A report on the results of the 2015 RCGP Revalidation Survey
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The Royal College of General Practitioners was founded in 1952 with this object:

‘To encourage, foster and maintain the highest possible standards in general practice and for that purpose to take or join with others in taking steps consistent with the charitable nature of that object which may assist towards the same.’

Among its responsibilities under its Royal Charter the College is entitled to:

‘Diffuse information on all matters affecting general practice and issue such publications as may assist the object of the College.’

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There is a continuing need to ensure that revalidation, delivered through annual appraisal, supports GPs in their personal and professional development and facilitates quality improvements in practice. It is also important that revalidation remains relevant to day to day practice, is applied consistently and does not create an unnecessary burden on a workforce that is already pressurised. In addition to supporting its members with guidance and supporting tools, it is the role of the Royal College of General Practitioners (RCGP) to recommend the types of supporting information that GPs collect to demonstrate that they meet the generic GMC requirements for revalidation. As most GPs will have been revalidated for the first time by March 2016, the College decided that this year was the ideal time to gather feedback from the profession on their experience of revalidation to date and views on how the process could be developed in the future. The results of the survey, presented below, will be used to help establish a “direction of travel” to lead the College into the “second cycle” of revalidation, which starts in April 2018, and to refine and clarify its current guidance on supporting information for revalidation in the shorter term.
Methodology

The survey was intended as an exercise to aid the RCGP revalidation team in understanding key issues and themes. It sought to collect a mixture of quantitative and qualitative data, including a series of questions to establish each respondent’s professional context and further questions giving the respondent opportunity to provide free text comment. The survey was constructed using SurveyMonkey software and tested on an internal audience prior to dissemination. It was not practical for the team to use a controlled sample approach hence in our survey there is a risk of over/under representation. However, a mixture of RCGP member communication channels (e.g. Chair’s update) and external contacts were used with the aim of capturing feedback from GPs in as wide a range of professional contexts and sectors as possible, including those in all four countries in the UK. The team is confident that a representative range of respondents participated.
Key findings

- With 1066 respondents, spread across all four nations and overseas, and a wide variety of practice described, the survey results are sufficiently representative to be valuable.
- Most (65.35%) GPs have not experienced any difficulties with appraisal and revalidation.
- Importantly, approximately one third (33.43%) of respondents felt that appraisal had fulfilled its purpose in supporting quality improvements in practice.
- However, feedback suggests a lack of clarity about requirements amongst some GPs, a need for better appraiser and responsible officer calibration and an anxiety that responsible officers are “setting the bar” above what is required by the GMC.
- GPs seek support in appraisal and revalidation from a variety of individuals and organisations, including their appraiser, colleagues, local resources and the GMC.
- The majority of respondents had accessed the RCGP website (59.16%) and most (70%) of those who did, found the RCGP guidance helpful.
- Relatively few respondents (5.76%) had actually contacted the College with an enquiry, but the majority (65%) of those who did, found the response helpful.
- Many respondents highlighted that the revalidation process was time consuming, particularly in the context of increasing workload pressures and the demands of multiple regulatory systems.
- A significant minority of respondents considered that revalidation was a “box ticking”, politically driven and bureaucratic exercise – with some arguing for it to be scrapped altogether.
- Several respondents felt that appraisal had lost its formative aspects.
- Approximately one third (31.14%) of respondents have an extended scope of practice.
- Some respondents highlighted challenges associated with specific roles e.g. locum or non clinical, and difficulties associated with specific items of supporting information. Data suggests that GPs would benefit from improved IT platforms (including inter-operability between systems), increased admin support and more protected time to collect supporting information and prepare for appraisal.
- Several respondents felt there was a need for ongoing support from skilled appraisers in a mentorship capacity. Others highlighted the value of peer to peer support in this respect.
Next steps

This valuable feedback from grassroots GPs needs to be taken forwards by the RCGP to inform the work that the revalidation team is focussing on:

- Celebrating the fact that over a third of GPs who responded to this survey felt that their appraisal had helped them to deliver quality improvements in patient care – and working out how to share this good practice more widely
- Simplifying the recommendations so that there is less room for misinterpretation and “setting the bar” too high – in order to eliminate as far as possible variation in the standards of supporting information required from doctors in different geographic areas or sectors
- Rebalancing the tension between the formative aspects of appraisal and the summative elements of revalidation – so that the valuable peer support that appraisal can provide is regained where it has been lost
- Promoting an increased emphasis on the quality assurance of the training and support of appraisers – because better appraiser training and calibration will lead to more equitable and valuable appraisal experiences, maintaining the formative emphasis on quality improvements in practice through the personal and professional development of the GP
- Reducing the perceived burden of documentation imposed by appraisal and revalidation – because the effort required for GPs to demonstrate that they are up to date and fit to practise should not be disproportionate or take them away from patient care
- Clarifying the General Medical Council (GMC) requirements, and the Academy of Medical Royal Colleges (AoMRC) guidance in the latest RCGP recommendations – so that GPs can see easily how they can meet the GMC requirements without undue bureaucracy and paperwork
- Continuing to develop and expand the variety of resources available to GPs, including specific worked examples and support for GPs working in unusual circumstances or environments where they have specific difficulties with gathering particular types of supporting information – so that all GPs can meet the requirements for revalidation in ways that are relevant and appropriate to the context within which they work
- Advertising the guidance and advice that the RCGP revalidation team can provide – in order to ensure that all GPs are supported by their College
1,066 GPs responded to the survey.

Respondents were asked about the country in which they primarily practised. A breakdown is provided below.
Respondents were asked about what type of GP they were. A breakdown is provided below.

![Pie chart showing percentages of different GP types: Principal GP 68.48%, Sessional GP 15.85%, Locum 9.94%, Others 5.72%]

Respondents were asked about the setting in which they predominantly worked. A breakdown is provided below.

![Pie chart showing percentages of different settings: NHS 94.28%, Private Practice 3.10%, Defence Medical Services 1.22%, Others 1.41%]
Respondents were asked to define the majority of their practice. A breakdown is provided below.

- **Clinical**: 94.47%
- **Managerial**: 2.44%
- **Academic**: 1.59%
- **Political**: 0.19%
- **Other**: 1.31%

Respondents were asked whether they worked full or part time across all their medical roles. 53% reported that they worked full time and 47% reported that they worked part time.
Respondents were asked whether they had any extended scopes of practice. 31.14% answered “yes” and 68.86% answered “no”. Respondents with one or more extended scopes of practice were asked to describe, in free text, what these were. The ten most popular categories, in descending order, were: Training, Minor Surgery, Management, Family Planning, Gynaecology, Dermatology, Occupational Health, Diabetes, Appraisal and Substance Misuse.

Respondents were asked whether they had referred to the RCGP website for guidance on appraisal and revalidation. Of the 1053 GPs who responded to this question, 59.16% reported “yes” and 40.84% “no”. Of those who had used the guidance, 70% reported it was helpful, 18.73% reported it was not helpful and 11.27% were not sure.
Those who had found the guidance helpful suggested that it stated the requirements and process clearly, supported appraisers, was clear and concise, authoritative, factual, logical, well structured, pragmatic, accessible, GP specific, offered examples and was helpful to refer to occasionally. Those who had not found the guidance helpful suggested that it was either too complicated or not detailed enough, difficult to navigate, bureaucratic, jargon heavy, not relevant to role, convoluted. Disparities between systems in England, Scotland, Wales and Northern Ireland were also highlighted, as were the difficulties caused by changing guidance too frequently.

Respondents were asked whether they had accessed any non RCGP guidance. 795 GPs responded to this question and the most common categories of response were GMC, Local Guidance, Scottish Online Appraisal Resource (SOAR), Appraiser and Colleagues.

Respondents were asked whether they had contacted the RCGP with an appraisal or revalidation query. Of the 1,025 GPs who responded to this question, 5.76% reported “yes” and 94.24% reported “no”.

![Pie chart showing yes and no responses](image-url)
Of those who had contacted the RCGP, 65% reported that the response was helpful, 30% felt that it was not helpful and 5% were not sure.

Respondents who had found the College’s response helpful cited a prompt and courteous response, that clarity had been provided on specific items of supporting information, technical e-portfolio issues had been resolved, and effective signposting had been provided. Those who had not found the response helpful felt that they had not received a prompt response and highlighted discontent about the revalidation process more generally.

Respondents were asked to specify any other individuals or organisations they had approached with an appraisal or revalidation query. 600 GPs responded to this question. The organisations they had approached included NHS England, Clarity Informatics, NHS Education for Scotland, GMC, Independent Doctors Federation, Local Medical Committee, Sessional GP groups and deaneries. Individuals approached by respondents included appraisers, GP colleagues, responsible officers or members of the local appraisal team.
Respondents were asked whether they felt that their appraisal had fulfilled its purpose in supporting quality improvements in their practice. Of the 1017 GPs who answered this question, 33.43% answered “yes”, 53.10% answered “no” and 13.47% were not sure.

Respondents who answered “no” or “don’t know” were invited to provide further information. A few respondents suggested that it was ‘too early to say’, others felt that:

- Revalidation is not evidence based
- Revalidation has not supported quality improvement in their practice because it is what they would do anyway
- Revalidation distracts from patient care
- Appraisal had lost its formative aspect
- Revalidation is a box ticking exercise
- Revalidation is too prescriptive and has reduced clinical autonomy
- Supporting information options are too limited
- GPs have insufficient protected time to undertake CPD and prepare for appraisal and revalidation
- There is not enough emphasis on team work
- The level of challenge is too low
- There are specific challenges for locums
- It is not possible to create system change
- Other quality indicators are more effective
- Quality improvement is driven by local systems
Respondents were asked whether they had experienced any difficulties with appraisal and revalidation. Of the 1010 GPs who responded, 34.65% answered “yes” and 65.35% answered “no”.

Respondents were invited to provide further details. The most common categories of response were:

- Time consuming
- Lack of appraiser help
- IT issues
- Bureaucracy
- Difficult to collect evidence
- Workload

However, respondents also highlighted:

- Lack of clarity over requirements
- Challenges associated with locum, non clinical and specialist roles
- A shortage of CPD opportunities
- Local requirements
- Difficulties for doctors who work overseas
Respondents were asked what they thought could be done to address these difficulties. 327 GPs responded to this question. Whilst a significant minority of respondents suggested ‘nothing’, they were ‘not sure’ or it was ‘too early to say’, the most common categories of response were:

- Simplify, overhaul or scrap the system
- Amalgamate regulatory processes to reduce the burden
- Promote greater responsible officer and appraiser consistency
- Clarify recommendations and requirements
- Give protected time outside of working hours for appraisal preparation
- Re-design or remove specific items of supporting information
- Improve IT

Other suggestions included:

- Recognise evidence from overseas
- Improve complaints processes
- Support for specific groups e.g. locums/OOH
- Reduce workforce pressures
- More peer to peer support
- More appraisers
- Better skilled appraisers
- More admin support
- Funding for revalidation tools

Respondents were asked whether they felt that the supporting information they collect for appraisal and revalidation demonstrates the quality of the care they provide. Of the 1007 GPs who answered, 35.25% said “yes”, 52.73% said “no” and 12.02% were not sure.
Those who answered “no” or were not sure were invited to provide a free text comment. The most common categories of response were:

- It is a box ticking process
- It just shows I can gather information and write about myself
- The information I present does not reflect the quality of my work
- It only measures what is easy to measure
- It is subjective
- It doesn't pick up poorly performing doctors

Respondents were asked whether there were any alternative ways which they felt could demonstrate the quality of care they provide. Free text comments were provided by 725 GPs. A number of suggestions were made, including:

- Observed practice
- QOF results
- Peer review
- CQC assessment
- Clinical outcomes
- Additional patient feedback
- Small group learning
- Satisfaction reviews (e.g. NHS Choices)
- Random selection of referral letters or case review
- Exam/assessment (e.g. CSA / AKT)
- Automated collection of quality indicators

Respondents were asked to give details of any additional support they felt would help them with appraisal and revalidation. 539 GPs answered this question. Responses included:

- Admin support
- Face-to-face educational events
- IT support
- Interoperability between IT systems
- Responsible officers specifically for GPs in niche areas of practice
- Protected time and remuneration for preparation time
- Less written evidence
- Contact with an appraiser or mentor at any point in the year
Conclusion

A representative survey of over 1000 GPs involved in appraisal and revalidation has highlighted the areas that the RCGP needs to focus on in shaping the second cycle of revalidation:

- Supporting appraisers – so that appraisal can achieve its purpose of facilitating improvements in quality of practice, as well as enabling GPs to revalidate successfully
- Clarifying and simplifying the guidance – so that there is less room for misinterpretation and variation in the standards being applied
- Reducing the burden of documentation – so that the process is less bureaucratic and detracts less from patient care or personal time
- Providing and sharing examples of good practice – so that all GPs, no matter what their scope of work, understand how to demonstrate that they are working in line with the requirements of Good Medical Practice, and how to make quality improvements in their practice

As a result, the RCGP will aim to publish clear and simple guidance on the supporting information required for appraisal and revalidation, and to collate and make available a library of resources, including examples of good practice. The burden of documentation must be reduced and the focus on quality improvements enhanced.

As the current RCGP website and support was generally felt to be valuable by most of those who had used it, it is also important that members are aware that this is a benefit that they can access.