The GMC has promised to make the system of revalidation easier for doctors, but also more accessible to patients and the public, so they can provide ‘real-time’ feedback to give doctors a better-quality picture of their practice.

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In January, Sir Keith Pearson delivered his report Taking revalidation forward: Improving the process of relicensing for doctors, which concluded that while the system was in general terms working well there is room for improvement.

The GMC agrees and is pressing ahead with making changes. In the case of extending the Responsible Officer (RO) model to all doctors who need a licence to practise, this will require legislative change in all four UK nations.

In its response to Sir Keith’s report, the GMC is asking employer organisations across the NHS and independent sectors, system regulators and patient representatives to play their part in increasing the understanding of revalidation amongst patients and the public.

Sir Keith said employers should explore ways to make it easier for doctors to pull together and reflect upon supporting information for their appraisal. The GMC agrees that doctors should have access to good data and good IT in the organisations in which they work, and says it will help employers and other designated bodies to deliver revalidation in a way that ‘minimises administrative demands on doctors’.

Sir Keith heard concerns about some doctors being asked to carry out activities that go beyond GMC requirements for revalidation. Now the GMC is asking employers to distinguish local initiatives and employment obligations from revalidation requirements in the appraisal process so it is clear to doctors what is necessary for the purposes of revalidation and what is not. “We do not consider it acceptable for employers to add management objectives to the evidence required for revalidation,” the GMC says.

It also expects royal colleges to make sure their guidance is clear, and employers to clarify their mandatory training requirements and when this training is not part of revalidation.

Revalidation of locums

The GMC says there is “significant variation” in the resources and quality of the agencies that evaluate over 8,000 secondary care locums working on short-term contracts in England, as well as uncertainty about the number of agencies deemed to have responsibility in law for the revalidation of locums.

“We know that not all locum agencies are properly fulfilling their obligations to doctors and that relevant information is not always transferred when locum doctors move between locations,” the GMC says. “These challenges can make it difficult for locum doctors to engage meaningfully in appraisal and there is a potential patient safety issue.”

It is working with the Government to make sure that quality assurance and audit arrangements reflect the significant additional responsibilities that these agencies now have for the doctors on their books.

And ROs in provider organisations are being asked to make sure that short-term locums are provided with the information they need to support their appraisal following every placement, and that any concerns about performance are raised directly with the doctor’s own RO.

To discuss the issues raised in this article, contact Corinne Slingo on +44 (0) 117 918 2152 or cslingo@dacbeachcroft.com