To note

Report from the Revalidation Advisory Board

Issue
1. This paper reports on the latest discussions at the Revalidation Advisory Board (RAB), noting in particular issues considered at its meetings on 4 March 2015 and 10 June 2015.

Recommendation
2. The Strategy and Policy Board is asked to note the summary report which details the advice of RAB in relation to progress made with revalidation, appraisal and local systems supporting the revalidation, the progress report on the impact of revalidation and how revalidation is working in relation to secondary care locums.
Report from the Revalidation Advisory Board

Issue

4 March 2015

At its meeting on 4 March 2015, RAB provided advice in relation to the specific areas of our work detailed below.

GMC progress report

RAB considered a regular report on the progress made with implementing revalidation and the latest revalidation data.

RAB advised that:

a All deferral data reported to it should show trainees separately. It would also be of interest to look in more detail at the group of doctors choosing to relinquish their licence. The GMC should do some further analysis of this group.

b Future reports should include some data on the length of deferrals across the four UK countries (noting there are some standard reasons for deferral such as maternity and sick leave).

c The data set provided for future meetings should remain consistent to allow members to gain a long-term view.

RAB also considered the issue of identifying suitable persons to make revalidation recommendations for particular cohorts of doctors with no connection and advised that:

a In England, local education and training boards might be able to help identify a potential suitable person for doctors working in academic/education roles only. There is no equivalent in Wales. Jan Warner would discuss whether anything could be arranged with NHS Education for Scotland (NES). The issue had not arisen in Northern Ireland.

b There might be a case for having a single RO in a new designated body (possibly part of NHS England) responsible for all doctors in the cohorts identified.

c Some doctors may be choosing not to become members of independent organisations that could support them with their appraisal and revalidation. There should be clear communication that the requirements of revalidation for doctors with no connection (i.e. annual return and revalidation assessment) will be much more onerous than the membership criteria of such organisations.
Other business

7 RAB also received local updates from each UK country, and considered a change to its statement of purpose advising the GMC to seek Council approval to remove the word ‘implementation’ from its title.

10 June 2015

8 At its meeting on 10 June 2015 the Board was asked to provide advice in relation to the four areas detailed below.

GMC progress report

9 RAB considered a regular report on the progress made with implementing revalidation and the latest revalidation data, noting that analysing trends was becoming easier and more meaningful given that we now had data for three years.

10 RAB advised that it would be useful to identify whether there were any trends emerging around doctors with different ethnicities qualifying from the same country.

Appraisal and local systems supporting revalidation

11 RAB received updates from each of the four countries focusing particularly on appraisal rates, quality assurance and the local systems supporting revalidation.

12 RAB advised that:

a Low appraisal rates should not be tolerated. They tend to signify broader concerns about how an organisation is operating.

b More work needed to be done to remind organisations and doctors of their responsibilities around appraisal.

Revalidation impact report

13 RAB considered a draft report on the impact of revalidation thus far and offered advice as to content and conclusions.

14 RAB advised that:

a The title of the report should reflect that it is a progress report rather than a commentary on the impact of revalidation. A summary version of the report would be useful.

b The report should include the following:

i A section on the increasing involvement of patients in revalidation.
ii Reference to the progress made by doctors to engage with revalidation.

iii Non-NHS sectors.

c The conclusions section should be replaced by a next steps section.

d That there should be a session at a future meeting on how revalidation could be developed in the light of outcomes from the various evaluation studies.

Secondary care locums report

15 RAB considered a report providing observations on how revalidation was working in relation to secondary care locums and was asked to provide advice to enable the GMC to report on the matter to ministers.

16 RAB advised that it would be useful to understand the grades at which locums worked by, for example, looking at whether they were on the Specialist Register. RAB noted that there was further work to be done but that this was a good starting point.

Next meeting

17 The next meeting of RAB will take place on 1 September 2015.
Supporting information

How this issue relates to the corporate strategy and business plan

The work of the Revalidation Advisory Board supports Strategic aim 2 ‘Help raise standards in medical education and practice’ and strategic aim 5 ‘Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions’.

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