

Survey findings

Revalidation

The early experiences and views of responsible officers from London

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Overview

- Revalidation of doctors became a statutory obligation for all employing organisations in the United Kingdom on 3 December 2012 after a lengthy process of consultation and preparation.
- Responsibility for this process lies with responsible officers (ROs); this role can be independently appointed but most organisations appoint their medical director or assistant medical director.
- The King's Fund was commissioned by what is now the NHS England (London region) Revalidation Team to carry out a small research study to capture the experiences and reflections of ROs in London.
- A total of 53 ROs responded to an online survey, and in-depth interviews were also conducted with 20 ROs; at the request of NHS England Revalidation Team, the interviews focused particularly on the experiences of ROs from secondary care and mental health.
- Twenty-two of the respondents were broadly positive about their experience of the first few months of revalidation, only five were negative, and the rest were reserving judgement.
- The findings from this study have emphasised a number of important points.
 - Where boards or executive leaders prioritise revalidation through investment in the systems (including IT systems), resources and development of individuals, the process runs smoothly and is seen as valuable.
 - Where robust systems of appraisal and clinical governance were already in place they supported the process of revalidation and made it more straightforward to implement.
 - If the quality of patient care and patient outcomes and experience are to be placed at the centre of revalidation, organisations need to invest in capturing patient feedback and experience.

- The role of responsible officer is a significant management task. The support provided to ROs through the revalidation team, the General Medical Council (GMC) and their own human resource departments was seen as valuable and a necessary investment in making the process work.
 - When asked about performance concerns that had been raised through the process, almost half of those in the survey and those interviewed had raised no concerns. The concerns that were identified covered a range of issues around skills, attitudes, probity and health.
- From the responses of this sample of responsible officers, we have a snapshot of what the introduction of revalidation (still at an early stage) has meant for them. We hope that their account shows other ROs, doctors participating in revalidation, boards of designated bodies (any organisation employing a doctor) and senior leaders in the system that revalidation can offer to support continuing professional development, encourage reflective practice, and to deal with weaknesses in a transparent and trustworthy way.

Introduction

The proposal for revalidation of health professionals was set out in the 2007 White Paper *Trust, Assurance and Safety: The regulation of health professionals in the 21st century*. Revalidation of doctors became a statutory obligation for all employing organisations in the United Kingdom on 3 December 2012 after a lengthy process of consultation and preparation.

Revalidation is seen as a ‘key component’ in a range of measures aimed at improving the quality of patient care, providing assurances that licensed doctors are practising to appropriate professional standards. It applies to all licensed doctors in the UK working in the NHS and the private sector and to all branches of practice. It is also intended to ‘improve relationships between medical management and individual doctors’ (Shepherd and Cameron 2010, p 660), encouraging a culture of continuous professional improvement. Organisations have a duty to provide the opportunity for all doctors to have an annual appraisal; they must also ensure that organisational systems and processes allow access to the clinical governance information that doctors need for their appraisals. Doctors are required to keep a portfolio of supporting information to show they meet the necessary standards; this must cover all work undertaken for all employers with which they are contracted.

From these regular appraisals the organisations make a recommendation, usually every five years, about a doctor’s suitability for revalidation. Each employing organisation has to appoint a responsible officer (RO), who has a statutory responsibility to ensure they have robust systems of appraisal and clinical governance in place to support the process of revalidation. This role is critical to the success of revalidation and makes the formal link with the professional regulator, the General Medical Council (in accordance with the guidelines set out in its ‘Good medical practice’ guidelines (GMC 2013)). They have the ‘statutory duty to evaluate fitness to practise and monitor the conduct and performance of the doctors that they are responsible for’ (NHS Employers November 2011) and to make a recommendation to the GMC on behalf of the organisation about their doctors’ fitness to practise.

In most cases, as originally envisaged by Patricia Hewitt (the then Secretary of State for Health) and Sir Liam Donaldson (the then Chief Medical Officer), revalidation will reinforce good practice. However, it can in a few cases highlight concerns, which are categorised under three headings: health, conduct, and capability. Many of these concerns can be resolved by the RO, employing organisation and the individual doctor, with appropriate remedial support offered locally. Where more formal concerns arise, remediation may be needed; this term covers a range of help from advice, through training to rehabilitation.

A number of national organisations, in addition to the GMC, share the responsibility for the successful introduction of revalidation. The Department of Health, for example, set up the NHS Revalidation Support Team, which offers support to organisations and responsible officers, including establishing local RO networks. The Academy of Medical Royal Colleges (AMRC) assisted the GMC in the development of quality assurance proposals, and co-ordinated a number of working groups which focused on issues relating to revalidation including clinical audit, non-clinical work and return to practice and remediation. NHS Employers (part of the NHS Confederation) supported employers in the effective implementation of revalidation including promoting inter-professional working between ROs, senior managers and the wider human resources team.

In March 2013, The King’s Fund was commissioned by what is now the NHS England (London Region) Revalidation Team to carry out a small research study to capture the experiences and reflections of ROs in London. The team was particularly keen to understand the experiences of ROs from secondary care and mental health, so we undertook face-to-face interviews with a selection of ROs from those settings. The study aimed to:

- create a snapshot of the overall experiences of and views on revalidation from ROs in a variety of health care organisations in London, including their views on improving the process
- review the performance status of doctors who have undergone revalidation as well as identifying ROs’ concerns about performance identified through revalidation
- capture the reflections of ROs on the impact of revalidation to date and in the future with specific reference to culture (ie, ‘how we do things around here’).

The purpose of the study was to enable NHS England (London Region) Revalidation Team to inform future rounds of revalidation and to continue to provide meaningful support to the London RO network.

At The King’s Fund we were interested in the impact that the introduction of revalidation had on the culture of organisations and specifically on whether ROs felt that it could contribute to the development of more reflective practitioners and have an impact on patient care.

Methods

The study used a mixed-method design; a quantitative survey was sent out to all ROs in London to capture some broad metrics; a series of qualitative interviews was conducted with a smaller number of ROs designed to explore questions and emerging themes in more depth.

Survey

An online survey was sent to 133 ROs, representing 170 designated bodies taken from 8 types of organisations.

Health sector	Designated body
NHS hospital	28
NHS community trust	2
NHS mental health trust	9
NHS other	2
Independent health care provider	85
Independent other	8
Locum agency	28
Hospice/charity	8

A total of 53 (40 per cent) ROs responded to the survey; a good response, although the numbers in the sample are small. Most respondents (75 per cent) were both responsible officer and medical director or deputy/associate medical director.¹

The table below shows the breakdown of respondents by organisation type.

Health sector	Number of respondents
NHS secondary care	12
NHS mental health trust	1
Independent primary care	2
Independent hospital	12
Independent clinic	9
Other independent organisations	5
Locum agencies	4
Hospice/charity	2
Other*	6

* Including NHS ambulance service, NHS blood transfusion and charities.

It should be pointed out that although the total number of independent providers is high, the total number of doctors employed by those organisations is small. A ‘designated body’ covers any organisation that employs a doctor; some independent providers may employ only one doctor but are still required to have a responsible officer. The 85 independent providers have only 73 responsible officers between them as one responsible officer might be responsible for a number of independent practices. By contrast, the 49 designated bodies in the NHS each have one responsible officer, and each RO might be responsible for many doctors. For example, 17 ROs (one-third of the respondents) were responsible for more than 200 doctors.

The survey was completed anonymously; no data can be attributed to any individual.

Interviews

The King’s Fund approached 40 responsible officers to take part in a structured interview, 30 of whom were drawn from secondary care and mental health organisations to take account of the secondary aim of the study.² Of the individuals who responded, we selected 20 to provide a mix of opinions and to ensure a focus on secondary care and mental health. Interviewees came from the following types of organisations.

Health sector	Designated body
NHS hospital	10
NHS mental health trust	2
NHS other	1
Independent health care provider	5
Independent other	1
Hospice/charity	1

We wanted to examine further some of the themes generated by the survey, in particular:

- the responsible officers’ personal experience of implementing revalidation
- performance issues and concerns arising out of the first year of the process
- the impact of revalidation, with a particular focus on culture.

Questions from the survey and the discussion guide from the interviews can be found in the appendix.

¹ Under revalidation, organisations can choose to have an independently appointed RO or appoint their medical director or assistant medical director to this role.

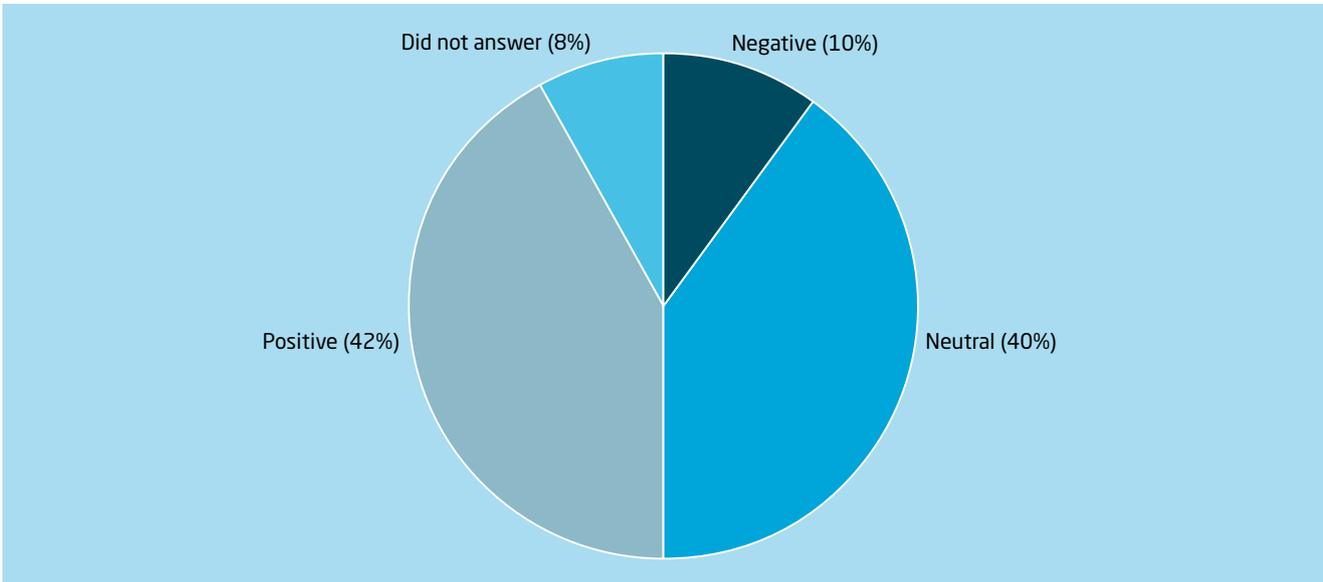
² Because the responses to the online survey were anonymous, we cannot tell which of these had also completed the survey.

Revalidation: the overall experiences and views of ROs

Although the survey was conducted only six months after the formal launch of revalidation (in June 2013), 22 (42 per cent) of ROs felt positive, only 5 (10 per cent) were negative and 21 (40 per cent) were reserving judgement, indicating that it was 'too soon in the process to say'.

Q17 How would you describe your overall experience of being a responsible officer?

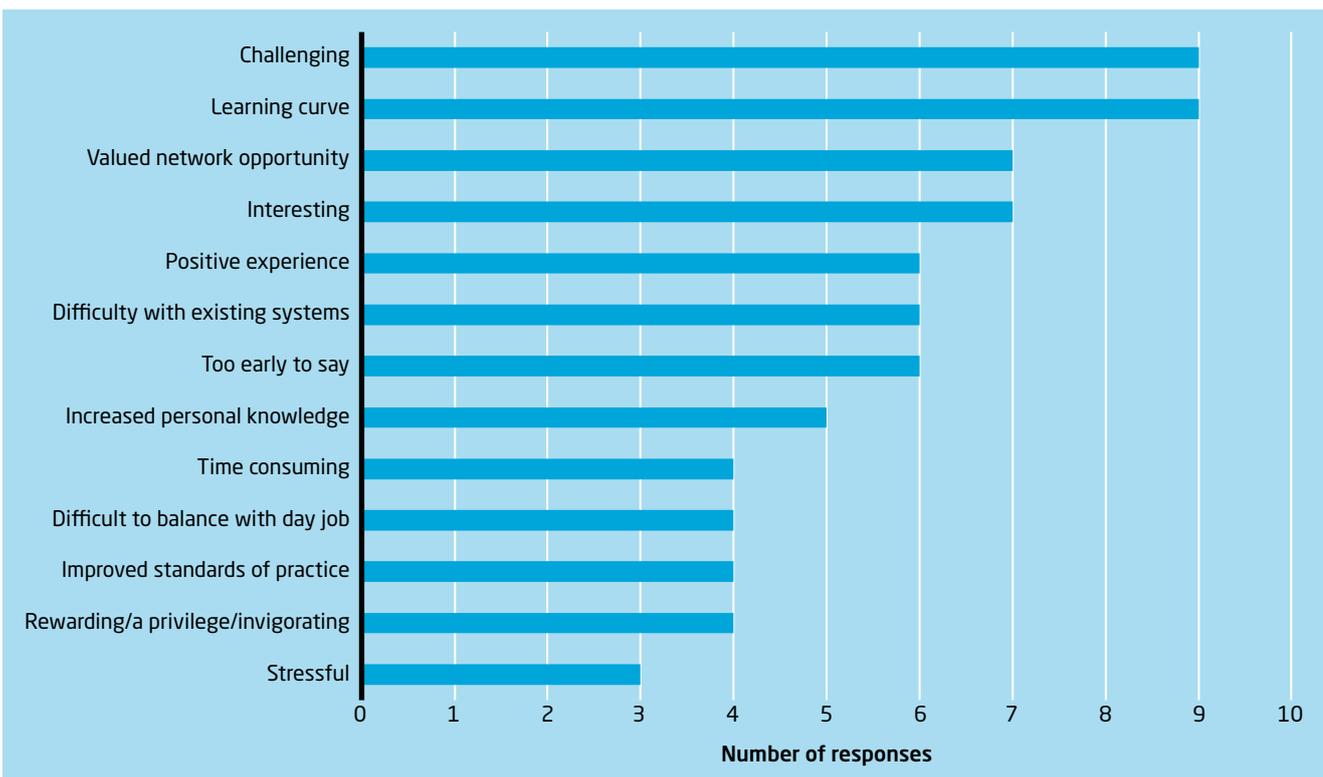
General thoughts



The chart below represents the breakdown of views from the 53 ROs in the online survey (who could give more than one response).

Q17 How would you describe your overall experience of being a responsible officer?

Breakdown of views



The ROs who had a positive view of revalidation supported this view by highlighting that:

- the learning process was both interesting and challenging, and useful in their development
- the process had increased their understanding of appraisal and had had a positive impact on their participation in their own appraisal and reflective practice
- for some ROs the focus on governance and governance systems was overdue and necessary
- medical directors and associate medical directors found the process made their role in ‘managing performance easier’.

Those ROs who had had a more negative experience – expressed in both the online survey and the structured interviews – were split between those who were genuinely struggling to achieve the expectations of the process and those who were expressing a previously identified perception of ‘tension between the formative role of appraisal and summative function of revalidation’ (Hill *et al* 2012).

The reasons for these more negative views included:

- a lack of organisational support/investment in systems to underpin revalidation
- the burden of the process involved and the ‘learning curve,’ which some ROs identified as ‘steep’
- increased responsibilities and time pressures for those ROs who are also medical directors
- additional challenge for the independent sector, in relation to engaging geographically dispersed doctors
- a minority view that revalidation was like using a ‘sledgehammer to crack a nut’; two of those expressing this view also suggested that revalidation created a culture of a minimum standard and therefore not ‘inspiring greatness’
- the lack of engagement by some doctors described as ‘cultural denial’.

Main themes from the survey and interviews

A challenging experience

Just under a quarter of ROs participating in the online survey described the experience of preparing and implementing revalidation as ‘climbing a learning curve’. For some the process was ‘rewarding and fascinating’, ‘a privilege’, ‘stimulating’ and ‘an opportunity for sharing good practice’ and for a minority the learning curve was described as ‘steep’.

An equal number described the experience as challenging in some form. This included descriptions of revalidation being an opportunity to stretch their existing knowledge base in certain areas, eg, governance. On the other hand, some described as challenging the ‘burden of managing the process’, the challenge of ‘balancing the day job with this’ where they were both a medical director and RO; for some this was translating into additional stress.

The particular pressures for ROs who were also medical directors also became apparent in the interviews. However, most also felt that revalidation was an extension of their medical director role and in fact gave them an advantage in engaging doctors in the process. The three ROs interviewed who were not medical directors did not comment on this affecting their ability or experience. Several interviewees suggested that undertaking the RO role illustrated the importance of medical management and leadership and that ‘protected time’ for these roles was essential.

The importance of systems and IT

Most ROs in both the survey and the qualitative interviews referred to the importance for revalidation of having established systems and processes within their organisations.

Where organisations were viewed as having robust processes in place, ROs reported a positive overall experience. We explored this theme in more detail in the qualitative interviews; two ROs from mental health trusts suggested that their organisations had more advanced systems and processes in place than their colleagues on the same patch in secondary care; both organisations had invested in information technology (IT) and electronic data collection, which underpinned both appraisal and revalidation processes.

Twelve of the ROs who were interviewed indicated their organisation had high levels of investment in IT. Two others who were interviewed suggested that having to use 'out of date and clunky' paper-based processes had had a negative impact on their experience of being ROs as it added extra time to what they saw as an already 'lengthy' process.

A number of ROs in the independent sector reflected on the 'burden of information transfer' in cases where doctors were employed by multiple organisations and they needed to collate information. One RO from the acute sector raised the question of whether the NHS should charge independent sector organisations when they received information requests from them.

The impact on behaviour and culture

Most ROs stated that their own knowledge of governance was stronger as a result of revalidation. Their overall knowledge, skills and confidence in both governance and the skills of reflective practice were improved; five of those who participated in the interviews suggested that participating in revalidation had improved their approach to undertaking casework in their medical or assistant medical director role.

Interviewees expressed the hope that revalidation would impact positively on the culture of how doctors participate in driving improvements, encouraging reflection on their practice and achievements, as well as on areas for improvement. Half of the ROs interviewed felt that this might be a longer-term aim. There was an acknowledgement that 'micro-cultures' of disengagement existed in all specialities.

There was one strongly expressed view that 'culture should change and be reflected in revalidation'; this was driven by a reflection that quality in the NHS was judged by what had gone wrong – eg, 'the debate post Bristol, Shipman, Mid Staffordshire'. This RO suggested that all concerned in judging and commentating on quality (including regulators) should change the lens through which quality is viewed, to include the millions of positive patient experiences and outcomes. This in turn would change the culture within organisations and therefore the output and quality of revalidation.

This view was supported by another RO in secondary care who warned that 'if you put revalidation into a dysfunctional unit it won't work as well as if it was introduced into an organisation with values around putting patients first, where total quality is the underlining approach to how work is viewed and an understanding that all professionals have a role to contribute'.

There was a suggestion from one RO that revalidation be extended to other parts of the workforce including specialist nurses and allied health professionals.

Six ROs interviewed suggested that the current system was 'not fit for purpose' and that 'there should be fewer metrics and more focus on patient and colleague feedback' and more 'focus on patient feedback, catalyst for forcing change in the way we think about providing service'.

Others believed that the current system would be more robust and serve its original purpose if more attention was given to the systems and processes used to gain quality patient experience and feedback. Six also stated that more needed to be done in the area of helping doctors get meaningful multi-source feedback (MSF); there was an overlap between this answer and views on impact of revalidation on culture.

Some of those interviewed suggested that revalidation strengthened the call for greater transparency and they viewed this as contributing significantly to the culture of care, as it would help all professionals, including doctors, to understand the importance of accountability.

Revalidation should be a sweep of quality rather than a means of defining it.

A small number of respondents to the online survey and one of those interviewed experienced dissonance between what they were being asked to do and what they believed was right. This highlighted again the philosophical difference between the aims of appraisal, which was viewed by these ROs as being developmental and promoting a 'learning culture' versus the minority view of revalidation being summative and promoting a culture of 'minimum standards'.

We created a Wordle from the main themes related to culture that we pulled out from both the survey responses and the interviews.



The support structure needed and reflections on RO network

Some respondents to the online survey (20 per cent) reflected positively on the support and resources provided by the London revalidation support team thus far, and 6 per cent indicated that ongoing support from the revalidation support team or central support would enable them to respond more effectively to concerns arising from revalidation.

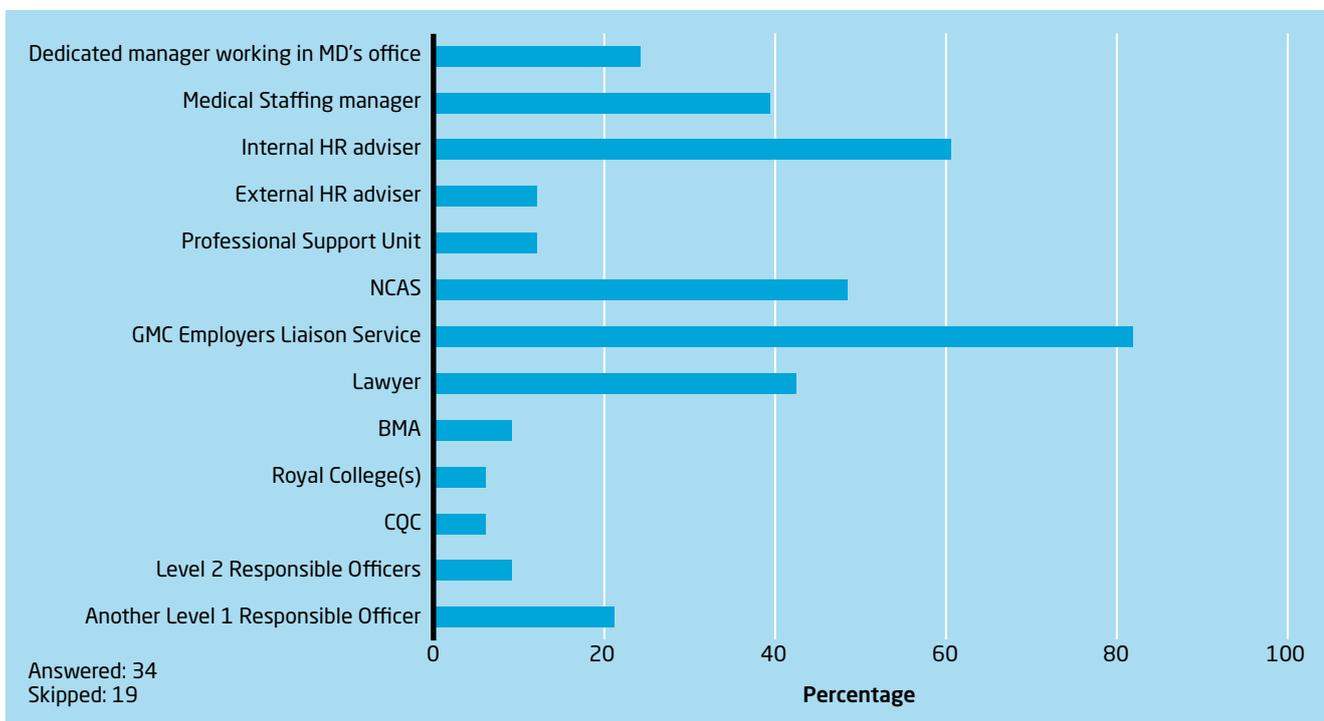
A number of ROs indicated that the RO network and networking events had been useful, although some felt that these events were more beneficial for ROs from the independent sector. The ROs in both groups highlighted the support of boards (in the acute and mental health sectors) as a key factor in supporting successful set up of revalidation and engaging more doctors in higher quality appraisal processes.

In addition, those contributing to the online survey:

- commented on the importance of continuing the education and development of ROs
- suggested that an anonymous online forum might be a welcome development
- believed that a more consistent and improved communication between ROs from different organisations and maintaining an RO network would achieve improvements
- believed that more dedicated time for ROs to manage the process of revalidation would lead to improved outcomes.

Most ROs responding to the online survey felt that existing support mechanisms were adequate for responding to future concerns as shown below:

Q10. Which of the following support mechanisms have you used in past year in responding to concerns about a doctor’s performance?



Current and anticipated concerns about doctors’ performance raised through revalidation

A core purpose of revalidation is to identify problems with performance and behaviour. Interestingly, 15 of the ROs participating in the online survey indicated that revalidation had not highlighted concerns; five indicated consultants were not engaged in the process. The remaining 33 indicated a variety of concerns including³:

Skills, capability, competence	15
Attitude, behaviours	8
Probity	8
Health issues	7

³ Some raised more than one concern

There was a difference between the feedback from the online survey and the qualitative interviews, with more concern being expressed in the survey, probably a reflection of the fact that the survey was anonymous. Some of the online cohort added brief comments relating to these concerns:

Skills, capability, competence: unwillingness to observe standards of clinical note keeping, lack of adequate clinical skills, poor communication skills, poor listening and team skills.

Behaviour/attitude: several references to bullying behaviour.

Probity: prescription fraud, misrepresentation of NHS session time when operating in private/independent sector.

Health issues, psychiatric issues, stress.

In the answers about which issues they felt might surface in the future – ie, the next five years – the respondents felt that the concerns would fall into all of the areas identified here. They also suggested that a challenge in the future would be the cost of and resourcing needed for remediation.

Six of ROs interviewed expressed a view that for ROs who are also medical directors to ‘not know about performance issues would mean that they were not doing their job as medical director’.

For those interviewed there were in the main ‘no surprises in the revalidation process’. One had not recommended one consultant for revalidation and two had deferred two consultants each. Three had identified issues around probity, these included consultants who were conducting private clinics during NHS session time; a further two indicated that issues were raised concerning the health of doctors. So although initially, interviewees had suggested there were ‘no real surprises’, six of the twenty had encountered and managed a range of performance issues as would be expected during the revalidation process.

The remaining ROs indicated in the interview that, in the main, revalidation had not identified performance concerns, although many believed that these would surface in 2014/15 when they would be engaging ‘the more difficult consultants’. Eight of those interviewed indicated that their greatest concern was a lack of engagement in the revalidation process by some consultants.

Conclusion

Our study of the impact of the introduction and first year of revalidation in London provided us with insight into the nuances of this new regulatory process from the perspective of the responsible officer.

Through their eyes and from their expectations, experiences and evidence we have a snapshot of what the introduction of revalidation (still at an early stage) has meant for them and for the doctors undergoing appraisal for revalidation and what impact it has had on organisational culture at present and possible future impact. We hope that their account shows other ROs, doctors participating in revalidation, boards of designated bodies and senior leaders in the system that the intent and purpose of revalidation can support continuing professional development, encourage reflective practice, and deal with weaknesses in a transparent and trustworthy way. Further work is now under way to examine the experiences of doctors being revalidated.

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Appendix – survey results

Q1. Please identify the type of organisation you work in from the list below

Health sector	Response number
NHS secondary care	12
NHS mental health trust	1
Independent primary care	2
Independent hospital	12
Independent clinic	9
Other independent organisations	5
Locum agencies	4
Hospice/charity	2
Other	6

Q2. Which of the following statements apply to you?

Answer options	Response %	Response number
I am the responsible officer and medical director	68	34
I am the responsible officer and deputy/associate medical director	6	3
I am the responsible officer but not the medical director or deputy/associate medical director	26	13
<i>answered question</i>		50
<i>skipped question</i>		2

Q3. How long have you been in your current role?

Answer options	Response number
Less than a year	9
1–5 years	29
More than 5 years	10

Q4. How many doctors are you the responsible officer for?

Answer options	Response %	Response number
<10	25.5	13
10–49	17.6	9
50–199	23.5	12
>200	33.3	17
<i>answered question</i>		51
<i>skipped question</i>		1

Q5. What training have you undertaken in responding to concerns about doctors' performance? (please tick all those that apply)

Answer options	Response %	Response number
In-house	28.8	15
NCAS	25.0	13
GMC	15.4	8
RO training/network	96.2	50
FMLM	5.8	3
Other (please specify)		4
<i>answered question</i>		52
<i>skipped question</i>		0

Q6. Of the options in question 5, which of these have been undertaken in past year?

Answer options	Response %	Response number
In-house	17.6	9
NCAS	13.7	7
GMC	13.7	7
RO training/network	96.1	49
FMLM	5.9	3
Other (please specify)		4
<i>answered question</i>		51
<i>skipped question</i>		1

Q7. Does your organisation have a policy for responding to concerns about doctors' performance (maintaining high professional standards)?

Answer options	Response %	Response number
Yes	98.1	51
No	0.0	0
I don't know	1.9	1
<i>answered question</i>		52
<i>skipped question</i>		0

Q8. Does your organisation have a policy for remediation of doctors' performance?

Answer options	Response %	Response number
Yes	84.6	44
No	15.4	8
I don't know	0.0	0
<i>answered question</i>		52
<i>skipped question</i>		0

Q9. Which of the following support mechanisms is available to you in responding to concerns about a doctor's performance? (please tick all those that apply)

Answer options	Response %	Response number
Dedicated manager working in MD's office	25.0	13
Medical staffing manager	36.5	19
Internal HR adviser	50.0	26
External HR adviser	21.2	11
Professional Support Unit	28.8	15
NCAS	71.2	37
GMC Employers Liaison Service	82.7	43
Lawyer	42.3	22
BMA	25.0	13
Royal College(s)	46.2	24
CQC	25.0	13
Level 2 responsible officers	61.5	32
Another level 1 responsible officer	28.8	15
Other (please specify)		6
<i>answered question</i>		52
<i>skipped question</i>		0

Q10. Which of the following support mechanisms have you used in past year in responding to concerns about a doctor's performance? (please tick all those that apply)

Answer options	Response %	Response number
Dedicated manager working in MD's office	24.2	8
Medical staffing manager	39.4	13
Internal HR adviser	60.6	20
External HR adviser	12.1	4
Professional Support Unit	12.1	4
NCAS	48.5	16
GMC Employers Liaison Service	81.8	27
Lawyer	42.4	14
BMA	9.1	3
Royal College(s)	6.1	2
CQC	6.1	2
Level 2 responsible officers	9.1	3
Another level 1 responsible officer	21.2	7
Other (please specify)		15
<i>answered question</i>		33
<i>skipped question</i>		19

Q11. What was the query you raised?

Answer options	Response %	Response number
Knowledge of national policy	35.5	11
Knowledge of local policy	22.6	7
Core investigation	74.2	23
Access to occupational health	25.8	8
Where to go for help	22.6	7
Other (please specify)		16
<i>answered question</i>		31
<i>skipped question</i>		21

Q12. Which of the following sources of funding are available for responding to concerns about a doctor's performance?

Answer options	Response %	Response number
Within MD budget	9.6	5
Within operational budget	21.2	11
Within HR budget	7.7	4
No specific budget, organisation pays	61.5	32
No funding available	9.6	5
Self funding	13.5	7
Other (please specify)		4
<i>answered question</i>		52
<i>skipped question</i>		0

Q13. Which of the following sources of funding are available to remediate doctors (where necessary) after investigation?

Answer options	Response %	Response number
Within MD budget	7.7	4
Within operational budget	11.5	6
Within HR budget	5.8	3
No specific budget, organisation pays	50.0	26
No funding available	30.8	16
Self funding	25.0	13
<i>answered question</i>		52
<i>skipped question</i>		0

Q14. How many doctors in the past year have been formally investigated in your organisation regarding performance concerns?

Answer options	Response %	Response number
0	42.3	22
1	17.3	9
2 to 5	26.9	14
6 or more	13.5	7
<i>answered question</i>		52
<i>skipped question</i>		0

Q15. Do you have access to trained case investigators for investigating concerns about doctors' performance?

Answer options	Response %	Response number
Yes	70.0	35
No	30.0	15
If no, would this be helpful to have?		12
<i>answered question</i>		50
<i>skipped question</i>		2

Q16. Are the case investigators internal/external?

Answer options	Response %	Response number
Internal	83.3	35
External	16.7	7
<i>answered question</i>		42
<i>skipped question</i>		11

Outline discussion guide for interviews with responsible officers

1. Introduction to the interview

2. Participant introduction

- Name, specialty, position.
- Role in relation to revalidation and number of doctors they are responsible for revalidating.

3. Personal experience – being a responsible officer

- What was it like being a responsible officer?
- What went well? What went less well?
- Overall, would you rate the experience as positive or negative? Reasons.
- What could be done to improve the process, from your perspective?

4. Review of emergent performance concerns

- What were the main performance issues emerging during revalidation?
- If none, why do you think that is?
- How successfully do you think revalidation picked up all issues?

5. Impact of revalidation

- What do you see as the main impact of revalidation so far?
- And what impact could revalidation have in the future?
- What will be key in driving any impact on culture?
- What could get in the way and how that could be overcome?

About the author

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Vijaya is a visiting lecturer at Milan's SDA Bocconi School of Management, and facilitator at The Windsor Leadership Trust. She has experience of working with leaders in both the private and public sectors and is an experienced facilitator of highly interactive, whole-systems change events.

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