



Building Trust in People and Places: Is medical revalidation building trust and assurance in doctors?

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Outline

- Brief overview of study
- Is medical revalidation building public trust in the profession through facilitating the identification and remedy of potential concerns earlier?

Purpose of UMbRELLA evaluation

OVERVIEW

Purpose of the evaluation

- 30 research questions, addressing 6 core regulatory aims for medical revalidation:
 - Is the GMC's objective of bringing **all doctors into a governed system** that evaluates their fitness to practise on a regular basis being **consistently** achieved?
 - How is the requirement for all doctors to **collect and reflect upon supporting information** (SI) about their whole practice **through appraisal** being experienced by revalidation stakeholders?
 - Is engagement in revalidation **promoting medical professionalism** by increasing doctors' awareness and adoption of the principles and values set out in Good Medical Practice?
 - Are revalidation mechanisms facilitating **the identification and remedy of potential concerns** before they become safety issues or FTP referrals?
 - **How do ROs fulfil their statutory function** of advising the GMC about doctors' fitness to practise and what support do they have in this role?
 - **Are patients being effectively and meaningfully engaged** in revalidation processes?

Seven work packages

- Research organised into seven work packages, by methods:
 1. Literature reviews
 2. Secondary analysis of existing data
 3. National and strategic surveys
 4. Appraisal capture
 5. Interviews with stakeholders
 6. Documentary analysis
 7. Root cause analysis of documentation when FTP referral

Building trust in the profession

- Are revalidation mechanisms facilitating the **identification and remedy of potential concerns** before they become safety issues or FTP referrals?
 - Work package 3: National survey of doctors as (appraisees and) appraisers
 - Work package 5: Interview with appraisers

Survey of doctors

- 26,171 doctors responded
- 4,454 respondents were also appraisers

Identifying poor performance

- 32.9% (n=1,299) of appraisers identified concerns about their appraisees
 - mostly dealt with within the appraisal itself and not escalated (86% n=883)
- 10.4% of appraisers (n=412) escalated a concern about at least one of their appraisees

Concerns identified that required formal escalation

Nature of concerns	Frequency	Percent*
Clinical knowledge or skills not up to date	105	25.7
Lack of reflective practice	186	45.5
Poor relationships with colleagues	120	29.3
Poor relationship with patients	49	12.0
English language skills	24	5.9
Health issues	89	21.8
Other personal issues	66	16.1
Other – None of the above	177	43.3

* Column sum > 100% since appraisers can identify multiple concerns about an individual doctor (N = 412)

Interviews with appraisers

Interviews conducted with appraisees	75
Interviews conducted with linked appraisers	41
Appraisals recorded	44
Portfolios accessed	20

Interviews with appraisers

- Themes
 - Openness and honesty
 - Sensitivity of appraisal
 - “The Shipman Effect”

Openness and honesty

- *'You see I think the people who are the real sharks and cowboys out there, they're going to work the toolkit, work appraisal, they can give the spiel, they know what to say to tick the buttons, they know how to talk round their colleague, they're going to choose a colleague who doesn't challenge them to be their appraiser, and they're going to get a nice clean record.'* (R0025, GP Partner, appraiser)

Sensitivity of appraisal

- *‘Yes, I would have thought that there are other mechanisms, or certainly that there should be other mechanisms other than appraisal for identifying performance concerns. Obviously every appraisal I do I always have one eye on that because I recognise my responsibility as an appraiser in that respect, but I’ve never really felt that it’s the system that would filter that out...’ (A0219, appraiser)*

The Shipman Effect*

- *'It's not going to root out a Harold Shipman, and that's what it was brought in to do, it just won't do that, it's not fit for purpose for that.'*
(R0235, Consultant, Appraiser)

*(R0246, Consultant, Appraiser)

Building trust in the profession

- Significant impact of revalidation on
 - Appraisal rates
 - Supporting low level concerns –
burnout/stress/health/compliance with process
 - Not sensitive enough to identify a Shipman



Discussion

