

Taking Revalidation Forward

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

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UKPHR Annual Meeting
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Working with doctors Working for patients

Content

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



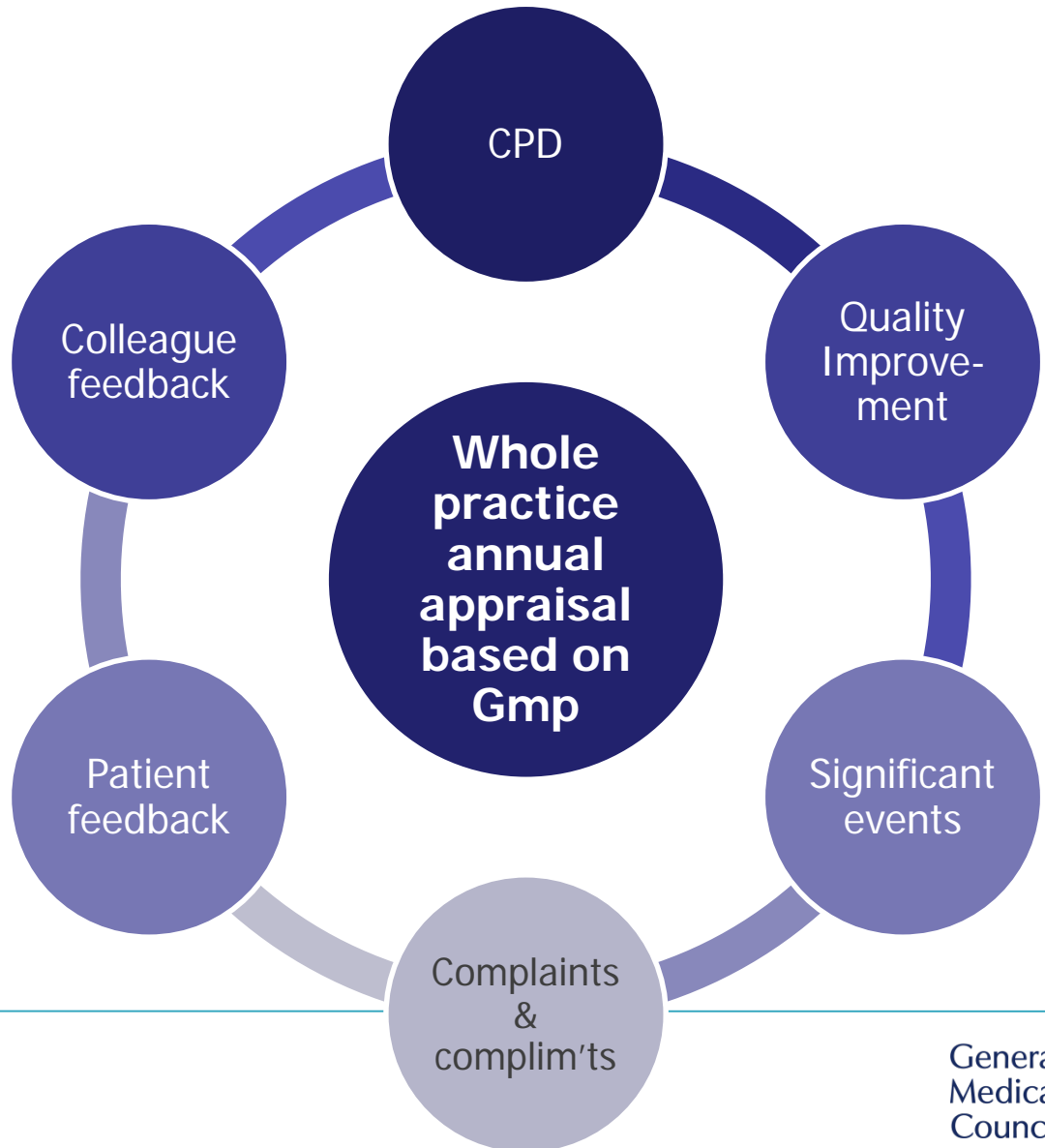
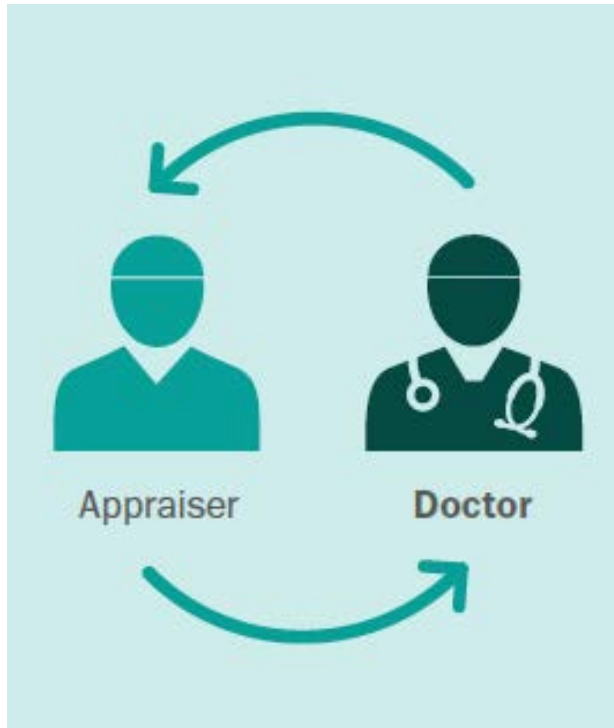
GMC first consults
on a revalidation
model



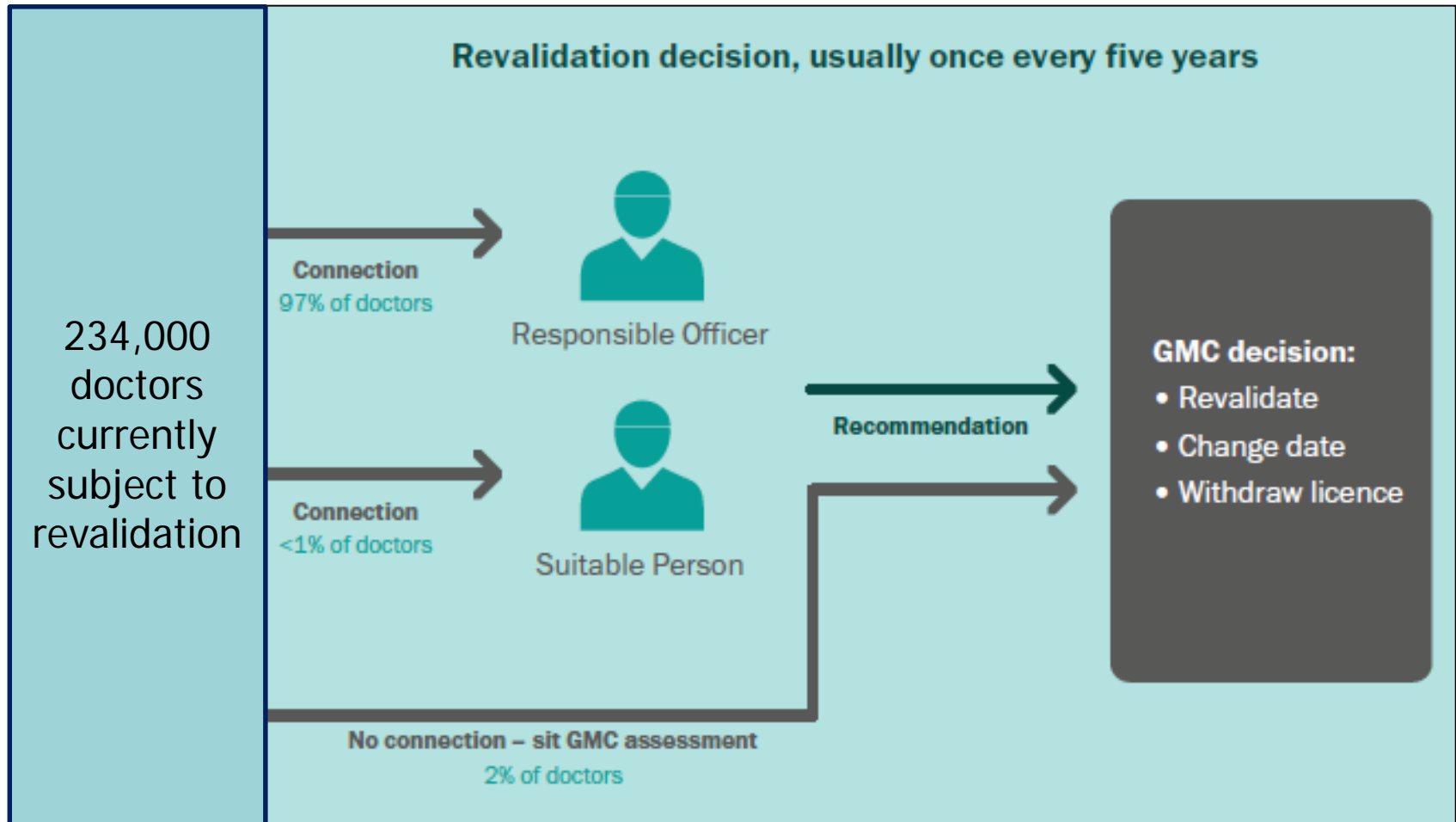
Revalidation
begins on 3
December 2012



How revalidation works (1)



How revalidation works (2)



General
Medical
Council

Independent Review by
Sir Keith Pearson

Published January 2017

Working with doctors Working for patients

What is revalidation for?

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

- **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

- **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

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

Key activities underway on each work stream

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?
