

## Trainees Corner

# GP trainees and revalidation

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### Key messages

Trainees views on revalidation greatly vary and significant knowledge gaps are present.

Work is to be done to both inform trainees of developments, and to ensure trainees buy-in to make processes useful for both doctors and regulatory bodies.

### Why this matters to us

Spurred on by GPST colleagues' general lack of clarity regarding principles and procedures of revalidation, we decided to attempt to assess this formally.

### ABSTRACT

GP trainees surveyed GP trainees in the London Deanery to ask their views about revalidation, and have found there are significant perceived deficiencies in knowledge, engagement, and faith in plans.

**Keywords:** governance, GMC, recertification, relicensure, revalidation

## Introduction and aim

The General Medical Council (GMC) has mandated that revalidation will be introduced from 2010. It will have two components: 1. Relicensing every five years from the time that the doctor comes onto the medical register after their first year of Foundation training to confirm that the doctor is fit to remain on the GMC register. 2. Recertification in the doctor's particular specialty. For many GP trainees this will mean recertification as a GP before they have completed specialty training. We set out to look at current levels of information and knowledge as well as attitudes towards revalidation.

## Methods

We built a survey using a third party provider ([www.surveygizmo.com](http://www.surveygizmo.com)). Invitations to reply were sent by email to all 1287 Associates in Training (AiTs) registered with the RCGP London Faculties' database. Two further email reminders were sent. The survey opened on the 22 June 2009 and ran until the 14 July 2009. Our software package tracked a number of pseudonymising details including geographic and IP data, and linking URL. Analysis was carried out using Microsoft Excel.

## Results

We obtained 158 completed responses, and 58 partial responses – a total of 209 out of the 1287 contacted.

Eighty-three people viewed the front page of the site and then exited; we estimate roughly ten of these were the study authors. One hundred and fifty eight responses equate to a 12.3% response rate; 209 responses equates to a 16.8% response rate.

The data were organised and cleaned of any obvious errors using Microsoft Excel. Generally, errors tended to be incongruous fields, such as 1/2 instead of 0.5 written for numerical values. We used results from combined completed and partial datasets (those where a respondent left the survey before completing) unless stated otherwise.

## Demographic features

Over 50% of respondents were aged 30 or less; the average age was 31. One respondent preferred not to disclose their age. There was a reasonably even spread of trainee level (specialist training levels 1, 2, 3 and 4). Reflecting the higher proportion of women in GP training, most respondents were female (68%); 29% were male, and 4% chose not to disclose gender. Respondents were noted from 28 London Schemes; 43 respondents were not from London (20 from Kent, Surrey and Sussex Deanery). The respondents were distributed roughly evenly between ST1 (36%), ST2 (27%) and ST3 (35%), one ST4 responded.

**Table 1** Responses of trainees when asked whether they clearly understood the difference between revalidation and recertification ( $n=163$ )

Grade	No (%)	Partially (%)	Yes (%)
ST1	34	48	18
ST2	28	50	22
ST3	23	48	28

Thirty one percent of trainees felt that they had received sufficient information on revalidation and recertification from the GMC; 24% felt they had received sufficient information on these subjects from the RCGP.

Sixty percent were unaware of the consultation by the GMC on revalidation ( $n=163$ ); 35% ( $n=65$ ) had responded to this consultation. Sixty nine percent were unaware of the consultation by the RCGP on revalidation ( $n=163$ ); 15% ( $n=52$ ) had responded to this consultation.

Sixty seven percent were unaware of the recently published RCGP documents on revalidation ( $n=163$ ). Of those answering who were aware of the publication

( $n=55$ ) 53% had read it, the remainder saying no or not sure.

**Table 2** Trainee responses to those who have read the RCGP guide to revalidation, or plan to in the following three months

Grade	No (%)	Not sure (%)	Yes (%)
ST1	29	29	43
ST2	28	33	39
ST3	18	9	73
ST4		100	
Total	24	24	53

**Table 3** GP trainees' views of revalidation ( $n=163$ )

Item	Yes (%)	Not sure (%)	No (%)
I feel that revalidation will be helpful to general practice.	32	56	12
I feel that revalidation will hinder general practice.	20	55	25
I think that revalidation will produce safer doctors.	27	53	20
I think that revalidation will improve clinical care.	26	53	20
Average	26.2	54.3	19.5

## Discussion

The demographic spread presented suggests a response group which may be biased towards older trainees. The response rate is disappointing.

It was noted that 43 non-London trainees responded (half from Kent, Surrey and Sussex Deanery). Owing to the anonymity of respondents we were unable to further analyse these.

Less than a third of doctors definitively felt that revalidation would help general practice. Just over half of respondents were not sure whether revalidation would help or hinder general practice, or improve safer doctors, or clinical care. Twenty percent felt it

**Box 1** Selected free text comments from trainees

Free text comments noted a variety of attitudes, positive and negative, mild to severe. These included:

‘Poor doctors will still be able to churn out good portfolios.’

‘Although I always want to read and study, this may not always be easy and certainly I know colleagues who will be much less conscientious about keeping up to date. I feel revalidation will formalise the need to keep up to date and make it easier for GPs to do this.’

‘... the government... are strangling the profession.’

‘Too early to say and difficult to predict.’

Eight responses directly referred to Shipman.

would hinder general practice and 55% were not sure whether it would. One fifth also felt it would not produce safer doctors or improve clinical care.

Under a third of respondents felt they had received sufficient information on revalidation from the GMC, and under a quarter from the RCGP. Slightly higher numbers (one third) were aware of recently published documents from the RCGP on revalidation. While we are aware of the information drives that have been pushed by these bodies there is some concern that trainees continue to state a deficit of information. This disappointing result is likely to incorporate aspects of both perceived low engagement and perceived low available knowledge of process – the latter is in keeping with the fact that less than a quarter of respondents were sure of the difference between revalidation and recertification.

## Conclusion

There is significant work to be done in terms of awareness and process definition in revalidation.

We recommend that: the RCGP actively canvasses trainee opinions nationally; the RCGP disseminates a concise and practical factfile of information to GP trainees; the GMC and RCGP investigate trainees’ concerns regarding revalidation further

### ACKNOWLEDGEMENTS

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### CONFLICTS OF INTEREST

Dr Mowle and Dr Whiteman hold senior positions in the Faculty, Deanery, and RCGP. At the time of writing Ali Hasan was a GP ST1.

### FURTHER READING

Information on revalidation was primarily taken from GMC, RCGP, and DH documents. Information on various processes continues to be updated from the aforementioned bodies’ websites and we would recommend people to refer to these for the most recent developments.

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