To note

Evaluating Revalidation

Issue

1 In 2013 we commissioned Plymouth University to develop a draft evaluation framework for revalidation. We plan to go to tender shortly for a provider (or providers) to deliver this evaluation.

Recommendation

2 The Strategy and Policy Board is asked to note progress to date and our plans for taking the evaluation forward.
Evaluating Revalidation

Issue

3 We want to provide a firm basis for reviewing how revalidation is working and to inform the future development of revalidation as a regulatory scheme. To this end, we commissioned a team at Plymouth University Peninsula Schools of Medicine and Dentistry, led by Julian Archer, to produce options for an evaluation framework.

4 Revalidation is intended to contribute to our statutory purpose by ensuring that doctors are up to date and fit to practise. In developing the framework, we asked the team at Plymouth to consider the levers that we use as a regulator and the regulatory design features that we control and can change.

5 To help this, we described five domains that will need to be considered in the evaluation, where revalidation contributes to our statutory purpose:

   a Bringing all doctors into a governed system that evaluates their fitness to practise on an on-going basis.

   b Requiring doctors to collect and reflect on evidence about their whole practice through appraisal.

   c Promoting professionalism by ensuring that doctors have an opportunity (through appraisal) to reflect on whether they continue to meet the values and principles set out in our core guidance – *Good medical practice*.

   d Identifying and addressing potential concerns earlier – and before they become safety issues or fitness to practise referrals.

   e Supporting Responsible Officers (ROs) to fulfil their statutory function of advising the GMC about the fitness to practise of their doctors.

6 The key design features ‘owned’ by the GMC include:

   a Our statutory and other guidance.

   b Supporting information requirements for appraisal.

   c The recommendation statement and rules.

   d The RO protocol.

   e Submission frequency.

   f Decision-making rules.
Licence to Practise and Revalidation Regulations.

Options for an evaluation framework

7 Dr Archer and his team conducted a literature review and interviewed a range of key interests across the UK and across the health sector, including patient representatives and a focus group, to consider the equality and diversity context. We will publish the full report shortly and this is available to the Board on request.

8 Key interests identified the main areas for evaluation and Peninsula have based the work-streams of the framework on these, namely:

a Supporting information.

b Appraisal.

c RO judgement-making.

d Patient and public involvement (PPI).

9 The framework is summarised in the graphic at Annex A. A series of suggested questions underpin each of the work-streams, asking how the areas of leverage are having an effect, how they are being applied and how they can be improved.

10 For each work-stream a mixed-methods approach is proposed, including literature reviews, surveys, semi-structured interviews and a case control study. A three to five year period is suggested for the evaluation, covering at least the first cycle of revalidation.

11 Peninsula emphasise the need to address the interrelated areas across the work-streams in order to get a robust evaluation of what they describe as ‘a complex intervention in an even more complex systems of healthcare delivery’. They acknowledge that exploring the entire framework across five years could be costly, and suggest delivery options include sequencing of activities and finding economies of scale by combining activity across work-streams.

12 The sampling strategy for the framework addresses equality and diversity considerations by exploring any differential impact on the medical population by protected characteristic, specialism or career status. Sampling would also need to include a range of healthcare settings and geographical locations across the nations and regions of the UK.

13 The Revalidation Implementation Advisory Board (RIAB) devoted most of its meeting on 18 December 2013 to the evaluation and research across the UK, including a presentation by Dr Archer on the evaluation framework. The
proposals for the evaluation framework were positively received by all RIAB members present.

**Next steps**

**14** We are currently finalising a specification for tender and will go to tender shortly. The tendering and commissioning process will be used to design the best deployment of the framework according to cost and quality. The project has an indicative costing of £100,000 for this financial year.

**15** We plan to establish an internal monitoring and evaluation steering group to oversee the evaluation programme. This will complement the Revalidation Implementation Advisory Board.
Supporting information

How this issue relates to the corporate strategy and business plan

16 Strategic aim 2: Help raise standards in medical education and practice

17 Regulatory objective as per operational plan: We are recognised as being efficient and effective in delivering our functions.

Other relevant background information

18 Revalidation began on 3 December 2012. In taking forward the evaluation we are honouring a commitment made during the development process to evaluate the various design features of the revalidation scheme.

How the issues support the principles of better regulation

19 Revalidation is a significant development in medical regulation. Putting in place a parallel evaluation from the start of a regulatory programme is relatively unusual internationally. This work is allowing us to be transparent about the effect of revalidation and to make adjustments as needed, ensuring the process is as effective as possible.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

20 There was an extensive engagement process as part of the development process which is described in full in the report. We plan to publish the report and create a revalidation monitoring and evaluation page to publish data and regular updates on the work.

How the issues differ across the four UK countries

21 This is a pan-UK programme and we will ensure it provides a comprehensive picture across the four countries, including identifying lessons and any undesirable variation.

What equality and diversity considerations relate to this issue

22 The evaluation framework has been designed to incorporate assessment of the experience of doctors with different practice circumstances and protected characteristics. It forms a key part of our equality and diversity strategy for revalidation.

If you have any questions about this paper please contact: Jon Billings, Assistant Director, Registration and Revalidation, jbillings@gmc-uk.org, 020 7189 5434.
Revalidation Evaluation Framework

1 The following graphic summarises the elements of the evaluation framework for revalidation developed by Plymouth University.
The role of the GMC is “to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.”

In what ways do the design features of revalidation act as regulatory levers to ensure the maintenance of standards in medical practice?

**GMC Objectives**
1. Bringing all doctors into a governed system that evaluates their fitness to practise on a regular basis
2. Requiring doctors to collect & reflect on evidence about their whole practice through appraisal
3. Focusing doctors on GMP to promote professionalism by increasing awareness & adoption of its values & principles
4. Facilitate identifying & addressing potential concerns earlier - before they become safety issues or FTP referrals
5. Supporting ROs to fulfil their statutory function of advising the GMC about the FTP of their doctors

**Evaluation Sub Questions**
1a. Is appraisal taking place for all doctors?
1b. If not, why not?
1c. How are GMC guidelines on appraisal applied in practice & how can it be improved?
2a. How are GMC guidelines on SI applied in practice?
2b. Can doctors collect each type of SI?
2c. What additional SI do doctors bring to appraisal?
2d. Is the quality of SI evolving?
2e. Which type of SI is impacting on practice?
2f. Has collecting SI & appraisal changed doctors levels of reflection?
2g. Are doctors reflecting on SI in appraisal?
3a. Is the revalidation process increasing the awareness & adoption of the values & principles of GMP?
3b. Is the revalidation process increasing levels of professionalism?
4a. Does revalidation facilitate the identification & addressing of potential concerns earlier - before they become safety issues or FTP referrals?
4b. How is revalidation supporting ROs to fulfil their statutory function of advising the GMC about the FTP of their doctors?
5a. How is revalidation supporting ROs to fulfil their statutory function of advising the GMC about the FTP of their doctors?
5b. How do RO’s make judgements?
5c. How is the RO protocol being applied in practice & how can it be improved?
5d. Do the RO’s Regs shape RO behaviour?
6a. What opportunities are there for PPI to be reflected in revalidation processes?
6b. What level of involvement do patients & the public want in revalidation?

**Proposed Methods**
1. Supporting Information
   - Literature review
   - Survey of appraisees & appraisers
   - Semi-structured interviews with appraisees & appraisers
   - Audio record appraisal meeting
   - Documentary analysis of appraisal forms
2. Appraisal
   - Literature review
   - Secondary data analysis of appraisal rates
   - Semi-structured interviews with RO’s
   - Survey of RO’s
   - Survey of appraisees & appraisers
   - Semi-structured interviews with appraisees & appraisers
3. RO judgement making
   - Literature review
   - Semi-structured interviews with RO’s, ELA’s & other personnel
   - Survey of RO’s, ELAs & other personnel
   - Case control study using PAPC or FTP data with appraisal documentation and RO
   - Interviews with patient & public
4. PPI
   - Literature review
   - Interviews with stakeholders in revalidation
   - Survey of patients & public
   - Interviews with patient & public

**Sampling**
Doctors with protected characteristics e.g. age, gender, ethnicity, & different roles & health care settings e.g. primary & secondary care, independent practice, locums

**Evaluation Centres**
6 ELA regions across England, N. Ireland, Scotland and Wales (*denotes national level in methods)

**Time Frame**
3 years in the first instance (end of current revalidation cycle in 2018)