

---

## 4a

*To consider*

### **Consultation on Revalidation**

#### **Issue**

1. Our forthcoming consultation on revalidation.

#### **Recommendations**

2.
  - a. To agree the framework for the proposed consultation (paragraphs 9-19).
  - b. To authorise the Chair of Council and the Chair of the Continued Practice Board to approve the final version of the consultation document for publication (paragraph 20).
  - c. To agree proposals for engagement throughout the consultation period (paragraphs 21-41).

#### **Further information**

3. If you require further information about this paper, please contact us by email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) or tel. 0161 923 6602

## Background

4. Strategic Aim 2 of our 2010 Business Plan is to 'give all our key interest groups confidence that doctors are fit to practise.' This includes a commitment to developing policy and guidance to support the introduction of revalidation; and consulting on that policy and guidance. In addition, Strategic Aim 5 is to 'develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK'.

5. The 2007 White Paper *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century* set out the basic policy framework for revalidation. The 2008 report of the Chief Medical Officer for England's working group, *Medical Revalidation – Principles and Next Steps*, set the direction of travel for implementing that framework. The UK Revalidation Programme Board is now overseeing the 12 separate work streams necessary to deliver revalidation.

6. The revalidation model is relatively straightforward, but the number and nature of the constituent projects make the picture complex. Our key interests need to understand how the different elements fit together and how they, in particular, will be affected by our proposals. Above all, there needs to be consensus about, and confidence in, the process.

7. Our consultation on revalidation will begin on 1 March 2010. Before the widespread roll-out of revalidation, the policies that underpin this new approach in medical regulation must first be finalised. A considerable amount of work has been undertaken over the past year to develop these policies with other organisations. This consultation marks the next phase of the process, and is an important opportunity to engage more widely with the organisations and individuals who will be affected by these policies and new arrangements.

8. This paper considers our plans for the consultation.

## Discussion

### *Consultation framework*

9. At its meetings in September and December 2009, the Continued Practice Board (CPB) considered the framework for the consultation.

10. At these meetings, members emphasised the importance of the proposed consultation providing a coherent and authoritative account of our proposals for revalidation. In particular, members agreed that a single consultation, covering a range of related themes, would help us to explain to our key interests how the different components of the proposed revalidation framework will fit together and how various groups might be affected by our proposals.

11. Members agreed that we should use the opportunity to address key issues through a single consultation exercise and that the consultation should cover eight themes:

- a. The revalidation model.
- b. The GMC framework for appraisal and assessment based on *Good Medical Practice*.
- c. The specialty standards and assessment or evaluation methods developed by the medical Royal Colleges and Faculties.
- d. The principles and criteria for Multi-Source Feedback.
- e. Continuing Professional Development.
- f. Revalidation and updating the register.
- g. Policy questions and non-standard scenarios.
- h. Phased roll-out of revalidation.

12. The CPB agreed that the GMC should lead the consultation, although the consultation should recognise the contributions of key interests, such as the departments of health, the Academy of Medical Royal Colleges (AoMRC) and individual Colleges and Faculties.

13. One of the challenges we have faced in developing the consultation material has been to try to present the information in a clear and coherent way. The number of issues covered in the consultation means that it will be a fairly lengthy and complex document. We are conscious too that some interested parties may only want to comment on certain parts of the consultation. We are seeking to ensure that the consultation material is as navigable as possible, with clear indexing and sign-posting. We are hoping that many more people will access the consultation online rather than in hard copy as this makes navigation and sign-posting a little more straightforward.

14. The consultation document will be divided into four main sections:

- a. How Revalidation will work.
- b. What doctors, employers and contractors of doctors' services will need to do.
- c. Patient and public involvement in revalidation.
- d. How and when revalidation will be introduced.

15. The consultation document will include the following annexes:

- a. A process diagram, outlining the proposed revalidation model.
- b. Glossary of terms, organisations and acronyms.

- c. Frequently asked questions on revalidation.
- d. The *Good Medical Practice* framework for appraisal and assessment.
- e. Specialty and General Practice Frameworks.
- f. GMC Principles, Criteria and Key Indicators for MSF in Revalidation.

16. In order to keep the consultation document to a manageable size, we are limiting the amount of background information in the document itself. We are proposing to annex an updated edition of the Frequently Asked Questions document that is currently available on our website; this covers many of the background policy issues.

17. We are branding the consultation *Revalidation: The Way Ahead*. This follows a similar approach to the successful licensing campaign.

18. We have commissioned a designer to develop a colour version of the consultation document, designed to help to facilitate easy navigation of the consultation material. The design for the consultation material uses a different colour for each of the four consultation themes.

19. Interested parties will also be able to respond to the consultation online, through our consultation website. Again, we want to make sure that the website design is easy to use and allows interested parties to access readily those parts of the consultation that most interest them.

**Recommendation:** To agree the framework for the proposed consultation.

#### *Draft consultation document*

20. CPB members discussed the draft consultation document on 9 February 2010. The document was then circulated to all Council members who have had an opportunity to comment. Further changes will need to be made to incorporate contributions from members. We would suggest that the final version should be signed off by the Chair of Council and the Chair of the Continued Practice Board prior to publication on 1 March 2010.

**Recommendation:** To authorise the Chair of Council and the Chair of the Continued Practice Board to approve the final version of the consultation document for publication.

#### *Communication and engagement*

21. CPB members considered and agreed a high level draft communications plan when they met in December 2009. Since then, we have been working on putting together a programme of events and activities to support the consultation together with exploring a variety of channels and products to publicise the consultation.

22. Our proposals are built on engaging effectively with our key audiences across the four UK countries. Given the implications of revalidation for both doctors and employers, we are targeting both groups in our campaign. We are also looking at ways of ensuring that we involve patients and the public in the consultation.
23. Our purpose in engaging with doctors is two-fold. Firstly, we need to use this consultation to ensure that doctors are better informed about our proposals and that they have an opportunity to respond and influence the way that revalidation is introduced and how it will work for them. We also need to use the opportunity afforded by the consultation to provide reassurance to doctors that our proposals are based on existing professional activities that are worthwhile in themselves rather than new activities devised for the GMC's purposes. That is important, both to ensure that doctors engage in and support the process but also to minimise additional costs on the healthcare service and the time doctors have to spend away from their patients.
24. We are committed to engaging with particular groups of doctors, during the consultation, who may have particular concerns such as locum doctors, black and minority ethnic doctors and more generally, Staff and Associate Grade Specialist doctors and those working in the independent sector.
25. With employers, both in the NHS and independent sector, we need to use the consultation to ensure that revalidation begins to feature prominently on their agenda and that they understand that it will be based on local systems of appraisal and clinical governance. We also want to hear employers' views on whether our proposals are practical and proportionate and whether they make a contribution to assuring the quality of care provided to patients.
26. With patients, and the public more generally, we need to provide an overview of how the system will work but also engage them in some of the detail of how patients can contribute to the process by providing feedback on the practice of the doctors involved in their care. We also need to get their views on whether the process as a whole can provide further confidence and assurance that the doctors they see are up to date in their practice.
27. We will be sending details of the consultation to several thousand organisations and individuals, covering all of our key interest groups across the UK. We are communicating with representative organisations to establish the most effective avenues for reaching their constituents.
28. We are also devoting several pages on our website to the consultation. These will cover the four main consultation themes and will include links to the consultation website.
29. We plan to reach every doctor on the register by devoting the entire next edition of *GMCToday* to the introduction of revalidation in general and the consultation in particular.

30. We have arranged a series of briefing and launch events in each of the four UK countries which will take place during the first two weeks of the consultation. The purpose of these events will be to brief key organisations about the consultation to ensure they are 'on message' and to seek their support in promoting the consultation through the channels and networks that they operate in order to maximise awareness of the consultation with doctors, employers and patients.

31. The briefing events will be led by either the Chair or the Chief Executive and members of Council. We have invited representatives from a range of organisations, including revalidation partner organisations such as the medical Royal Colleges and the departments of health.

32. Following the briefing events, we are planning an extensive engagement programme during the three months of the consultation.

33. Our proposals include a series of mid-size consultation events, held across England, Wales, Scotland and Northern Ireland. These will be mixed events, involving a range of key interests.

34. Alongside these general events, we are also planning a series of more targeted events, involving particular key interests. For example, we are looking to hold events specifically for Medical Directors, both in the NHS and in the independent sector. It is likely that we will use some of these sector specific events to focus on particular consultation themes.

35. We are seeking to hold a joint event with National Voices, a coalition of over 200 health and social care organisations, aimed at giving a voice to patients and their carers.

36. There will also be a series of smaller scale events across the four UK countries. These are also targeted at a range of key interests and include a series of discussions with patient and public involvement groups in Scotland and a number of primary care events in both Wales and Northern Ireland.

37. We have agreed to take part in a significant number of other pre-arranged third party events taking place during the course of the consultation. These include conferences organised by the British Association of Medical Managers and events involving the NHS Employers Board, and Scottish Government Revalidation events.

38. We have not yet finalised our communications and engagement programme. The programme will inevitably evolve, for example, as we receive requests for speakers at further events during the course of the consultation. The number of events planned means that it is going to be a challenging period which will need careful planning and management.

39. In parallel, we are also developing a number of tools to encourage participation in the consultation. We are working on a series of podcasts that we hope will generate interest in the consultation during the campaign. We are planning to release an initial brief introductory podcast to tie in with the launch of the consultation, followed by a series of themed podcasts, aimed at different audiences.

40. We are also developing an engagement toolkit, designed to encourage discussions at a local level, for example, among groups of doctors. The toolkit will include a presentation, discussion notes and a poster.

41. We are developing our media strategy and we will be holding a press briefing prior to the launch of the consultation and will be looking to generate articles during the course of the consultation.

**Recommendation:** To agree proposals for engagement throughout the consultation period.

### **Resource implications**

42. The consultation costs are likely to be in the region of £75,000.

### **Equality**

43. Our communication and engagement plan involves a series of initiatives to help us engage effectively with a wide range of people and organisations. We are organising events and other communications channels to ensure that we engage effectively with doctors who work part-time, doctors taking career breaks and doctors working in particular settings or modes of practice in which black, minority and ethnic and/or international medical graduate doctors are particularly represented (including locums, single-handed GPs or specialty doctors). We are working with organisations such as National Voices to ensure that we also encourage feedback on our proposals from a range of organisations representing patients and the public.