Agenda item: 3
Report title: GMC progress report
Report by: Clare Barton, Assistant Director, Registration and Revalidation
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Action: To note

Executive summary
We are now in the final quarter of the third year of revalidation. The period for revalidating all doctors who held a licence to practise on 3 December 2012 runs until 31 March 2018, and we will have revalidated the majority of these doctors (excluding trainees) by April 2016. We continue to receive recommendations in line with the agreed implementation schedule.

There are 225,563 doctors with a licence to practise required to participate in revalidation. We have received and approved 167,294 recommendations to date and 137,187 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 In total we have withdrawn 2,505 licences from doctors for failing to engage in the requirements for their revalidation.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 Review the summary of key issues and themes at Annex A, and the revalidation data in Annex B.
c Advise on the implications of the data and any areas for consideration by the GMC.
Issue

1. We are now in the final quarter of the third year of revalidation. 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 19 Suitable Persons to make recommendations for a number of different cohorts of doctors. In all, 894 doctors have an approved Suitable Person. A list of SPs and their cohorts is available on our website. We continue to hold regular meetings of the Suitable Persons Reference 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. We have recently approved a SP for doctors working as crematorium referees that do not have a connection elsewhere.

Doctors without a connection

4. As of 31 December 2015 there were 11,696 doctors on GMC records without a prescribed connection to a designated body or a GMC approved SP. Fewer than 6,500 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 and have not yet provided us with the information required. We will automatically contact these doctors within four months of registration or losing a connection, and ask them to provide us with details of their designated body. We need this information to support a doctor’s revalidation and failure to provide it can place a doctor’s licence at risk.

Help shape the future of revalidation

5. As the Board is aware, we have a number of ongoing projects to test whether we can improve the efficiency and effectiveness of the current processes, including the independent research being conducted by UMbRELLA.

6. High level findings from the survey that UMbRELLA sent to all licensed doctors last summer will form part of an interim report, which we hope will be published in late spring 2016.

7. The report will be shared with RAB as we would welcome the opportunity to review and discuss its findings with members.

www.gmc-uk.org
Information on deferral reasons

8 Since the Board last met we have developed a number of high-level categories designed to describe the numerous circumstances that underpin recommendations to defer doctors’ submission dates.

9 We continue to explore the equality and diversity and data protection considerations of collecting such additional detail, the IS development that would be needed to support its collection, and the appropriate means of engaging with our key external stakeholders to gather feedback on our proposals. We expect to be able to provide the Board with a more comprehensive update at its next meeting.

Publishing information on Appeal outcomes

10 Following discussion at the last Board meeting we have started to explore how best we might provide information on licence withdrawal appeal outcomes. Our communications teams will be looking at where we might publish this information and in what format on our website.

Revalidation data

11 Our current published data on revalidation show the position as at 31 January 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

12 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.
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 7% in Northern Ireland to 11% in England when adjusted to remove doctors in training.

2. The headline figures tell us that the majority of deferrals continue to be driven by lack of evidence rather than doctors subject to an ongoing local process. This latter group make up only 4.1% of all deferrals.

3. The average period for an individual deferral recommendation is fairly even across all four countries, ranging from 231.4 days to 264.4 days.

4. Overall, male doctors aged under 40, and over 65, and women doctors under 40, have the highest deferral rates. Deferral rates for doctors under 40 are almost entirely related to doctors in training who have their revalidation dates adjusted to align with their Certificate of Completion of Training date. When doctors in training are removed from the data the deferral rates are almost the same among men and women. Women are marginally more likely to be revalidated (as opposed to deferred) 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. 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.

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 then 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 2015, we have approved 365 non-
engagement recommendations. Of these:

a 80 doctors have had their licence withdrawn.

b 83 doctors have relinquished their licence/registration themselves, or we have
removed their registration – most often for non-payment of the annual fee.

c 90 doctors remain in the licence withdrawal process, including nine who have made
an appeal.

d 112 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 2,505 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 2015 we have received 279 appeals.

18 Of those appeals 213 have been closed with the following outcomes:

- Appeal dismissed -27
- Appeal did not proceed to hearing - 186

19 There are 66 appeals that remain in the appeals process.
Revalidation Advisory Board meeting, 8 March 2016

3 - GMC progress report

3 - Annex B

Revalidation data

1. The data in the report is cumulative from 3 December 2012 to 31 December 2015.

Recommendations received

2. 225,563 doctors are required to participate in revalidation. We have received and approved 167,294 recommendations.

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.
The submission profile shows approved revalidate recommendations Y0-Y3 and then submission dates Y3-Y5. Previously it included all recommendations. The profile shape remains the same.

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 has not been adjusted to weight them according to the profile of the whole population of licensed doctors.

The asymmetric distribution for gender in the scheduled population is still 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.

For the full UK population, with our sample size, we are now achieving a very low margin of error (Confidence Interval of 0.16 with a Confidence Level of 99%).
Designated bodies and connected doctors

Table 1: Designated bodies and connected doctors

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Bodies</td>
<td>872</td>
<td>24</td>
<td>30</td>
<td>17</td>
<td>943</td>
</tr>
<tr>
<td>Connected Doctors</td>
<td>180,864</td>
<td>5,628</td>
<td>18,294</td>
<td>8,918</td>
<td>213,704</td>
</tr>
</tbody>
</table>

9 There are 11,696 doctors without a connection to a designated body or Suitable Person. Doctors without a connection currently make up 5.2% of the number of doctors subject to revalidation.

Suitable Persons

So far we have approved 19 Suitable Persons to make recommendations for a number of different cohorts of doctors. In all, 894 doctors have an approved Suitable Person. A list of SPs and their cohorts is available on our website.

Recommendations and decisions

Table 2: All decisions to date

<table>
<thead>
<tr>
<th>Decision</th>
<th>No. of doctors</th>
<th>% of doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revalidate</td>
<td>137,187</td>
<td>82%</td>
</tr>
<tr>
<td>Defer *</td>
<td>29,742</td>
<td>17.78%</td>
</tr>
<tr>
<td>Non-engagement</td>
<td>365</td>
<td>0.22%</td>
</tr>
<tr>
<td>Total</td>
<td>167,294</td>
<td>100%</td>
</tr>
</tbody>
</table>

* 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 92% (570) of ROs have made recommendations so far. The remainder are ROs in organisations that were not on the list of designated bodies when the initial schedules were set in October 2012. Most of these are small organisations with a small number of connected doctors.

11 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. 1.2% (2,022) 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.

12 Of the 365 approved non-engagement recommendations, the following outcomes apply:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licence withdrawn and remained unlicensed</td>
<td>80</td>
</tr>
<tr>
<td>No longer licensed / registered for other reasons</td>
<td>83</td>
</tr>
<tr>
<td>In the process of licence withdrawal (includes appeals)</td>
<td>90</td>
</tr>
<tr>
<td>Continue to hold a licence and engaging with revalidation</td>
<td>112</td>
</tr>
</tbody>
</table>

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 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: Approved Deferral period

Please note this is cumulative to each month from the beginning of revalidation.
Table 3: Average approved deferral period (days) by country

<table>
<thead>
<tr>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>239.1</td>
<td>264.4</td>
<td>241.9</td>
<td>231.4</td>
</tr>
</tbody>
</table>

16 The average approved UK deferral period is 239.5 days.

17 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 to revalidate 95.9%.
- The doctor is subject to an on-going process 4.1%.

Chart 4: Deferral by country

18 Deferral rates across all four countries range from about 7% to 11% when adjusted to remove doctors in training.
Chart 5: All decisions by gender

19 There is a higher proportion of doctors in training who are women.

Chart 6: All decisions by gender - non-trainees
20 There is a substantially higher deferral rate of women in their thirties.

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

21 The age profile of deferrals is probably indicative of the larger proportion of trainees being deferred due to CCT date changes.
Chart 9: Deferral by ethnicity

Deferral rates by different ethnicities are relatively even, especially when trainees are excluded.

Chart 10: Deferral by primary medical qualification region
23 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.

Chart 11: Deferral rate split by trainees and by specialist and GP register status

24 Doctors connected to secondary care locum agencies as a designated body currently have a deferral rate of 24.4%.

Changes to registration and licence to practise

Table 4: Licence withdrawals

<table>
<thead>
<tr>
<th>Total</th>
<th>2,505</th>
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</thead>
</table>

Chart 12: Licence withdrawals by age

Chart 13: Licence withdrawals by gender
Chart 14: Licence withdrawals by PMQ region
Chart 15: Licence withdrawals by registered address region

Chart 16: Doctors relinquishing their licence to practise
Chart 17: All licence relinquishments (December 2012 to Dec 2015) by age

Chart 18: All licence relinquishments (December 2012 to Dec 2015) by age and gender
Chart 19: All licence relinquishments (December 2012 to Dec 2015) by PMQ

Chart 20: All licence relinquishments (December 2012 to Dec 2015) by address
Chart 21: Number of doctors taking voluntary erasure

[Bar chart showing the number of doctors taking voluntary erasure from Jan-14 to Dec-15]