demonstrate their fitness to practise have their licence withdrawn.

## **H16 Number of doctors who do not have a prescribed connection to a designated body or suitable person**

### How to measure

- The number of doctors who have not had a prescribed connection to a designated body or suitable person for more than 12 months.

### What it will capture

Whether the number of doctors without a prescribed connection is decreasing.

## **H17 Doctors who give revalidation as the reason for giving up their licence or leaving the register**

### How to measure

- The reasons that doctors give up their licence or registration in a 12 month period, tracked by calendar year.
- Reasons include: Leaving or left the profession, maternity/paternity, other, overseas, retirement, and revalidation

### What it will capture

Whether doctors who choose to stop practising feel that revalidation and its processes have been a factor in their decision.

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