To note

**Report from the Revalidation Implementation Advisory Board**

**Issue**

1. This paper is a report from the third meeting of the Revalidation Implementation Advisory Board on 3 October 2013.

**Recommendation**

2. The Strategy and Policy Board is asked to note the report.
Report from the Revalidation Implementation Advisory Board

Issue

3 The Revalidation Implementation Advisory Board (RIAB) has been established to advise our Chief Executive during the implementation of revalidation. A note of the third meeting of the Board held on 3 October 2013 is at Annex A.

Patient perspective

4 The focus of the meeting was a seminar facilitated by NHS Elect on the patient perspective of revalidation. In addition to RIAB members we also invited a number of patient groups from across the UK to take part.

5 Themes that emerged in discussion during the seminar included:

   a development of patient feedback requirement for revalidation in the light of the wider agenda around patient involvement

   b supporting organisations to identify opportunities to use all types of patient feedback for learning purposes

   c patient involvement in quality assuring appraisal and Responsible Officer judgements

   d patient perspectives on ‘good doctor’ behaviours

   e review process for revalidation guidance.

6 We are currently drafting a more detailed note on the seminar and will make this available to the Board in due course.

Other business

7 RIAB also discussed a paper on implementation data which, for the first time, included data on age, gender and primary medical qualification.

8 The Chair continues to visit different parts of the UK to learn more about revalidation on the ground. He visited Scotland in September and Northern Ireland in October 2013.

Next meeting

9 The next meeting of RIAB will be held on 18 December 2013. It will focus on the analysis of data from the first full year of revalidation.
Supporting information

How this issue relates to the corporate strategy and business plan

10 Strategic aim 2 of the Corporate Strategy 2010-2013 states that we will give all of our key interest groups confidence that doctors are fit to practise. This report from the Revalidation Implementation Advisory Board summarises some key issues and opportunities arising from the implementation of revalidation, and outlines actions being progressed to ensure it is monitored effectively, in support of achieving this aim.

What equality and diversity considerations relate to this issue

11 Membership of the Revalidation Implementation Advisory Board includes representatives from patient organisations, responsible officers, doctors and employers. We aim to get a broad range of perspectives so that we can best understand how revalidation is affecting a wide range of stakeholders. The Board will not be sole way of engaging with stakeholders for revalidation and a further programme of engagement will continue with a range of interest groups.

12 RIAB considers data on doctor characteristics such as gender, country of primary medical qualification and age. This will help us to identify any trends or issues and we can attempt to address them as they arise.

If you have any questions about this paper please contact: Jon Billings, Assistant Director - Revalidation, jbillings@gmc-uk.org, 020 7189 5434
Draft minutes of the meeting on 3 October 2013
3 October 2013

Revalidation Implementation Advisory Board

To approve

Minutes of the meeting on 3 October 2013 (draft)

Members present

Keith Pearson, Chair
Jon Billings
Frances Dow
Philip Finn
Judith Hulf
Chris Jones
Malcolm Lewis
Sol Mead
John Mullett
Paul Philip
Mark Porter
Ian Starke
Sally Taber
Ben Whur

In attendance

Malcolm Alexander
Ralph Critchley
Catherine Evans (Secretariat)
Andrew Harrington (Seminar facilitator)
Clare Lucey
Divya Patel (seminar only)
Paul Peros (seminar only)
Chris Pratt (seminar only)
Jenny Simpson
Liz Thomas
Paul Thomas (Seminar facilitator)
Seminar: the patient perspective

1 Philip Finn introduced the seminar which included board members and additional invited patient organisation representatives. The seminar was facilitated by NHS Elect.

2 Themes that emerged in discussion during the seminar included:

   a. Development of the patient feedback requirement for revalidation in the light of the wider agenda around patient involvement.

   b. Supporting organisations to identify opportunities to use all types of patient feedback for learning purposes.

   c. Patient involvement in quality assuring appraisal and Responsible Officer judgements.

   d. Patient perspectives on ‘good’ doctor behaviours.

   e. The review process for guidance around revalidation.

3 A summary report of the seminar will be made available in due course.

Chair’s business

4 Apologies for absence were received from Mike Bewick, Allan Coffey, Nick Clarke, Tony Falconer, Ian Finlay, Una Lane, Jane Lindsay, Wendy Reid, Jan Warner and Paddy Woods.

5 The Chair noted his recent visit to Scotland, commenting on the very good appraisal rates there. He noted that he would be visiting Northern Ireland and England in the near future and asked members to let him know of any organisations which would value a visit.

6 The Chair also acknowledged a letter he had received recently from Chris Jones regarding potential opportunities for peer review between jurisdictions.

Minutes of the meeting on 2 July 2013

7 The minutes were approved as a true record of the meeting on 2 July 2013.

GMC update

8 The Board considered a paper on the data and information emerging from the first nine months of revalidation.
Revalidation data

9 In considering the revalidation data the Board noted that the GMC would soon be producing data specific to designated bodies. An illustrative report would be circulated for the Board’s feedback and the first report would be published in the near future.

10 The Chair asked the Board to consider what it would like to see in future reports. It suggested including the following:
   
a. Explanation of the confidence intervals associated with each set of data.

b. More detail around administrative erasure.

c. Categories of doctors who have declared that they do not have a prescribed connection.

11 Members discussed appraisal rates in secondary care in relation to the deferral rate. In discussion it suggested doctors whose revalidation date was near were being scheduled for appraisal, with others being left until later. The Board noted the ongoing need to emphasise the message that revalidation is a continuous process rather than a point in time exercise.

Other updates

12 The Board noted that the GMC had recently begun a communications campaign targeting approximately 8000 doctors who had yet to inform the GMC of their prescribed connection status. The response rate was reported at around 30% with the majority of doctors declaring no prescribed connection as they were practising wholly overseas.

13 The Board noted progress on the development of the evaluation framework for revalidation and that the GMC had received the draft report. A further update on the detail of the framework would be provided at the next meeting in December 2013. It also noted the GMC’s ongoing discussions with other regulators about revalidation and its recent submission to the Care Quality Commission consultation on its regulatory approach.

14 The Board noted that the GMC was reviewing its process for determining revalidation dates for trainees and expressed its wish to be given an opportunity to comment. It was agreed that a paper would be circulated to members for comment.

Intelligence and advice from members

15 Members discussed accountability for revalidation locally and in particular shared their own local lines of accountability. The Board also noted the importance of including revalidation and appraisal on local Board agendas.
The Board also discussed the issue raised in Chris Jones’ letter regarding consistency across the UK. The GMC agreed to facilitate further discussions between the four countries.

The Board noted that the latest Organisational Revalidation Self Assessment report is due to be published on 25 October 2013.

Actions and conclusions

In summary, the Board noted that there were a number of actions to take forward. These were:

a. Members to continue to promote the message that revalidation is a continuous process rather than a point in time exercise.

b. GMC to provide further data and analysis to the next meeting in December 2013.

c. GMC to circulate a paper to members on the review of revalidation dates for trainees.

d. GMC to facilitate further discussions between the four countries on ensuring consistency across the UK.

Any other business and date of next meeting

Jon Billings noted that he had been invited to sit on the Nursing and Midwifery Council’s Revalidation Strategic Advisory Board.

The Board noted the date and time of its next meeting at the GMC London Office on Wednesday 18 December 2013.