

To consider

Revalidation: Progress Report

Issue

1. A progress report on the revalidation work programme.

Recommendation

2. To consider the progress report (see paragraphs 7-14 and Annex A).

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. Strategic Aim Two of the Business Plan 2010 is to 'give all our key interest groups confidence that doctors are fit to practise' and states that we will develop policy and guidance to support the introduction of revalidation and consult on that policy and guidance. 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.

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

6. 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

Consultation

7. There continues to be a high level of interest in our revalidation consultation. The consultation began on 1 March 2010 and runs until 4 June 2010. As at 11 May 2010, we had received 403 responses to the consultation. The majority of responses so far are from individual doctors. We expect to receive organisational responses during the final weeks of the consultation.

8. We have been running an extensive engagement programme in all four UK countries to support the consultation. We have so far attended around 70 events with a further 15 planned. The majority of these have focused on the profession, including events for specific groups of doctors, such as locums, doctors working in the armed forces and BME doctors. We have also held the first of two events with National Voices (a coalition of more than 200 national health and social care organisations) who work to ensure that patients and carers' voices are heard and that they influence decision makers in England.

9. During the consultation period we have launched a number of podcasts and issued a number of press briefings in order to help main interest in the consultation. We also published a *GMCtoday* special on revalidation that went out to every doctor on the register. We have developed a consultation toolkit which contains resources to help local groups of doctors, patients and employers participate in the consultation. This is available on our website.

10. We will start to analyse responses in more detail at the end of the consultation period. Responses so far, suggest a good level of support for many of our proposals. At the same time, it is clear that individual doctors want clarity about how revalidation will apply to their particular circumstances which we are addressing by continuing to update the Frequently Asked Questions pages on our website.

Continued Practice Board

11. The Continued Practice Board met on 13 May 2010. At that meeting, members considered a number of items including options for the accreditation of colleague and patient questionnaire, proposals on a quality assurance model which will form the basis for further discussions with key stakeholders over the coming months and update reports on the progress of the consultation, credentialing and revalidation projects and pilots.

UKRPB

12. The UKRPB was due to meet on 29 April 2010. However, the meeting was cancelled because of sensitivities associated with the pre-election period. An update on progress was circulated to members, including an updated plan, and we will be resuming discussions at the next meeting which is due to take place on 5 July 2010.

13. At the next Programme Board meeting we expect to discuss the plans for putting Responsible Officers in place before the end of the year and to consider final reports on a number of pilots and projects and how these are feeding into the next phase of piloting.

14. Annex A provides further information in relation to each of the 12 work streams in the Revalidation Project Initiation Document.

Recommendation: To consider the progress report at Annex A.

Next steps

15. The consultation on revalidation should be seen as the beginning of a significant programme of engagement and communications with doctors and all of our key interests. Much work remains to be done, not least by the Delivery Boards in each of the four countries, to ensure that the changes that are needed locally to support revalidation are both in place and working effectively.

16. The next significant challenge for us will be engaging with employers in the NHS and elsewhere to encourage and support the development of robust systems of appraisal and clinical governance. We have met with, and had significant support from, the medical directors at Strategic Health Authority (SHA) level in England. We are in the process of planning a series of conferences with Responsible Officers later this year at SHA level in England and at country level in Wales, Scotland and Northern Ireland to help to take forward this programme of work.

Resource implications

17. None arising directly from this paper.

Equality

18. The planning and delivery of the consultation has involved close working with a range of stakeholders to ensure that we reach as diverse a population as possible and encourage feedback from a wide variety of sources. The calendar of consultation events includes engaging with particular doctor groups including SAS doctors, networks of BME doctors, locums and trainees. We have also met with a variety of patient organisation and their representatives across all four countries and have undertaken a public survey to gauge views on revalidation. The consultation is accessible online and responses can be given online, by email, by post or by phone.