

To consider

Revalidation: Progress Report

Issue

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

Recommendation

2. To comment on and agree the structure of the regular reports to Council on the implementation of revalidation (paragraphs 12–16 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. Our Business Plan for 2009 has ten 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 Department of Health (England) and the devolved administrations.
 - 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.
 6. 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.
 7. 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.
 8. 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.
 9. 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.
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10. 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.

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

Discussion

12. Key Aim 3 of our Business Plan is being progressed through a series of revalidation work streams set out in the Revalidation Project Initiation Document which was agreed both by Council in January 2009 and subsequently by the UK Revalidation Programme Board (UKRPB) in February 2009. Progress in delivering this aim is described in the context of these work streams in the update report attached at Annex A.

13. The progress report is in two parts.

14. The first part of the report focuses on the governance structure and will provide an update on meetings of the UKRPB and Delivery Boards and any developments arising from these meetings.

15. The second part of the report is structured around the twelve work streams identified in the Revalidation Project Initiation Document. This part of the report will provide an update on progress in relation to each of the work streams.

16. Risks are reported in the normal way through the process overseen by the Audit and Risk Committee.

Recommendation: To comment on and agree the structure of the regular reports to Council on the implementation of revalidation.

Resource implications

17. None.

Equality implications

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