To consider

Managing and responding to information about revalidation

Issue

1 We have developed guidance for managing and responding to any information we receive which may lead us to question the reliability of revalidation recommendations.

Recommendations

2 Strategy and Policy Board is asked to approve the proposed approach to managing and responding to information about revalidation as described below and in the guidance document at Annex A.
Managing and responding to information about revalidation

Issue

3 Considering the wide range of information sources available to us about revalidation processes and systems, we recognise the need to develop a consistent approach to managing and responding to the information we receive and concerns raised.

4 In December 2013, we developed some initial guidance setting out our proposed approach. This focused particularly on defining when and how we should take action in exceptional circumstances when we become aware of concerns about the underlying systems supporting revalidation in an individual designated body (for example, by ceasing to accept revalidation recommendations from a Responsible Officer (RO) or putting revalidation decisions on hold).

5 Since then, we have further developed our approach. It now includes how we should respond to information we receive about failures in statutory responsibilities and/or individual concerns. For example, where we become aware that a RO is not meeting the requirements set out in the Responsible Officer Regulations, or there are other concerns about the RO.

6 This approach is distinct from our ongoing liaison with designated bodies via our Employer Liaison Service and Revalidation Team.

7 The approach is also distinct from our fitness to practise processes. Fitness to practise concerns should continue to be dealt with as they arise through existing processes.

Key considerations

8 Revalidation is based on local systems of appraisal and clinical governance and the integrity and accountability of the individual RO. Confidence in the revalidation system will be undermined if we are not seen to take action in exceptional circumstances where concerns about the robustness of these local systems are brought to our attention.

9 The key issue is deciding whether we need to take action in relation to revalidation recommendations we have received but not processed and those we will continue to receive. This may mean putting recommendations on hold, cancelling or rescheduling revalidation submission dates.
Our approach

10 We have identified a number of steps that we will, and some that we may, take in response to concerns.

a The first step is for the Employer Liaison Adviser (ELA) to discuss the information with the RO and/or designated body and give them an opportunity to respond (unless the concern relates to the RO or suitable person (SP)).

b We may escalate the issue to the second tier RO or systems regulators depending on the nature of the information.

c If we have serious concerns, we will stop processing the revalidation recommendations we have received from the relevant RO until we receive assurances that any issues have been addressed.

d If the concern relates to the ability of a SP to perform their role, we may remove recognition as a SP and therefore, their ability to make revalidation recommendations to us about doctors connected to them.

e If necessary, we may cancel and reissue doctor submission dates where we think it may take some time to put matters right and address the concerns that have been raised.

11 Further actions can include informing other regulators and requesting confirmation of an independent verification of systems from local quality processes such as the Framework for Quality Assurance (FQA) in England. We may also suggest the appointment of an interim RO where the concerns relate to the current RO’s performance in their role.

12 If no action is necessary we will keep the information that was brought to our attention for an appropriate period of time in line with our data protection and retention policies. Any action we have taken will be recorded on our systems.

13 We will evaluate our approach by reviewing decisions made and outcomes achieved. We will also evaluate our approach if there are any changes to the RO hierarchy across the countries.

Sharing and escalating information

14 In developing this approach, we considered the need to share information across the organisation to make sure relevant people in all directorates are kept informed. The decision about who to inform and potential impacts on other directorates will be made by Assistant Directors and the Director of Registration and Revalidation.
15 Where necessary, we will escalate information to the Patient Safety Intelligence Forum (PSIF). This is an internal forum chaired by our Chief Executive to review internal and external information from across the organisation relevant to patient safety and medical practice and make decisions based on appropriate regulatory interventions.

*How we developed this approach*

16 We have shared the developing policy with a range of key interests including:

   a Revalidation policy leads from across the four UK countries through regular ‘Keep in touch’ (KIT) meetings.
   
   b Revalidation Implementation Advisory Board members.
   
   c RO reference group.
   
   d Medical staffing reference group.
   
   e Employer Liaison Advisers.
   
   f Patient Safety Intelligence Forum lead.
   
   g Care Quality Commission Lead from the GMC.

17 Key themes from engagement with partners included:

   a Minimising duplication with local quality processes such as the Framework for Quality Assurance (FQA) in England.
   
   b Ensuring involvement of other regulators as appropriate.
   
   c Considering the need for differences in escalation arrangements across the four UK countries and making sure this work feeds into the Patient Safety Intelligence Forum.
   
   d Ensuring this work complements the work we are doing in terms of sharing information more widely with CQC and other systems regulators.

*How the issues differ across the four UK countries*

18 In our discussion with representatives from the four the UK countries, we agreed that each country would require a different level of escalation when raising concerns.

19 Each country preferred information to be shared locally first, with an opportunity for the organisation to address concerns through internal governance systems.
Issues that require further escalation will be sent to agreed contacts within each country (except England) to take forward, prior to being raised with the second tier RO. This is due to variances in RO hierarchies in three of the four countries where the next level RO sits within the remit of the Chief Medical Officer’s office or Ministers.
Supporting information

How this issue relates to the corporate strategy and business plan

21  Strategic aim 1: Make the best use of intelligence about doctors and the healthcare
environment to ensure good standards and identify risks to patients.

What equality and diversity considerations relate to this issue

22  We considered any equality and diversity implications of this work on doctors, staff
and patients in terms of fairness. Our key determinations included:

a  Acknowledging that revalidation has already driven extensive improvements in
terms of access to appraisal and training for groups such as Staff and Associate
Specialists (SAS) doctors who have traditionally struggled for access to these.

b  Any action we take on individual cases will have a thorough audit trail with
reasons outlined.

c  We will make sure we meet our responsibilities in keeping practitioners informed
when cancelling and reissuing submission dates.

d  We will review this process annually and revisit decisions to consider whether any
equality and diversity issues require further consideration.

If you have any questions about this paper please contact: Clare Barton,
Assistant Director - Revalidation and Specialist Applications,
cbarton@gmc-uk.org, 0161 923 6589.
Our approach for managing and responding to information about revalidation

1. This is the guidance we will publish outlining our approach to managing and responding to information we receive that may call into question the reliability of revalidation recommendations.
Managing and responding to information about revalidation

**Background**

The GMC needs to be sure that the revalidation recommendations we receive from Responsible officers (ROs) and Suitable persons (SPs) are reliable.

This guidance sets out what we will do when we receive information that may call into question the reliability of recommendations.

Any concerns about the fitness to practise of ROs or SPs are dealt with under existing fitness to practise procedures and are not addressed in this document.

**Information we receive**

The introduction of revalidation has increased the frequency of communication we have with individual doctors, designated bodies, ROs and others.

Occasionally, through these interactions, we hear about concerns relating to local clinical governance systems or the ability of ROs and SPs in performing their role. This may call into question the reliability of the recommendations we receive.

For example, an RO may tell us that despite their best efforts, there are no adequate systems in place for conducting appraisals within their organisation. A senior medical leader may raise concerns with us directly about the ability of a RO or SP to fulfil their legal obligation to us in making appropriate revalidation recommendations.

**External sources of information**

We have a number of mechanisms in place to share information with and receive information from other organisations.

- An operational protocol is in place with the Care Quality Commission (CQC) to provide guidance for staff in each organisation on sharing information. From October 2014, the CQC will incorporate questions relating to the local processes underpinning revalidation as part of their inspection regime. This will provide independent, regulatory reach over local systems and act as a further channel for information about compliance to the GMC.

- Regular interactions with other regulators across the UK including Healthcare Inspectorate Wales (HIW), Regulation and Quality Improvement Authority (RQIA), Healthcare Improvement Scotland (HIS), Monitor and the Trust Development Authority (TDA).

- Regular interactions with revalidation leads from across the four UK countries and health departments.
Regular meetings with ROs and SPs by our Employer Liaison Advisers.

Regular stakeholder reference groups for medical staff, ROs and SPs.

Regular meetings with doctors and patient groups led by our Regional Liaison Advisers

We are working closely with NHS England through their Policy for responding to concerns about ROs with a prescribed connection to NHS England and the Framework of Quality Assurance for responsible officers and revalidation to ensure we are informed of any concerns and to share information.

**Actions we will take**

When we receive information that might lead us to question the reliability of revalidation recommendations from a particular organisation or individual, we will always do the following:

- Unless the issue relates to the ability of the RO or SP and it is not appropriate to do so, we will always ask the relevant ELA to share the concerns raised with the RO of the organisation or the SP and allow them the opportunity to respond

- Inform the CEO and the board of directors of the organisation and allow them the opportunity to respond

- Alert the second tier RO or agreed contact in Scotland, Northern Ireland and Wales.

**Actions we may take**

Further action will be taken where we determine that the information received is serious enough to defer the processing of revalidation recommendations (for example, where an RO tells us that no local systems are in place to conduct appraisals). We will write directly to doctors about any changes to their revalidation dates and work with the RO or SP to encourage them to communicate the situation locally.

Further actions may include:

- temporarily placing revalidation recommendations on hold until we receive assurance from the RO, CEO or Board of the organisation, second tier RO or appropriate regulators that systems are in place and working effectively*

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* The General Medical Council (License to Practise and Revalidation) Regulations Order of Council 6(15)(16)(17)
notifying doctors with submission dates in that period that we will be cancelling and rescheduling their submission dates

- removing recognition of the SP, where appropriate, and informing those doctors that were connected to the SP about their alternative revalidation options

- informing the relevant regulators where the information may be useful to their regulatory remit.

- making a referral of the RO or SP into our fitness to practise procedures, where the concerns are serious and involve the RO or SP.

If no action is necessary we will retain the information that was brought to our attention for an appropriate period of time in line with our data protection and retention policies. Any action we have taken will be recorded on our systems.

**Seeking assurance**

We will resume processing revalidation recommendations and reschedule submission dates once we receive assurance from the organisation and their second tier RO that effective systems are in place.

We will seek assurance in writing from the RO of the relevant organisation, their CEO, second tier RO or authorised contacts in the UK countries, and/or any responsible regulator. This assurance needs to indicate that adequate systems are in place to allow us to have confidence in the revalidation recommendations received from that organisation.

Examples of assurance may include:

- evidence of an independent verification from a local quality monitoring process such as the Annual Organisational Audit (AoA) that forms part of the Framework of Quality assurance for Responsible Officers and Revalidation in England or other local quality measures in the other UK countries

- written confirmation from the second tier RO

- written confirmation from the CEO or Board that adequate systems are in place or actions are being taken to mitigate the situation

- written confirmation from the RO, CEO or Board that the organisation meets the core elements we have set out in the handbook for effective local governance of the systems that support revalidation.

**Ongoing review of this work**

This process will be reviewed regularly and any necessary changes will be made based on the types of information received, decisions made and on feedback from engagement with
stakeholders. Mechanisms are in place to ensure any decisions we make are fair and in line with our equality and diversity principles.

For more information about this area of work, contact the Employer Liaison Service on liaison@gmc-uk.org or the Revalidation Team on revalidation-support@gmc-uk.org.