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## 4b

*To consider*

### **Revalidation: Progress Report**

#### **Issue**

1. A progress report on the ongoing programme of work on revalidation.

#### **Recommendations**

2.
  - a. To consider the progress report (paragraphs 6-12 and Annex A).
  - b. To consider how to identify and promote further opportunities for collaboration on additional pilots and other projects (paragraphs 13-17 and Annex B).

#### **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. Our 2009 Business Plan has 10 key aims. Key Aim 3 is to 'enhance assurance that licensed doctors are up to date and fit to practise by introducing licences to practise and preparing for revalidation.'
5. The Business Plan commits us to the following objectives in relation to this aim:
  - a. Introduce the licence to practise.
  - b. Establish the UK Revalidation Programme Board to oversee the implementation of revalidation.
  - c. Pilot and deliver the changes needed to support revalidation, working in conjunction with the Departments of Health in each of the four countries of the UK.
  - d. Develop standards and evaluation methods, working with the medical Royal Colleges and the Academy of Medical Royal Colleges.
  - e. Develop and consult on guidance showing how revalidation will work.

## **Discussion**

6. Key Aim 3 is being taken forward through the work streams in the Revalidation Project Initiation Document, which was agreed by Council in January 2009 and by the UK Revalidation Programme Board in February 2009.
7. The work streams provide the context streams in the update for the progress report at Annex A. The progress report is in two parts.
8. The first part focuses on the governance structure and provides an update on meetings of the UKRPB and of the delivery boards, plus developments arising from those meetings.
9. The second part is structured around the 12 work streams identified in the RPID and provides an update on progress in relation to each of the work streams.
10. Risks are reported in the normal way through the process overseen by the Audit and Risk Committee.
11. We have incorporated suggestions made by members on the last occasion and have included timescales in relation to each of the projects, where those timescales are available.

12. Keith Pearson (Chair of the East of England SHA) has replaced Sir Michael Pitt as Chair of the UKRPB and will chair the UKRPB for the first time on 10 June 2009. As a result, it was agreed that it would not be practical to hold the Council workshop on revalidation that was planned for 30 April 2009. Mr Pearson will instead attend Council on 8 July 2009.

**Recommendation:** To consider the progress report.

#### *Implementing revalidation*

13. Implementing revalidation lies in timely and consistent progress on the planned strengthening of clinical governance, and of appraisal, within the NHS and other healthcare providers. The four delivery boards have a key role.

14. We are working with the four UK health departments and aim to produce a preliminary UK wide plan, with timescales, for the UKRPB meeting on 10 June 2009. We will bring the plan, with the UKRPB's conclusions, to Council on 8 July 2009.

15. We have already decided, with the endorsement of the Medical Revalidation Working Group, that we should adopt a managed and targeted approach to implementation to enable early progress where local systems are sufficiently robust. This aims to maximise success and ensure doctors are properly supported.

16. We are already working together with a number of organisations across the UK on a range of pilot projects as set out at Annex B. We also have a dedicated member of staff working to support this activity which will inform our approach to determining readiness of local systems to implement revalidation.

17. This current activity suggests that there is enthusiasm for the managed, targeted, approach and we will want to identify and promote further opportunities for collaboration, demonstrating leadership and developing momentum.

**Recommendation:** To consider how to identify and promote further opportunities for collaboration on additional pilots and other projects.

#### **Resource implications**

18. None.

#### **Equality implications**

19. None, but as we move to implement revalidation we will work with the Equality and Diversity Reference Group to consider the implications at all stages.