

General
Medical
Council

Revalidation and GP Appraisal

Darren Mercieca

Regional Liaison Advisor, East Midlands &
Oxfordshire

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Working with doctors Working for patients

GMC regional liaison service

Helping to promote understanding and meet the needs of our partners

The map shows the following regional liaison officers:

- Rachel Woodall**
North East region
Email: RWoodall@gmc-uk.org
- Ian Wilson**
Yorkshire and Humber region
Email: IWilson@gmc-uk.org
- Tista Chakravarty-Gannon**
North West region
Email: TCgannon@gmc-uk.org
- Darren Mercieca**
East Midlands region
Email: DMercieca@gmc-uk.org
- Jan Cooper**
West Midlands region
Email: JCooper1@gmc-uk.org
- Jo Wren**
East of England region
Email: JWren@gmc-uk.org
- Rachel Ware**
West of England region
Email: RWare@gmc-uk.org
- Louise Robinson**
North London region
Email: LRobinson@gmc-uk.org
- John Davey**
South West region
Email: JDavey@gmc-uk.org
- Howard Lewis**
South East region
Email: HLewis2@gmc-uk.org
- Kim Tolley**
South London region
Email: KTolley@gmc-uk.org

Management team

- Ian McNeill**
Head of the Regional Liaison Service
Email: imcneill@gmc-uk.org
- Jo Wren**
Lead Regional Liaison Adviser – South
- Tista Chakravarty-Gannon**
Lead Regional Liaison Adviser – North

What this session will cover...

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- The story so far and what people tell us

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- Lessons learned and reflection

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- Ongoing work

For those of you who like numbers

- 230,030 doctors subject to revalidation
- 214,442 connected to a designated body / suitable person in the UK
- 192,158 recommendations received
- 155,654 were to revalidate the doctor
- 34,575 were to recommend deferral

- 1,448 were to recommend deferral due to ongoing local process
- 481 recommendations of non engagement

For those of you who like local(ish) numbers

- Midlands & East of England:
 - 42,151 recommendations
 - 33,515 recommendations to revalidate
 - 8,309 deferrals
 - 237 in local processes
 - 90 approved non engagements

Some findings so far

UMbRELLA (Various Independent UK Researchers)

- 42% of doctors agree that appraisal improves clinical practice
- 32% felt that revalidation had a positive / very positive impact on appraisal
- Doctors who got feedback from patients said it is the most helpful information to support reflection on practice
- Higher appraisal rates across the board
- 74% had used GMC guidance materials and found it useful
- Scepticism and mixed views about
 - improved patient safety
 - doctors in difficulty being spotted earlier
 - improvements in standards of practice

Some findings so far

RCGP

- Most respondents (65.53%) not experienced any difficulties with appraisal and revalidation
- About 33% felt that appraisal had fulfilled its purpose in improving practice
- Anxieties about local variations
- Time issues
- Some lack of clarity amongst GPs
- Some issues accessing supporting information

Further questions and work

- Worth remembering we are still only part way through the first 5 year cycle
- More engagement with doctors and patients planned prior to final report – what are the experiences behind the stats?
- Quality of appraisals?
- Impact measurement
- Culture change can take time – what more can be done to support this work?

Some feedback received

- Best to regard this process of appraisal/revalidation as a measure of quality assurance - surely?
In terms of what it is meant to do - i.e weed out psychopaths, perverts and predators from the profession - I have to agree - UNFIT FOR PURPOSE.
- As a locum doctor I am finding it very difficult to manage revalidation.
- I might have had negative comments to make about appraisal and revalidation two or three years ago. But I've changed my mind, or maybe my mind has been changed by the process!
- Revalidation in some form is inevitable. There are two models: a formative, supportive exercise like we have here, or regular summative testing as in the US and increasingly in Europe. Which would be more stressful? Which is more likely to make you a better doctor? Its up to us to make it work rather than passively condemn it.
- One of the largest companies in the world (employing 330,000 people) scrapped its annual performance review. Enough said !!!
- The GMC needs a more flexible and reactive approach to enable Doctors to contribute overseas, without threatening their ability to return to work in the UK.



Lessons learned

- Challenges posed by complex and varied working patterns
- Communication with doctors
- Variations in governance pre-revalidation
- RO changes / Area changes – ELS
- FAQs / Web resources
- The need to distinguish deferral v referral
- Reflection an issue for some

Other observations

- Stay in touch with your local RO and their team
- Try not to leave things until the last minute
- Talk to the GMC if you have queries and remember that your account shows your RO and revalidation date
- Deferral may be a perfectly sensible approach to a personal situation
- Think of your appraisal as a genuine opportunity to discuss yourself and your career, not a tick box process
- Fitness to practice concerns should be acted upon as and when they arise, rather than at appraisal
- Be constructive with your feedback to others, be open minded when you receive yours

Reflection defined

Reflection has many different definitions, but all describe a process of seeking an understanding of self or situations to inform future action.

BMJ Careers: **Reflection: tick box exercise or learning for all?** 16 Nov 2012

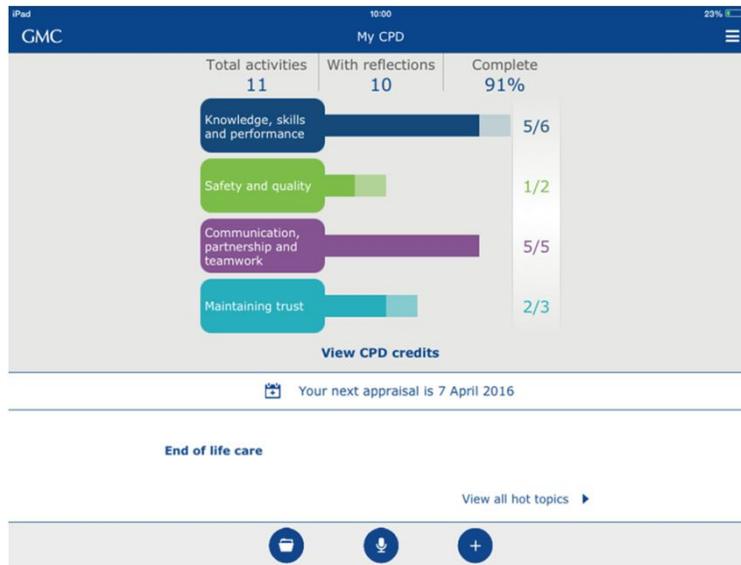
Types of reflection

- Reflection in Action
‘thinking whilst doing’



- Reflection on Action
Retrospective, flexible in analysing information gained so developing skills and knowledge for future practice

CPD app for doctors



- Available through Google Play and Apple iTunes

Gwynne Harper, GP: "A portable, timesaving framework for capturing CPD, structured around the headers of Good medical practice."

Jonathan Williams, GP and sports medicine: "I like the convenience of having on phone, rather than having to record notes on paper or sign on to the appraisal site"

Kent Haworth, Occupational health doctor in the RAF: "A handy, slick appraisal tool for doctors on the move - anywhere, anytime, anything."

Revalidation Enquiries



0161 923 6602



revalidation@gmc-uk.org

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Regulating doctors
Ensuring good medical practice