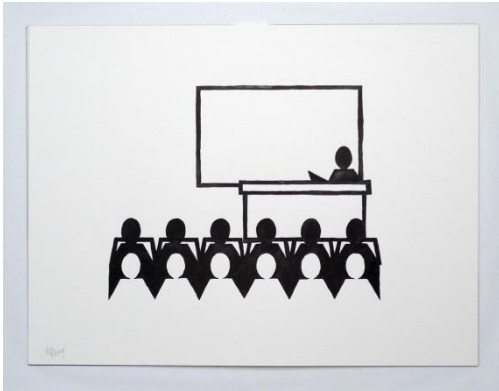


GMC update on appraisal and revalidation

Scottish Medical Appraisal
Conference, 27 April 2018

*Helen Arrowsmith, Programme Manager , Taking Revalidation Forward
Lindsey Westwood, Head of Revalidation*

Session content



1. Dr Bawa-Garba case
2. Taking Revalidation Forward
 - New & updated guidance
 - What is still to come

3. Discussion on patient feedback requirements



Dr Bawa-Garba case

- Impact on profession
- Issues for reflection and appraisal
- GMC actions:
 - [Factsheet published on website](#)
 - Reflective practice guidance upcoming
 - Marx review: application of gross negligence manslaughter and culpable homicide law to medical practice
 - Support for mechanisms to raise concerns about unsafe environments

Taking Revalidation Forward

Jan 2017

Jul 2017

Jul 2017 – Sep 2018



Joint action plan with stakeholders published on GMC website

(following extensive engagement)

Implementation



Sir Keith's key conclusions & recommendations

- ✓ Revalidation has settled well
- ✓ Positive impacts on appraisal and clinical governance
- ✓ Recognise benefits of whole-system approach in Scotland
- ✓ Recommendations designed to strengthen assurance & improve the process for doctors

Improve patient input to revalidation

Clarify revalidation requirements

Raise appraisal quality & consistency

Strengthen information sharing

Increase board-level oversight & ownership

Track impact of revalidation over time

New GMC guidance and resources – April 2018

For doctors

- Updated [Supporting Information guidance](#)
- [Improved website advice and navigation](#), including [connection tool](#) and [targeted advice for locums and doctors in training](#)

For ROs

- **New** [‘hub’](#) on website with links to RO guidance and data
- Updated [Recommendation Protocol](#), **new** [information sharing principles](#) and **new** [case studies on lay involvement](#)

For patients

- Simple explanation of [how revalidation works](#) on website

Revised SI Guidance – key changes

Requirements are clearer :

summary box for each SI type; 'must' v 'should'

Overarching principles:

quality not quantity; focus on reflection & learning; whole scope of practice

Doctors in

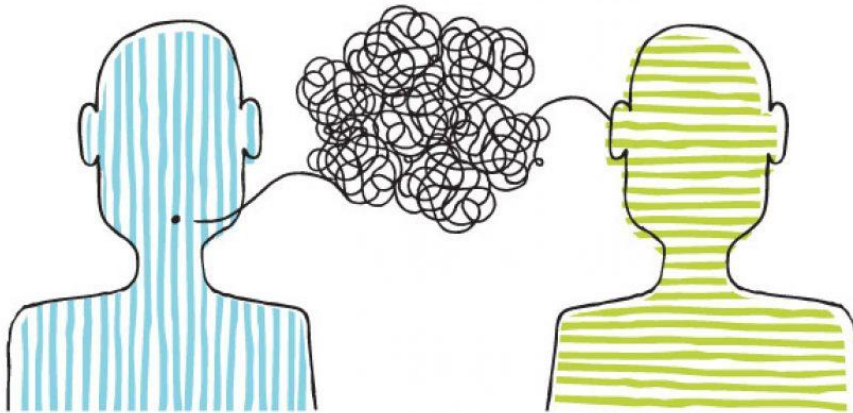
training: dedicated section

Colleague feedback:

explain basis of selection

Clearer GMC position

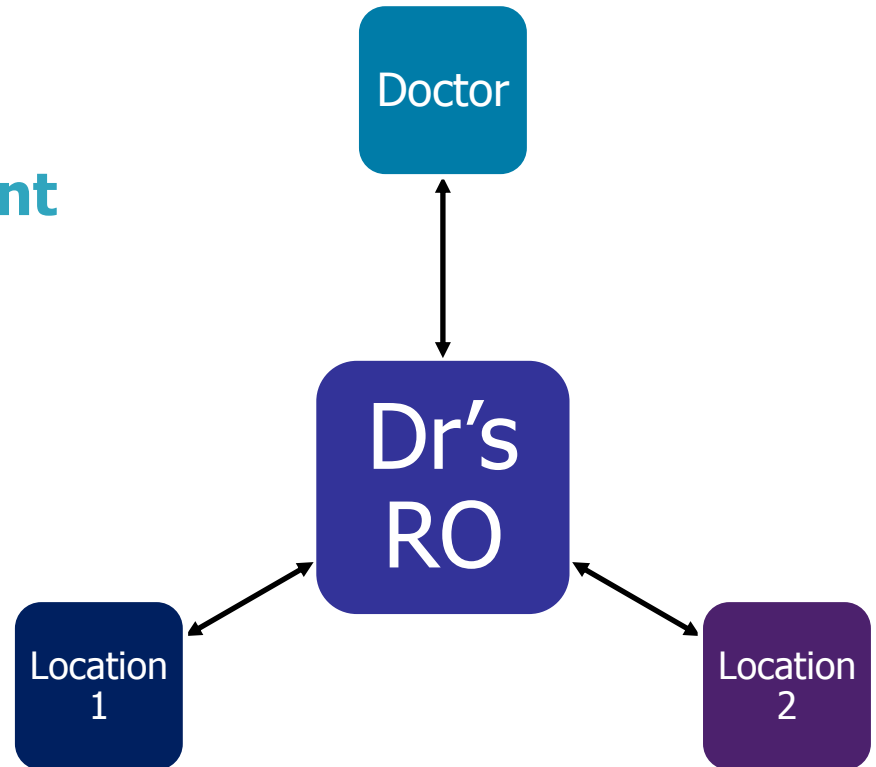
on: local appraisal requirements; evidence from overseas



No changes to information type or frequency

Information sharing principles – April 2018

- ROs to act as '**hubs**', receiving and sharing relevant information from all locations where the doctor works
- Primary consideration is **patient safety**. Other factors: public confidence and the welfare of the doctor
- Doctors have a **professional responsibility** to disclose where they work & any issues
- Respect **fairness** and **confidentiality***

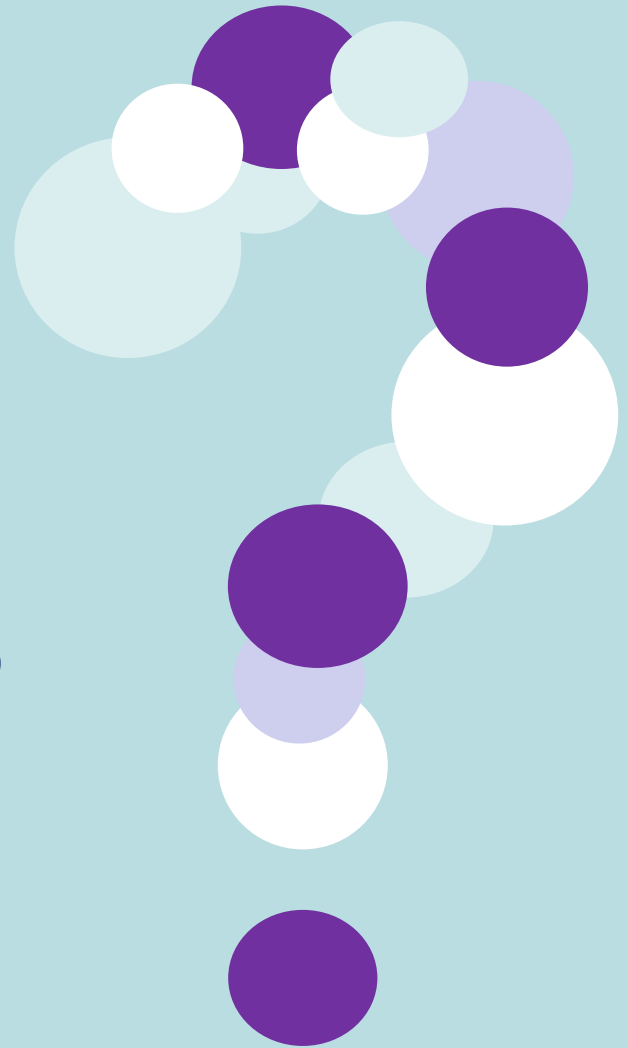


*Doctors should be told when info is being shared about them. And they should not be expected to routinely share appraisal portfolios.

What's coming up later in 2018

- **Licensing:** clearer advice on GMC website
- **Tracking revalidation impact:** agreement with stakeholders on a proportionate approach
- **Advice to boards and governing bodies:** updated Governance Handbook
- **Patient feedback requirements:** considering alternatives to current approach

**Any
questions**



Patient feedback – what we've heard

Patients say



Tools are restrictive

What's it for?

Prefer to feedback on my whole experience

Fear of negative consequences

Not enough patients asked

Can't use other information my employer collects

What's the purpose?

Doesn't acknowledge context

Results are too positive – doesn't help identify improvements

Inflexible - some patients can't use a questionnaire

Free text comments are most helpful

Doctors say

Changing culture around giving feedback



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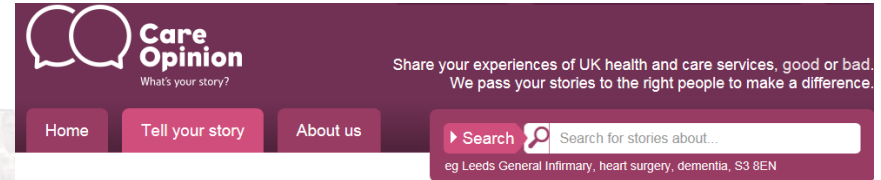
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...ed, knowledgeable, professional and weeks assuring me if any ...

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Care Opinion
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Share your experiences of UK health and care services, good or bad. We pass your stories to the right people to make a difference.

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NHS Scotland

Description
Use this page to find stories people have written about this health system

More services within **NHS Scotland**

10,285 stories have been told
about NHS Scotland

SEARCH WITHIN RESULTS

Latest stories Latest responses Latest changes

Story Progress Activity

"Care for the elderly and disabled"

STORY READ

Read less than an hour ago

Activity

In this health system

10,285 stories told
308 stories have led to changes
1,145 staff listening

Tell your story - make a difference

What are people saying about this service?

What's good?

What could be improved?

communication
waiting time
food
information
waiting

Have people rated this service?



How should the GMC change patient feedback requirements for revalidation?

The present



- Questionnaire
- Once every five years

Engagement
with doctors,
patients and
others

The future?

- Focus on reflection not collection
- More local discretion
- More flexible methods
- More frequent?

Table discussions on patient feedback

- Objective is to help doctors get more meaningful feedback from patients without adding burden
- There are a multitude of possible approaches - we'd like your help to develop early ideas
- Bear in mind that any new GMC requirements need to be applicable to all licensed doctors



Scenario 1: reflective examples; local discretion on method and frequency

GMC guidance could say...

- You must reflect regularly on feedback from patients and present examples of how this has influenced your practice
- You can decide how and when to collect patient feedback – could be formal or informal, survey, online, individual or team-based etc. - depending on your practice
- Your RO/appraiser must agree your approach to collecting feedback

Questions for discussion

- What would be the benefits of this approach?
- What are the challenges/risks and how could these be mitigated?
- If this approach was adopted, should reflection be required at every appraisal or less frequently?

Scenario 2: principle-based; discretion on frequency

GMC guidance could say...

- You must reflect regularly on how you are perceived by your patients and identify what you do well and where you could improve
- You can decide how to obtain patient feedback, but you must be able to satisfy your appraiser that your approach meets *certain principles defined by the GMC – for example:*
 - Must allow a range of patients to contribute
 - Must provide information that is specific to your practice

Questions for discussion

- What would be the benefits of this approach?
- What are the challenges/risks and how could these be mitigated?
- What principles should the GMC specify?

Scenario 3: Solicited feedback exercise once every five years plus annual reflection

GMC guidance could say...

- At least once every five years, you must take part in a formal, solicited feedback exercise (similar to the current questionnaire)
- You should also reflect on any *available* feedback – for example from workplace or online systems – at every appraisal and discuss with your appraiser how patient views have informed your practice and development

Questions for discussion

- Is it important to retain some form of periodic, standardised feedback collection exercise with prescribed content and coverage? Why/why not?
- Would this approach significantly add to the burden on doctors? If so, how could that be mitigated?

Vote

- Please rate the scenarios on how realistic they are as a starting point for developing new requirements