

5b

To consider

Revalidation: Progress Report

Issue

1. A progress report on the revalidation work programme.

Recommendation

2. To consider the progress report (see paragraphs 7-16 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 9236602.

Background

4. Strategic Aim Two of the 2010 Business Plan 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. The revalidation consultation closed on 4 June 2010. We received over 940 responses during the consultation period, the highest number of responses for any GMC consultation to date. This reflects, in part, the extensive UK engagement programme over the relevant period. During the consultation, we fulfilled over 130 engagements and we estimate that we had face to face contact with about 4,600 people at these events. Our Chief Executive, Niall Dickson, wrote to all key interests and organisations, following the conclusion of the consultation, to thank them for their participation and support.

8. A report on the consultation process is on today's agenda at item 5a. Preliminary analysis shows broad support for our proposals although it is clear that individual doctors want clarity about how revalidation will apply to their particular circumstances. We were particularly pleased that the BMA's formal response to our consultation expressed a clear commitment to the principle of revalidation as well as support for many of our proposals that they '*consider to be sensible and workable*'. Overall, they welcomed our proposals '*not least in reassuring the profession that the process is being developed in an appropriate manner*'.

9. A full analysis of the consultation and responses will be brought to Council on 7 September 2010 and we are intending to publish our response thereafter.

Letter from the new Secretary of State for Health

10. The Secretary of State for Health, the Rt Hon Andrew Lansley CBE MP, has written to the Chair of Council, Professor Sir Peter Rubin, about our proposals for the implementation of revalidation. The Secretary of State welcomed our consultation on revalidation and announced his intention to press ahead immediately with the introduction of Responsible Officers. He also stated his intention to extend piloting of revalidation at the 10 pathfinder pilots in England for a further 12 months to ensure that local systems are sufficiently robust without being overly bureaucratic or burdensome for doctors or employers. He also made it clear that revalidation is something that the public expect their doctors to undertake.

11. Our Chair responded very positively to the letter from the Secretary of State, welcoming his commitment to the introduction of regular checks for doctors and the decision to move forward immediately with the necessary legislation to support the appointment of Responsible Officers.

12. At a meeting with our Chair and Chief Executive, the Secretary of State underlined his commitment to revalidation and to the Department working with the GMC to ensuring it was effective and proportionate. This view was underlined at a subsequent meeting between our Chief Executive and the Parliamentary Under Secretary Anne Milton MP, who is responsible for professional regulation at the Department of Health (England).

13. During his subsequent attendance at the BMA's Annual Representative Meeting, in late June 2010, the Secretary of State again made clear that his letter to the GMC was not about 'abandoning' revalidation as some had suggested. He was clear that the public has a right to expect medical professionals to be fit to practise but that he wanted to extend the pilots in England so that he could be confident that the benefits clearly outweigh any costs.

Continued Practice Board

14. There have been no meetings of the Continued Practice Board since the last Council meeting. The next meeting of the Continued Practice Board will take place on 29 July 2010.

UKRPB

15. The UKRPB met on 5 July 2010. The Board discussed the extension of piloting following the Secretary of State's letter, and plans for putting Responsible Officers in place before the end of the year. The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 were passed by the NI Assembly on 22 June 2010. The Board also considered final reports on a number of pilots and projects and considered how the outcomes should feed into the next phase of piloting.

16. 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

17. The extension of piloting in England will allow further time to embed appraisal and robust systems of clinical governance across the service. The Delivery Boards in each of the four UK countries will continue to take responsibility for ensuring that healthcare organisations across all sectors are ready to support the revalidation of their doctors.

18. We will continue to work with our UK partners to develop a consistent and considered approach to assessing readiness. Implementation planning will also be developed through 2010, when more detailed timelines for implementation and roll-out will need to be agreed.

19. We are also involved in reviewing some of our proposals for revalidation, in the light of the recent consultation, and we will be undertaking further work with the Continued Practice Board to refine and simplify some aspects of the current model.

Resource implications

20. None arising directly from this paper.

Equality

21. The planning and delivery of the consultation 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. Consultation events included engagement with particular doctor groups including SAS doctors, networks of BME doctors, locums and trainees. We have also met with a variety of patient organisations and their representatives across all four UK countries and have undertaken a public survey to gauge views on revalidation. We intend to build on this work in embedding equality and diversity in the UK programme of work going forward.