

## **4b**

*To consider*

### **Revalidation: Progress Report**

#### **Issue**

1. A progress report on the revalidation work programme.

#### **Recommendation**

2. To consider the progress report (see paragraphs 8-16 and Annex A).

#### **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 Two of our 2010 Business Plan is to 'give all our key interest groups confidence that doctors are fit to practise.' This Aim also incorporates a number of organisational objectives which, amongst other things, commits us to:

- a. Developing policy and guidance to support the introduction of revalidation; and
- b. Consulting on that policy and guidance.

5. Strategic Aim Five is to 'develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK'. Amongst other things, it commits us to managing the work of the UK Revalidation Programme Board (UKRPB) and supporting the Delivery Boards in overseeing and delivering the changes that need to be made locally to support revalidation.

6. The Continued Practice Board (CPB), chaired by Professor Malcolm Lewis, oversees the development of revalidation policy on behalf of Council.

7. In January 2009, Council agreed the Project Initiation Document (PID) for revalidation. This sets out the 12 work streams that form the building blocks for the implementation of revalidation. The role of the UKRPB is to oversee these work streams and to report progress to Council.

## Discussion

### *Continued Practice Board*

8. The Continued Practice Board has met on two occasions since the last meeting of Council. On 14 December 2009, CPB members signed off 12 of the 14 submissions from medical Royal Colleges and Faculties on specialist standards and evaluation methods. The remaining two submissions were signed off in January 2010 by a sub-group established for that purpose and by the Chair of CPB.

9. CPB also agreed our approach to some outstanding policy issues, focusing on how some doctors in non-standard practice might revalidate and agreed the criteria and principles that patient and colleague questionnaires would need to meet before they could be included as supporting information for doctors' revalidation. Members also agreed that some form of accreditation system would need to be introduced to ensure that any questionnaires that are used meet the relevant criteria.

10. CPB met again on 9 February 2010 when members reviewed the draft revalidation consultation document. The details of the consultation are included in item 4a of the Council agenda.

## UKRPB

11. The UKRPB last met on 8 December 2009. The items considered included:
  - a. Reports from each of the Delivery Boards about progress towards readiness based on the milestones and actions in the readiness plan.
  - b. The development of a high level risk register with input from all key interests.
  - c. A paper from the Department of Health (England) on the how they will develop a full impact assessment based on the results of the pathfinder pilots.
  - d. A paper on how we will coordinate future activity across the UK to ensure that we share learning, encourage joint work and that we identify all areas of revalidation that require piloting or testing. The UKRPB will have a pivotal role in this.
12. The Board also considered updates on the 12 work streams in the Revalidation Project Initiation Document. Annex A provides further information on these work streams.

**Recommendation:** To consider the progress report at Annex A.

### *Piloting activity*

13. The UKRPB also received information about a significant ongoing programme of work by the NHS Revalidation Support Team (RST). The RST is coordinating a series of multi-organisational pilots across England during 2010. The aim is to cover more than 3,000 doctors in a variety of specialties and settings across England. The pilots – called ‘pathfinder’ pilots – will test key components of revalidation including:
  - a. Strengthened medical appraisal (incorporating the Good Medical Practice framework for appraisal and assessment).
  - b. The specialty standards and supporting information.
  - c. The quality of information available to support a revalidation recommendation.
  - d. The role of the Responsible Officer.
  - e. Information flows within organisations – including the integration of clinical governance and appraisal data.
  - f. Information on time, costs and benefits.
  - g. Equality issues including effects on part-time medical staff and any issues affecting different minority groups.

h. Quality assurance and consistency of outcomes and recommendations.

14. On 26 January 2010, the Secretary of State for Health, Andy Burnham, announced that the following sites had been chosen for the pilots:

<b>Pilot site</b>	<b>Sector</b>
London deanery	Primary care
South Central SHA	Multi site all sectors
Northampton General Hospital	Secondary care
NHS Cornwall & Scilly Isles	Multi-site all sectors
University Hospitals Leicester NHS Trust	Secondary care
Mersey consortium	Multi site secondary care
Yorks & Humber SHA	Multi site all sectors
NHS Dorset	Primary care
Nottinghamshire healthcare NHS trust & Derbyshire mental health services NHS Trust	Secondary care mental health
NHS West Midlands	Medical managers/responsible officers

15. The summary timetable for the pathfinder phase is as follows:

- a. Quarter 1 2010: Begin pilots, including train appraisers, appraisees and pilot Responsible Officers.
- b. Quarter 2 2010: Appraisals begin.
- c. Quarter 3 2010: Appraisals are completed, and ROs make recommendations.
- d. Quarter 4 2010: Feedback, analysis and external evaluation of pilots undertaken.

16. A pilot steering group has been established to maintain oversight of all 10 pilots in England. We are represented on that group. In addition, the UKRPB will maintain oversight of all the piloting activity across the UK and will report back to Council on a regular basis.

## **Resources**

17. None arising directly from this paper.

## **Equality**

18. Recognising that the implementation of revalidation is a responsibility shared with a number of other partners, we have agreed with DH(E) that we will contribute to work they are leading to develop a full Impact Assessment (IA) which will include an Equality Impact Assessment (EIA). The EIA will need to capture how implementation could impact on all doctors, including 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 speciality doctors). The IA will be informed by responses to the GMC's consultation. In the light of the consultation and piloting in 2010 DH(E) will complete a full IA (including a full EIA) by early 2011.