To note

Report of the Revalidation Implementation Advisory Board

Issue
1 This paper reports the latest discussions of the Revalidation Implementation Advisory Board, in particular its fourth meeting, which took place on 18 December 2013.

Recommendation
2 The Strategy and Policy Board is asked to note the report and the latest discussions of the Revalidation Implementation Advisory Board.
Report of the Revalidation Implementation Advisory Board

Issue

3 The Revalidation Implementation Advisory Board (RIAB) was established ‘To provide advice to our Chief Executive during the implementation of revalidation, in order to support the GMC in fulfilling its regulatory objectives’, as outlined in its statement of purpose. Its members are representatives from primary, secondary and independent healthcare across the UK, as well patient organisations and the GMC. Sir Keith Pearson is RIAB’s Independent Chair.

4 On 18 December 2013, RIAB held its fourth meeting, the minutes of which are attached at Annex A. These have been reviewed by the Chair and will be formally agreed by RIAB when it meets on 3 March 2014, before being published on our website.

Evaluating and monitoring revalidation

5 At the meeting, RIAB focused on the work that is in progress across the UK to evaluate and monitor revalidation. This included a presentation from Peninsula Schools of Medicine and Dentistry, who we commissioned to develop our revalidation evaluation framework. RIAB was supportive of the proposed framework and our commitment to resourcing the substantive evaluation that will follow. We plan to go out to tender for this in the first part of 2014.

6 Representatives of the Revalidation Support Team (England) and Wales Deanery also presented their current and planned revalidation research. In the discussion that followed, RIAB highlighted the potential for sharing information and learning across the UK.

Other business

7 We presented a paper setting out the option to de-couple trainees’ revalidation date from the Certificate of Completion of Training (CCT) date. RIAB recommended further reflection on this and asked to return to the issue at a future meeting.

8 We continue to report the latest revalidation data at each meeting, noting the limitations of the data until larger volumes are available. RIAB was comfortable that we are ready for the larger volumes of doctors due to revalidate in the next year, but suggested we may wish to seek assurance from Responsible Officers that this is also the case in their organisations.

Future meetings

9 At the outset we agreed that the lifespan of RIAB would be one year from its first meeting, subject to review. At its meeting on 18 December 2013 we asked
RIAB members for their views and the advice we received was that there is value in it continuing in 2014. We have therefore arranged meetings on a quarterly basis for the next year. The next meeting is on 3 March 2014.
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 our key interest groups confidence that doctors are fit to practise. The Revalidation Implementation Advisory Board acts as a key resource in monitoring and reflecting on the quantitative and qualitative data arising from the implementation of revalidation. It also advises us on how to make sure revalidation is implemented and evaluated effectively, which supports us in achieving this strategic aim.

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 Revalidation Implementation Advisory Board Meeting on 18 December 2013¹

Members present

Sir Keith Pearson, Chair

Jon Billings  
Nick Clarke  
Niall Dickson  
Tony Falconer  
Philip Finn  
Judith Hulf  

Chris Jones (by phone)  
Una Lane  
Malcolm Lewis  
Sol Mead  
Jenny Simpson  
Sally Taber

Others present

Julian Archer, Plymouth University Peninsula Schools of Medicine and Dentistry  
Ralph Critchley, Revalidation Support Team (RST)  
Catherine Evans, Secretariat  
Katie Laugharne, Wales Deanery

¹ As reviewed by the Chair. The Board will agree the minutes when it meets on 3 March 2014.
Chair’s business

1 Apologies for absence were received from Mike Bewick, Frances Dow, David Grantham, John Mullett, Paul Philip, Mark Porter, Wendy Reid, Jan Warner and Paddy Woods.

2 The Chair thanked those involved in organising his recent visits to England, Scotland, Northern Ireland, the independent sector and most recently, Wales. He noted the enthusiasm for revalidation and openness to sharing information that had been demonstrated. He also welcomed the insight and awareness of key challenges he had gained from all the visits.

3 The Chair noted a change to the agenda. There would be three presentations, rather than four.

Minutes of the meeting on 3 October 2013

4 The minutes were approved as a true record of the meeting on 3 October 2013. The Board also approved the note of the seminar that had taken place on the same day. The next stage in taking forward the issues discussed at the seminar would be the revalidation evaluation work (as discussed under the following agenda item).

Evaluating and monitoring revalidation

Options for a GMC evaluation framework

5 Julian Archer presented the proposed GMC evaluation framework for revalidation to the Board.

6 The Board noted its support for the approach presented and was reassured by the GMC’s commitment to taking this forward. This included going out to tender for the evaluation itself early in 2014.

Benefits and other evaluation work in England

7 Ralph Critchley presented an overview of research and quality improvement activities in England in 2013 and plans for 2014.

8 This included a survey of revalidation in its first year, which had yielded 3,500 responses from a broad spectrum of doctors, healthcare sectors, designated bodies and responsible officers.

9 Members noted the RST would be working with the Department of Health (England) on some future revalidation research, which would complement the GMC’s evaluation. There were also plans to produce guidance on how to strengthen patient and public involvement in revalidation.
Evaluating the impact of revalidation on GP appraisal in Wales

10 Katie Laugharne presented an overview of past and current research on the impact of revalidation on GP appraisal in Wales.

11 Research on the impact of appraisal on GPs had previously been carried out in 2008 and published in 2009. The current research was being led by the same researcher and would repeat some of the core survey questions. Responses would be mapped according to the point the respondents were in the revalidation cycle. Members noted interest in the differing views that might result, depending on the timing of the survey in the context of an individual’s revalidation.

Discussion

12 In response to the question of what advice the presenters might offer to the Board, they noted the need to see the existing research and evaluation as the beginning of an evolving process, and the importance of taking a longitudinal view. It was also suggested that there was scope for future collaboration and coordination that should be explored. It was important to share learning with responsible officers so they could use this insight to continue to improve their appraisal and revalidation systems.

13 The GMC also had a role to play in evaluation and was committed to data sharing and transparency, with revalidation data now published on the GMC website.

14 The Chair thanked the presenters for their contributions.

15 In summary, the Board recommended that:

a. There is a need for continuing research in the long-term, and for the different countries and organisations to work together to learn and share lessons.

b. Further thought is needed on how to engage boards and the public in revalidation in the future.

c. The evaluation framework report should be circulated to the Board.

d. At a future meeting the Board should discuss the GMC’s evaluation of revalidation further, including resourcing and timescales.

Revalidation of doctors in training

16 The Board considered a paper on the revalidation of doctors in training and the option to de-couple the revalidation date from the Certificate of Completion of Training (CCT) date.
This issue had arisen in response to representations received from deaneries that linking the two dates was using significant resources. This was due to the work involved in deferring doctors’ revalidation when CCT dates changed.

The support for linking revalidation and CCT dates when this rule was first established was noted. It was possible that this was a transitional issue only for those doctors who were already in training when revalidation started. All other doctors joining the register would have their revalidation date set five years hence, regardless of CCT date.

In summary, the Board recommended that:

- The GMC should reflect on the issue and discuss it further with deaneries.
- The Board should discuss the issue at a future meeting.

GMC revalidation update

Members considered a paper updating them on progress with implementing revalidation and publishing data.

Once there was a larger amount of data available it might be timely to consider the apparently high number of deferrals. The current priority should be to consider any potential impact these might have on the next year of revalidation. The Board was assured that the GMC was ready for the larger volumes of doctors due to revalidate in the next year.

The Board recommended that:

- Presentation slides giving information on the ‘alternative route’ to revalidation (for doctors without a prescribed connection or connection to a Suitable Person) should be circulated to members, along with links to relevant pages of the GMC website.
- Reassurance should be sought from responsible officers that they are ready for the increasing volume of doctors due to revalidate in the next year.

Other intelligence and advice from members

Not discussed.

Meetings in 2014

Members advised that they saw value in the Board continuing in 2014. The GMC would issue dates for meetings in March, June, September and December 2014.
Any other business

25 Sally Taber had circulated the Independent Sector Complaints Adjudication Service Annual Report 2013 to members. Members not present at the meeting would be sent copies of the report.

26 Nick Clarke noted the following:

- The recent Gateway review in England had resulted in an amber/green rating.
- The Senior Responsible Owner (SRO) function was being transferred from the Department of Health (England) to NHS England.
- The final report on revalidation for locum doctors included suggested changes to the RO Regulations. The Department would pilot the proposed approach in 2014, with a view to making the necessary legislative changes by 2015.