

# Taking Revalidation Forward

*Sir Keith Pearson's review and the GMC response*

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UKPHR Annual Meeting  
28 September 2017

Working with doctors Working for patients

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# Content

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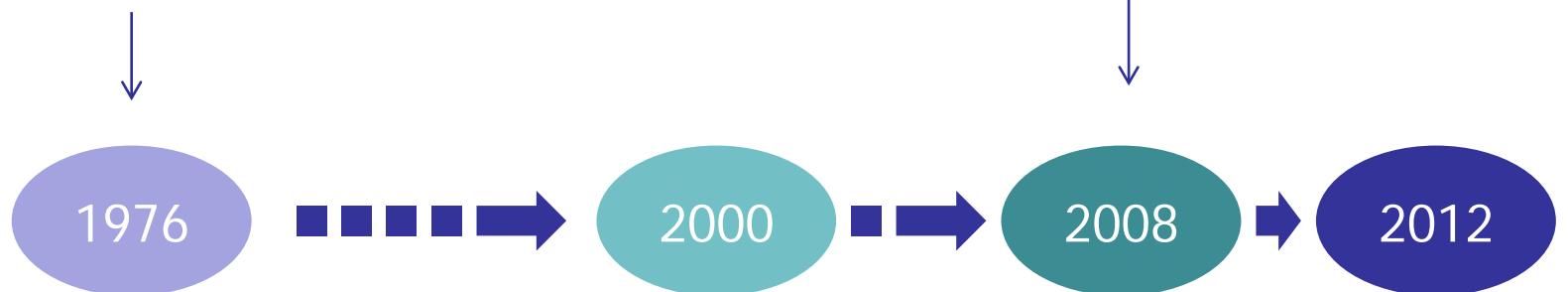
Background to medical  
revalidation

Findings of the independent  
review by Sir Keith Pearson

Taking Revalidation Forward  
The GMC's response

# Revalidation timeline

Royal Commission  
raises idea of re-  
licensure for doctors

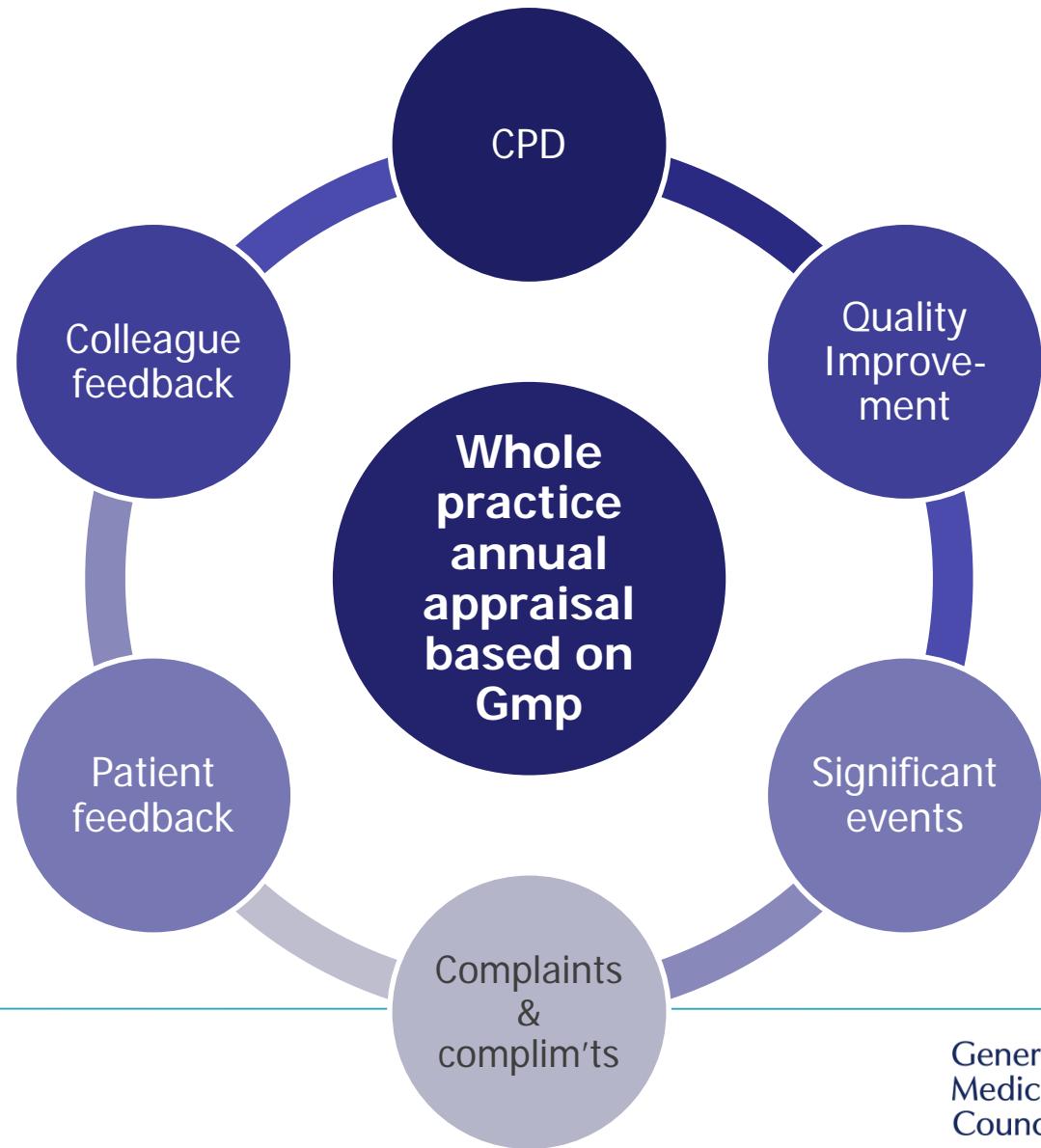
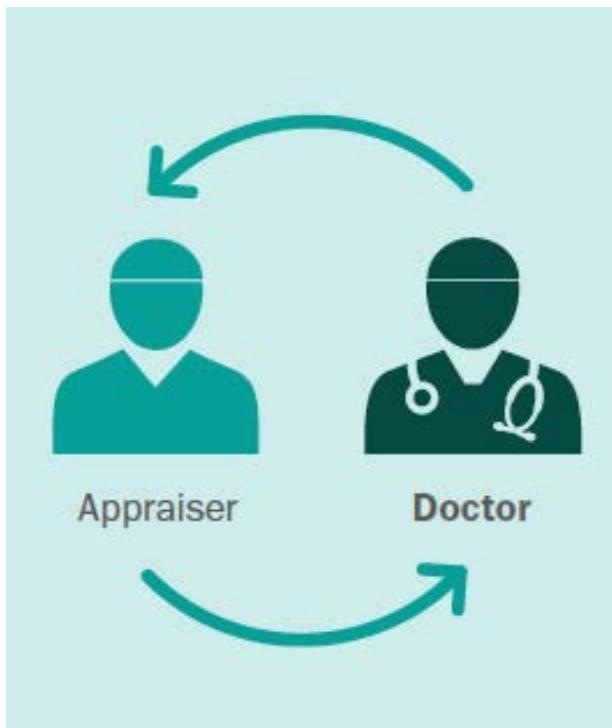


Health & Social Care  
Act introduces role of  
Responsible Officer

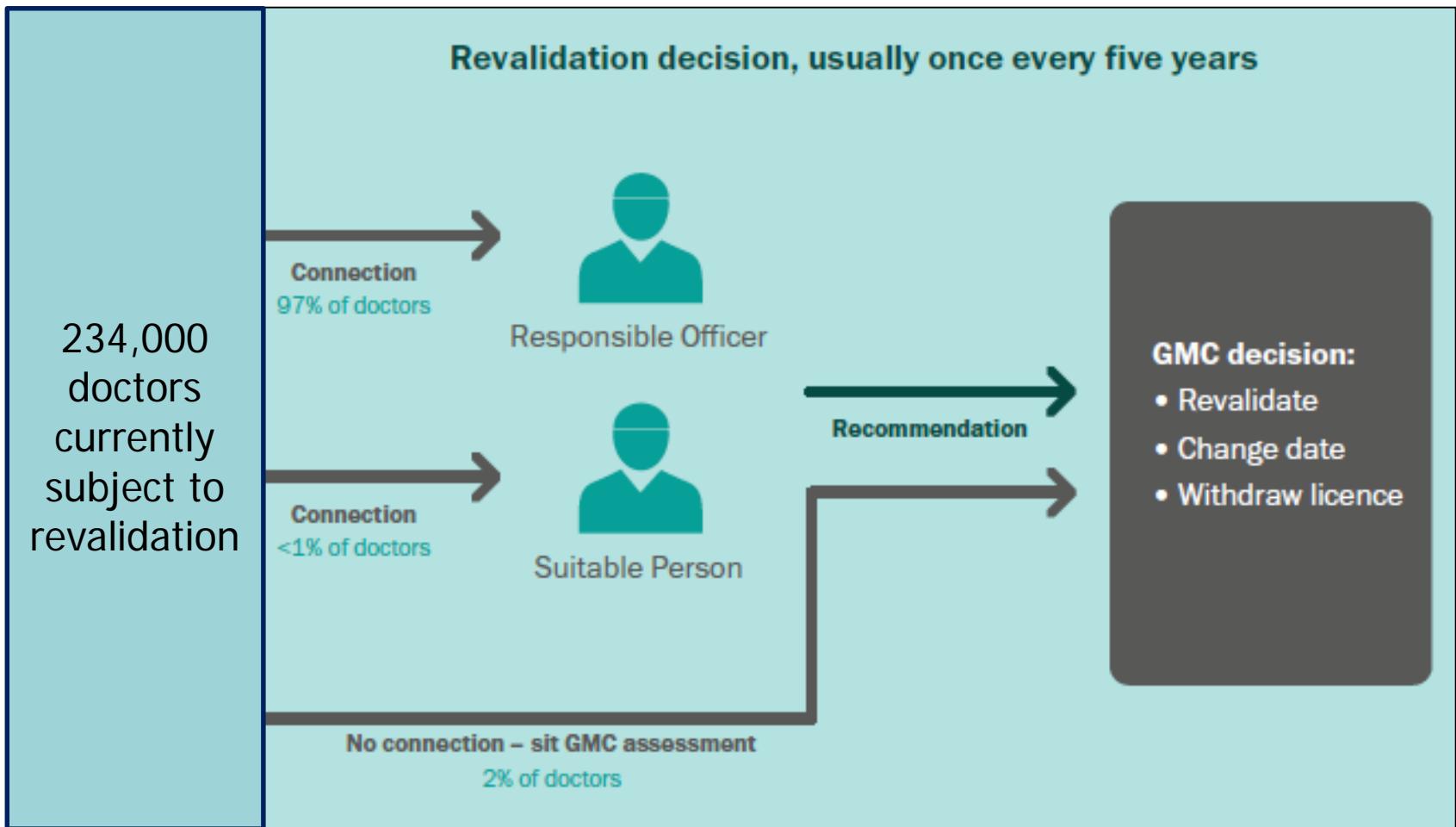
GMC first consults  
on a revalidation  
model

Revalidation  
begins on 3  
December 2012

## How revalidation works (1)



## How revalidation works (2)



General  
Medical  
Council

Independent Review by  
Sir Keith Pearson

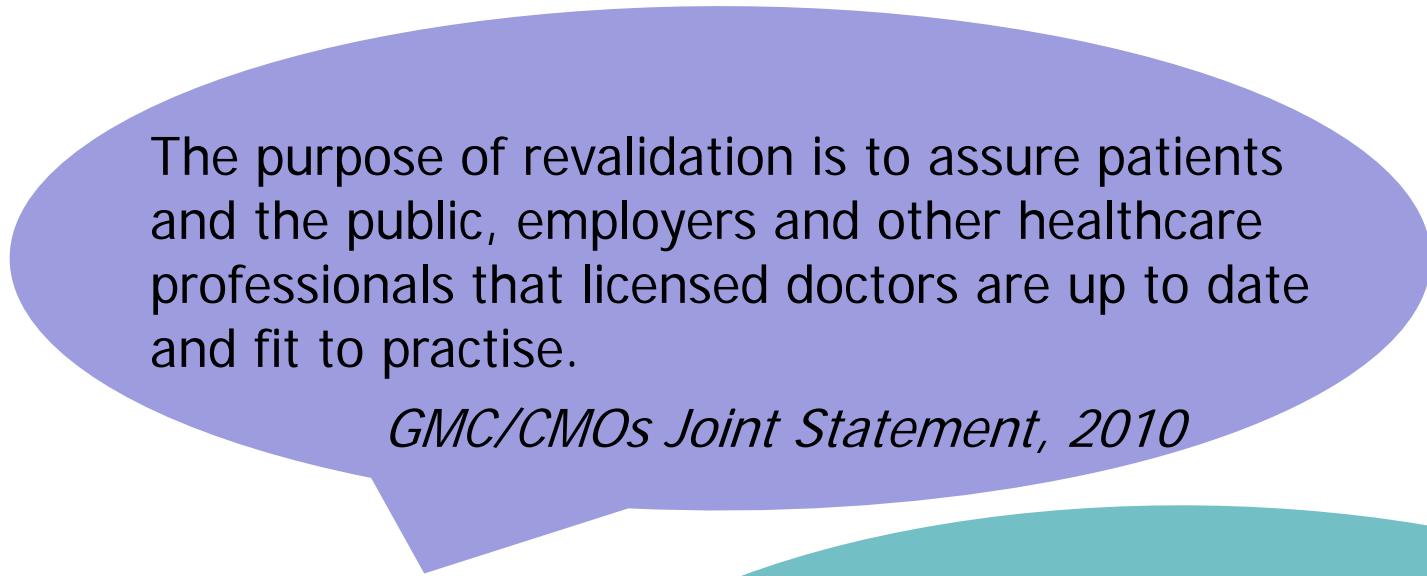
Published January 2017

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## What is revalidation for?

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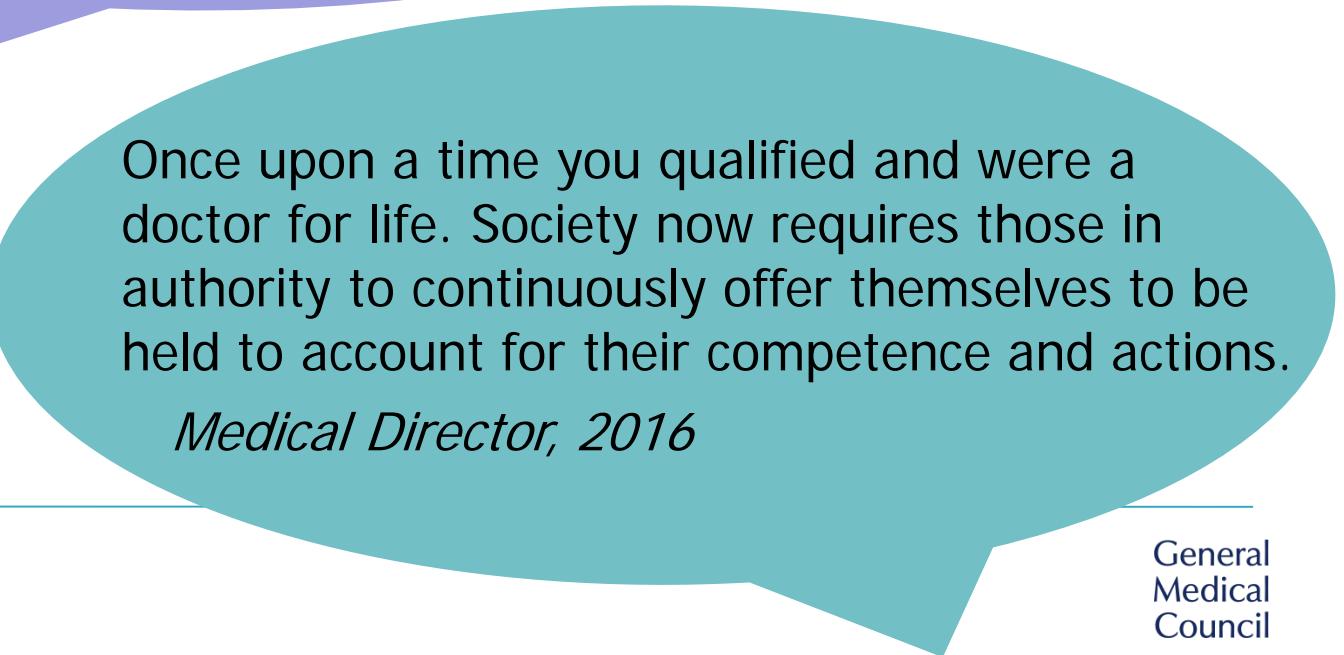
The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

*GMC/CMOs Joint Statement, 2010*



...reinforces the professional standing of doctors...

SKP



Once upon a time you qualified and were a doctor for life. Society now requires those in authority to continuously offer themselves to be held to account for their competence and actions.

*Medical Director, 2016*

## Sir Keith on...the impact of revalidation to date

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- **Medical revalidation is settling well** We are where we expected to be
- **There is excellent commitment, ownership and leadership of revalidation** by medical leaders and health departments in the four countries
- **The main impact so far has been to embed appraisal and broaden reflective practice** But there is also clear evidence of stronger clinical governance, and some evidence that revalidation is helping to identify and tackle poor performance
- Doctors who do not support revalidation generally have **concerns about the administrative burden or have not had a constructive appraisal experience**

## Sir Keith on...areas for improvement

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- **Public awareness of, and involvement in, revalidation needs to be increased** to better raise assurance.
- **Raising quality and consistency in appraisal is a priority** in order to strengthen assurance and help secure buy-in from doctors
- **Revalidation can deliver further benefits** Boards need to take a more active role and challenge for learning and improvement
- **Burdens for doctors can be reduced** if organisations provide better support and improve information systems
- **Secondary care locums and doctors without a connection are weak points in the system**

## Taking Revalidation Forward

The GMC's work with stakeholders to implement Sir Keith's recommendations

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# Our Action Plan with stakeholders

## **Revalidation Oversight Group**

**6 work streams, each with agreed objectives**

- 1: Patient & public involvement
- 2: Improving appraisal/burdens
- 3: Better assurance re doctors working in multiple locations
- 4: Doctors without an RO
- 5: Tracking impact of reval
- 6: Improving local governance

**GMC outputs  
(18)**

**+**

**Initiatives led by others  
(19)**

Progress reports published every 6 months, starting Dec

Most actions complete by March 2018

Programme closure Sept 2018

[Full action plan available on GMC website](#)

## Key activities underway on each work stream

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1

Revalidation  
'narrative' for  
patients and public

2

Improving  
guidance &  
website for  
doctors & ROs

3

Principles for  
sharing information  
about doctors with  
concerns

4

Supporting DH  
with review of RO  
Regs. Reviewing SP  
scheme & licensing  
advice to doctors

5

Identification of  
metrics to track  
revalidation  
impact

6

Updating  
governance  
handbook &  
improving data for  
ROs

# Questions?

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