

Taking Revalidation Forward Progress update – January 2018

This document highlights some of the key developments following the [action plan](#) we published in July 2017 on how we and the wider healthcare sector are working together to address the recommendations in Sir Keith Pearson's review of revalidation, [Taking Revalidation Forward](#).

The action plan is organised into six work streams (outlined below), each one covering a priority area from Sir Keith Pearson's report.

Delivery of the plan is overseen by the Revalidation Oversight Group (ROG), which is chaired by our Chief Executive and includes key external revalidation stakeholders.

As well as the activities listed below, work continues to address each of Sir Keith's recommendations. We will publish another progress update in June 2018.

1. Making revalidation more accessible to patients and the public

Objectives

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

Key GMC highlights

- We have held focus groups with members of the public to help us develop materials explaining to patients and the public what revalidation is. We will share the materials with stakeholders for feedback and then publish them on our website in 2018.
- We have developed two case studies illustrating how organisations can involve patient representatives in their local appraisal and revalidation processes. We're seeking further examples from other organisations.

- We have published [five new case studies on our website](#) to help doctors gather and reflect on patient feedback.
- We have begun talking to stakeholders about how we might develop our patient feedback requirements for revalidation so that they work better for patients and doctors. We plan to consult on potential options for changes to patient feedback requirements later in 2018.

Key highlights from our partners

- The Royal College of Physicians London has completed its research on patient feedback, looking at benefits, challenges and recommendations for change. It will be published in early 2018.
- Sol Mead, one of the lay representatives on ROG, completed and published his [report on lay involvement in revalidation](#).

2. Reducing burdens and improving the appraisal experience for doctors

Objectives

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

Key GMC highlights

- We have consulted on a revised version of our guidance on supporting information for appraisal and revalidation. The guidance will be published in March 2018.
- We are updating the format and content of our website to help doctors to find revalidation information more easily. The website will include a video and new tools and advice for specific groups of doctors – for example, new registrants, doctors working in multiple settings, retiring doctors and those on a break from UK practice. The changes to the website will also make revalidation information more accessible for patients too.

- We have revised our recommendation protocol to make it more helpful for those making revalidation recommendations. This includes clarifying our advice around overseas evidence and local appraisal requirements.

Key highlights from our partner

- All members of ROG and other key stakeholders have given thorough and helpful feedback on the revised version of our supporting information guidance. The Academy of Medical Royal Colleges has been working with royal colleges and faculties to consider what changes need to be made to local guidance documents as a result of our revised version.
- NHS England is exploring how to better support GPs in preparing for appraisal.
- The Revalidation Support Unit of the Wales Deanery is developing a programme of quality assurance visits to cover all designated bodies in Wales.

3. Strengthening assurance where doctors work in multiple locations

Objectives

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

Key GMC highlights

- We have developed draft information sharing principles with the help of responsible officers and other stakeholders. The final version will be approved in spring 2018.
- We are updating our advice to responsible officers on what they need to do if the doctors they're connected to don't work in the same location. We will share these updates with responsible officers in early 2018.

Key highlights from our partners

- NHS England has developed new guidance for locum doctors as well as trusts and agencies which will be published in early 2018. It is aimed at improving clinical governance and support of locum and short-term doctors.
- NHS Employers is reviewing its guidance on the appointment and employment of NHS locum doctors to see where updates are required to make it more helpful.

4. Reducing the number of doctors without a connection

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

Key GMC highlights

- We've begun improving the advice and support we give doctors to help them identify potential connections. As part of this work we have expanded the online tool that helps doctors identify their designated body so that it directs doctors to consider making a connection to a suitable person if appropriate. This will be published in March 2018 alongside updated guidance.

5. Tracking the impact of revalidation

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.

Key GMC highlights

- We have reviewed learning from previous evaluations of revalidation and engaged with stakeholders to identify which impacts could be tracked.
- We've started to explore what existing sources of data are available to measure the impact of appraisal and revalidation.

Key highlights from our partners

- The Independent Doctors Federation has begun reviewing appraisal documentation to help identify the impact of revalidation on doctors working independently.

6. Supporting improved local governance

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

Key GMC highlights

- We're working with stakeholders to review the [governance handbook](#) (a document which sets out the core elements of local governance of the systems that support revalidation) to decide what updates or improvements would be beneficial.
- During 2017 we made additional revalidation data available to responsible officers via our [online data explorer tool](#) and a new (private) report on the GMC Connect portal. We will continue to review what other information would be helpful to responsible officers in the future.

Key headlines for 2018

Some of the key activity we plan deliver this year includes:

- Publication of our revised supporting information guidance – March 2018
- A new GMC website with more helpful information for doctors and patients on revalidation, as well as a new connection tool to help doctors identify potential connections – March 2018
- GMC consultation on patient feedback requirements – Summer 2018
- Publication of revised governance handbook – September 2018