PERSONAL VIEW

On revalidation the GMC is listening to you

The GMC is often the misguided target for the ire of those frustrated by the burden of regulation

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The General Medical Council is often at the sharp end of questions from doctors about the value of annual appraisals and revalidation, especially from doctors who've practised for many years and who are thinking of winding down or retiring.

As an experienced consultant paediatrician myself—and preparing to revalidate for the second time, as I'm still practising—I'm more than familiar with the challenges of collating feedback from patients and colleagues, reflecting on my practice, and ensuring that I meet the various requirements for my annual appraisal.

At University College London Hospitals (my main employer) this includes regular updates on everything from resuscitation training, infection control, and blood transfusion to the correct use of firefighting kit, how to lift heavy items, and equality and diversity. Added to that are the requirements of my royal college, and it doesn't take long before it looks a formidable burden.

Yet the requirements of employers, which quite rightly expect their staff to know one end of a fire extinguisher hose from another, and of royal colleges, keen to ensure that their members keep abreast of new developments, shouldn't be confused with the GMC's requirements for revalidation.

The GMC simply requires, over a five year period, one collection of colleague feedback; one collection of patient feedback; annual whole practice appraisal; evidence of quality improvement or audit activity; a discussion of any complaints and compliments, and a self declaration of health. It does not require mandatory training in fire extinguishers or a minimum number of annual credits for continuing professional development, but it is possible that your employer or college does.

Patients' expectations

Patients expect that the doctors treating them are up to date and fit to practise, and they largely assume that some sort of system to that effect has been in place for many years. In fact, as we know, it's relatively new.

To a patient it makes little difference whether the doctor is a fresh faced youngster just beginning a career or a semiretired GP working just a couple of days a week: they just want assurance that they're in safe hands.

Annual appraisals have been a fact of working life for professionals in most fields for many years. They've been in the NHS for more than 10 years, and the Royal College of General Practitioners championed appraisals before revalidation ever existed, with completion rates high from the outset.

But at a time when the pressures on UK healthcare, and on GPs in particular, are undeniable, I understand that the bureaucracy, however necessary, can be unwelcome.

Keith Pearson's review of revalidation, published in January, acknowledged this, and one of his recommendations was for more to be done to make the process as straightforward as possible for doctors. He also recommended that the GMC work alongside employers and royal colleges so that the differences between the GMC's guidance and theirs are clearer to everyone. This work is ongoing—and we have recently published a plan to implement Pearson's recommendations—but in the meantime, if doctors are unsure or suspect that they're being asked to go beyond what the GMC requires I would urge them to raise the issue with their appraiser, employer, or responsible officer.

The fact the GMC is often the misguided target—because we introduced revalidation—for the ire of those frustrated by the burden of regulation, shows how important it is to progress this and to get it right.

We are listening to what doctors are telling us, but we remain committed to the value of a system that meets the expectations of patients and upholds the importance of professional development for doctors.

1 Pearson K. "I hear and share doctors concerns about revalidation." BMJ Opinion Jan 2017. http://blogs.bmj.com/bmj/2017/01/13/keith-pearson-i-hear-and-share-doctors-concerns-about-revalidation.