

Council, 7 July 2011

Revalidation update

Executive summary and recommendations

Introduction

This short paper provides an update about the programme of projects looking at revalidation.

Decision

This paper is to note; no decision is required.

Background information

Please see paper.

Resource implications

The resource implications were accounted for as part of Policy and Standards Department planning for 2011/2012. The revalidation projects were included as part of the Policy and Standards Department Workplan for 2011/2012 agreed by the Council in March 2011.

Financial implications

The financial implications are accounted for by the funding received by the Department of Health.

Appendices

As outlined in paper.

Date of paper

27 June 2011

Revalidation update

1. Introduction

- 1.1 The Council last received a substantive update about the programme of work looking at revalidation in May 2010. Since then, updates have been provided as a part of the Policy and Standards Department report included in the Chief Executive's report at each Council meeting, and as part of other papers considered by the Council, including the Policy and Standards Department workplan approved in March 2011.
- 1.2 This paper updates the Council about the ongoing work in this area.

2. Policy context

- 2.1 The Command Paper 'Enabling excellence' published in February 2011 has refocused the agenda in this area on proportionality, costeffectiveness and added value. The regulators are asked to continue to work to develop an evidence base for revalidation but legislative change will only be considered 'where there is evidence to suggest significant added value in terms of increased safety or quality of care for users of health care' (page 19; paragraph 5.3).
- 2.2 Following the previous administration's White Paper on regulation, many of the regulators had approached the issue of revalidation by looking at how revalidation might work alongside (or before) seeking to develop a robust evidence base which might justify its use. The HPC took the view that building the evidence base was its first priority and developed a programme of work in light of this decision.
- 2.3 There now appears to be a renewed focus amongst the 'non-medical' regulators to closely scrutinise whether there is a justification for a new revalidation process or whether introducing or augmenting (existing) CPD processes would be sufficient. For example, the General Chiropractic Council (GCC) recently decided, having undertaken a consultation on a proposed revalidation model, that it could not demonstrate added value and therefore would not be undertaking any further work on revalidation. However, it indicated that it might wish to review its approach to CPD.

3. Concluded projects

- 3.1 Two of the revalidation project streams have now concluded. In December 2010 the Council considered a report from the Executive of the fact-finding visit conducted to the regulatory colleges in Ontario, Canada. The report has now been finalised after a thorough editing process in conjunction with the Colleges concerned, and will shortly be published on the HPC website.
- 3.2 At the Council meeting in May 2011, the Council considered two reports from commissioned research undertaken by Durham University. The first was the final report of a study exploring student and educator perceptions of what constitutes professional and unprofessional behaviour. This study

involved focus groups and interviews with staff from education providers and trainees / students in three professions. The report concludes this particular project. The final version of this report will be published as part of the research report series on the website in due course.

- 3.3 The second is a quantitative study to develop an approach to assessing professionalism, using tools such as the Conscientiousness Index (a tool for collecting discrete measures of professionalism). This involves collecting data using these tools relating to students / trainees on two programmes and 'tracking' students after graduation. The project will continue for a further four years with yearly progress reports.

4. Ongoing projects

- 4.1 The following provides an update about the remaining planned projects as outlined to the Council in December 2009. In May 2011 the Executive reported to the Council that the planned projects were currently being reviewed by the Executive to ensure that the work is delivered by the end of the year and in a way which makes best use of available resources, including the Department of Health grant agreed for the delivery of this work. This has informed the plans outlined below.
- 4.2 A list of the outstanding projects that the Executive plans to complete is outlined in appendix 1 to this paper.

Project 1 – Pre-registration education and training (externally commissioned)

- 4.3 This project has now been completed.

Project 2 – Professionalism tool (externally commissioned)

- 4.4 This project will run to March 2015 with annual progress reports. The next report is due May 2012.

Project 3 – Fitness to practise analysis (externally commissioned)

- 4.5 This work is being completed by a researcher at Oxford Brookes University. This project will result in an analysis of data related to registrants who have reached a final fitness to practise hearing looking at variations / trends across profession, age, gender, route to registration, location of incident relating to the complaint, time in practice and area of practice (e.g. managed or unmanaged environments).
- 4.6 The data has been provided to the researcher and at the time of writing this update, we were discussing timescales for a completed report. This will be considered by the Council by at least December 2011.

Project 4 – CPD audit analysis (externally commissioned)

- 4.7 The same researcher has also been commissioned to undertake multi-variant analysis of our CPD audit data to date. This will look at whether the data reveals characteristics which act as predictors for whether registrants are likely or not to successfully complete their CPD audits. This will include statistical and descriptive analysis.
- 4.8 At the time of writing this report, we were considering how this project would be delivered. Although it is possible to undertake some analysis of routinely recorded data, there may be increased value if we are able to consider such information as the area of practice of registrants (e.g. managed / unmanaged environment) in order to help capture some evidence on which to make conclusions about risk. We are currently considering the logistical arrangements for undertaking additional data entry.

Projects 5 and 6 – Literature review of the fitness to practise trends of the professions regulated by the HPC

- 4.9 These projects have been scoped but not fully initiated and it is proposed that the ground which would have been covered by these pieces of work is either covered elsewhere or can be incorporated within the final report.
- 4.10 Project 5 was to review and analyse the existing literature which contains information relevant to the fitness to practise of the professions regulated by the HPC. It was hoped that this might contribute to our understanding about the risk to the public posed by our registrants, by identifying if and how our registrants are involved in complaints processes outside the HPC's processes.
- 4.11 Some initial scoping work was undertaken looking at the available literature here. The Executive has concluded that such a review is unlikely to derive many positive benefits and risks duplicating the conclusions reached in previous research commissioned by the HPC, which concluded that there was very little available published research looking at complaints mechanisms for the 'non-medical healthcare professions'.¹ In addition, the HPC fitness to practise data analysis being undertaken in project 3 is likely to be more helpful in identifying characteristics and trends.
- 4.12 Project 6 was to identify any trends regarding the characteristics of health professionals, other than those regulated by the HPC, involved in fitness to practise complaints. The study was to include looking at the fitness to practise reports of the other regulators.

¹ Gulland, J. (2008), Scoping report on existing research on complaints mechanisms
<http://www.hpc-uk.org/publications/research/index.asp?id=208>

- 4.13 The Executive undertook some initial scoping looking at the fitness to practise reports of the other regulators. However, it was found that few trends could be observed, mainly because of variety in the way in which data is recorded and published, making direct comparisons or analysis of limited value. The Executive has concluded that it would be more constructive to look at the evidence gathered and conclusions made by the other regulators with regards to the risk of the professions they regulate or the characteristics of their registrant populations as part of project 8 (below) which is currently underway. Any data or information that might be helpful with specific reference to fitness to practise trends amongst the other regulators can also be incorporated into the final report.

Project 7 – Review of existing revalidation processes that have been implemented by international regulators

- 4.14 This project has been completed.

Project 8 – Review of existing revalidation processes that have been implemented or are being developed by other UK regulators

- 4.15 This project is currently underway. It is anticipated that a report will be presented to the Council in September 2011.

Project 9 – Review of patient feedback tools currently being developed by other health regulators (externally commissioned)

- 4.16 This project was to review patient feedback tools currently being developed by other regulators to ascertain the feasibility of such processes for the HPC. This project was identified as a result of the Continuing Fitness to Practise PLG's report, which identified that the potential for developing tools for 'structured patient feedback' might be explored further.
- 4.17 This project is now being delivered through externally commissioned research. At the time of writing, the invitation for research proposals had been sent out, with the expectation that the chosen researcher would be selected as soon as possible afterwards (anticipated in July 2011). This will be paid for using the funding provided by the Department of Health for our work in this area.
- 4.18 A copy of the research brief is appended for information at Appendix 2.

Final report

- 4.19 The final report will be presented to the Council at its meeting in December 2011 with the potential for the report to be considered again, with any changes incorporated, at its meeting in February 2012.

Appendix 1 – Outstanding projects

The following lists the outstanding projects with indicative timescales.

Project 2 – Professionalism tool (externally commissioned)

Final report due: March 2015 (interim reports every March)

Presented to Council: Next interim report May 2012

Project 3 – Fitness to practise analysis (externally commissioned)

Final report due: TBC

Presented to Council: TBC (by December 2011)

Project 4 – CPD audit analysis (externally commissioned)

Final report due: TBC

Presented to Council: TBC (by December 2011)

Project 8 – Review of existing revalidation processes that have been implemented or are being developed by other UK regulators

Final report due: September 2011

Presented to Council: September 2011

Project 9 – Review of patient feedback tools currently being developed by other health regulators (externally commissioned)

Final report due: December 2011

Presented to Council: December 2011

Final report – consolidation of all projects and recommendations

Final report due: December 2011

Presented to Council: December 2011 and/or February 2012