General Medical Council

Regulating doctors
Ensuring good medical practice

4a

To consider

Revalidation: Draft Project Initiation Document

Issue

1. What steps are needed to ensure that the UK Revalidation Programme Board is appropriately established and that its programme of work is accurately defined.

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Recommendations

2. a. To agree the draft terms of reference for the UK Revalidation Programme Board (paragraphs 11-17).

   b. To agree the draft Project Initiation Document (paragraphs 18-23).

Further information

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

Background

4. The purpose of revalidation is to ensure that licensed doctors are up to date and fit to practise. Revalidation has three elements:

a. To confirm that licensed doctors practise in accordance with the GMC's generic standards (relicensing).

b. For doctors on the specialist register or GP register, to confirm that they meet the standards appropriate for their specialty (recertification).

c. As a backstop, to identify for further investigation, and remediation where appropriate, doctors whose practice is impaired, or may be impaired, where local systems are weak or non-existent.

5. Revalidation also gives further focus and energy to doctors' desire to keep up to date and improve their practice, through continuing professional development. Revalidation is one of several mechanisms for improving quality, and reducing the risks of patient care, all of which must act in concert.

6. A key aim has been to minimise additional burdens, with revalidation built, as far as practicable, on local systems developed primarily to meet the needs of the NHS and other healthcare providers.

7. The 2007 White Paper, *Trust, Assurance and Safety: The Regulation of Health Professionals in the 21st Century* set out the overarching policy aims for revalidation.

8. More recently, the Chief Medical Officer for England's Medical Revalidation Working Group published its report - *Medical Revalidation Principles and Next Steps*. This charted the way towards implementation, which included:

a. Placing enhanced appraisal, built around our framework for appraisal and assessment, at the heart of revalidation.

b. Recognising the importance of patient and colleague input through 360 degree or multi-source feedback (MSF). We would develop principles and criteria for MSF tools, based on expert advice and consultation.

c. Acknowledging the need for careful piloting of the components and procedures for revalidation.

d. Recognising the need to approach relicensing and recertification as one set of processes with two potential outcomes rooted in the evidence of doctors' day to day performance.

e. Developing a common framework for continuing professional development based on simple principles.

f. Recognising that implementation is a shared responsibility across a number of organisations.

g. Establishing a Revalidation Programme Board to oversee the delivery of revalidation.

h. The introduction of licensing.

9. The conclusions of the report were wholly consistent with the Council's established policy position and plans.

10. Some further background information and details of our ongoing work programme on revalidation are attached at Annex A.

Discussion

UK Revalidation Programme Board

11. On 18 September 2008, Council considered our plans for establishing a UK Revalidation Programme Board (UKRPB) supported by delivery boards in each of the four countries of the UK. The precise form of the delivery arrangements (whether a board or other mechanism) will be the responsibility of the relevant country.

12. One of the lessons from the past 10 years is that the practical implementation of the processes necessary for revalidation is for the healthcare systems in the four countries to deliver. The UKRPB and the four delivery mechanisms will be crucial in co-ordinating that work.

13. The UKRPB will take responsibility for overseeing the delivery of revalidation and will include representatives of all key interests. We have appointed a Chair (Sir Michael Pitt) to assist in drawing all responsible organisations into an effective team to deliver the programme. The Programme Board will be accountable to the GMC and will report progress to the GMC on a regular basis.

14. The Board will be transparent in its proceedings to enable productive debate and constructive challenge to emerging proposals. Early tasks for the Board will be to agree robust programme and project management and reporting arrangements for revalidation and to ensure an effective communications strategy so that the profession, the public and other key interests are able to engage with the work of the Board.

15. The Board will comprise approximately 16 members, including two Council members. Most of the members of the Board have already been identified. The Board is due to meet for the first time on 10 February 2009.

16. The UKRPB will be a high level board that will need to agree the common elements that must exist in all processes that lead to revalidation regardless of sector or geographical location. It will convene at least quarterly and its primary role will be to make key decisions on direction of travel and to review progress towards implementation in each of the four countries. It will agree the Project Initiation Document and high level project plan and timetable for delivery at its first meeting. It will review progress against the high level project plan and timetable at each of its meetings following reports from the Delivery Boards.

17. Draft terms of reference for the UKRPB are attached at Annex B.

Recommendation: To agree the draft terms of reference for the UK Revalidation Programme Board.

Project Initiation Document

18. We have been working with the Department of Health for England to develop a Project Initiation Document (PID), which will define the programme of work, aims and objectives.

19. The PID builds on the approach to revalidation as a shared responsibility. It identifies the key elements that need to be in place to support the process of revalidation and describes the twelve key projects that need to deliver these particular elements. Some of these projects will be led and delivered by the GMC but others will be the responsibility of other organisations such as the Department of Health (England), the devolved administrations and the medical Royal Colleges.

20. Of course, all organisations will need to work together closely and in concert to ensure that the programme of work moves forward in a coherent way. The GMC will be responsible for ensuring that all of the project plans are pulled together into one high level project plan and timetable and for keeping these plans up to date.

21. The timetable in the PID currently reflects the schedule set out in the report of the Medical Revalidation Working Group published in July 2008. We are working on a revised timetable, which we will bring to members.

22. Following comments from members and subsequent revisions, the Programme Board will be invited to endorse the PID when it meets in early February 2009.

23. The draft PID is attached at Annex C.

Recommendation: To agree the draft Project Initiation Document.

Consultation and engagement

24. The development and implementation of licensing and revalidation requires an ongoing programme of engagement. This includes public consultation on a number of specific activities, some of which are described in Annex A. In January 2009, for example, we will consult on the regulations and guidance covering the introduction of the licence to practise.

25. In the summer of 2009, we will also consult on the outcome of our work on principles for MSF and CPD, and on our work on recertification, as part of an overall suite of guidance showing how revalidation will work. Where appropriate we will look for opportunities to consult jointly with the other organisations involved in revalidation. The UKRPB will help to facilitate such co-operation.

Resource implications

26. None.

Equality implications

27. None but at as we move to implement revalidation we will consider equality and diversity implications at all stages.