Agenda item: 15
Report title: Report from the Revalidation Advisory Board
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Action: To note

Executive summary
This paper reports on discussions at the Revalidation Advisory Board meeting on 8 December 2015.

Recommendation
The Strategy and Policy Board is asked to note the report from the Revalidation Advisory Board.
8 December 2015

1. At its meeting on 8 December 2015, The Revalidation Advisory Board (RAB) provided advice on the work areas set out below.

GMC progress report

2. RAB considered a report on the progress with revalidation including the latest high level statistics.

3. RAB advised that:
   
   a. The trends in above average deferral rate statistics should be kept under review.

   b. In the interests of avoiding information overload, any additional information about deferral rates provided in future Board updates should have a clearly identified use and value.

   c. The GMC’s reflections about the future approach to releasing additional deferral information should include consideration of whether such information should come to the Board only if it identified a concern on which the Board would be asked for advice.

   d. Where ‘insufficient information’ is the reason for a deferral recommendation, it would be useful to understand more about the specific nature of the missing information.

Licence to practise appeals

4. RAB received a brief description of the licence withdrawal process and reviewed six examples of redacted appeal decisions. RAB also considered how information about appeal case outcomes might be shared to best advantage.

5. RAB advised that:
   
   a. The GMC should publish statistics about appeals, making it clear that none to date has been successful.

   b. The GMC should explore further how best to put the details of appeal outcomes into the public domain and revert to the Board for further advice next year.
Assurance on appraisals for doctors without a connection

RAB received a paper considering how the GMC currently obtains assurance that appraisals of doctors without a connection meet our requirements. The paper also outlined improvements made recently, and identified options for future improvement.

RAB advised that:

a. It is important to maintain the integrity of the system so that revalidation is fair and equitable across the board.

b. One option to add assurance may be to require appraisers of doctors without a connection to be undertaking appraisals for a designated body. In this way they would be required to engage with networks which support and underpin appraisal consistency.

c. There is no particular minimum or maximum number of appraisals that should be conducted annually to remain competent as an appraiser. The Board considered that establishing a minimum would seem reasonable, but indicated there may be issues for smaller organisations to take into account.

d. A list of ‘approved’ appraisers would be difficult to maintain and inferences would be drawn if an individual were not on the list. An option may be to consider directing doctors without a connection who find it difficult to find an appraiser to Responsible Officers or designated bodies for advice.

UK progress updates

RAB received updates on key appraisal and revalidation issues from each UK country and from the independent sector representative.

RAB noted a significant improvement in appraisal rates across the board and a growing sense that the revalidation implementation phase is, or is very nearly, complete. This implied its own advisory remit may not remain valid when revalidation is embedded and operating well, and this may be relatively soon.

RAB also noted that the approach to supporting revalidation into the future may need to be different in the countries of the UK to reflect local situations.

RAB advised that:

a. It should keep a careful watch on its own relevance and role.

b. There should be an increased focus on ways to bring greater consistency to revalidation across the four countries.
Next meeting

12 The next meeting of RAB is scheduled for 8 March 2016.