

To consider

Revalidation: Progress Report

Issue

1. A progress report on the revalidation work programme.

Recommendation

2. To consider the progress report (see paragraphs 7-29 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. 'Revalidation: The Way Ahead' was launched on 1 March 2010 at the Wellcome Trust Conference Centre in London, with opening speeches from Professor Peter Rubin, Niall Dickson, Sir Liam Donaldson and Una Lane. Consultation launches took place in Scotland, Wales and Northern Ireland in the first two weeks of March 2010.

8. The title of the consultation reflects the fact that the GMC is already committed to the introduction of revalidation. The consultation is not about whether revalidation should be introduced, but about how we ensure that it works for everyone, including patients and the public, doctors and employers.

10. The proposals in the consultation make it clear that revalidation is a five-year process and not a fifth year process. There will not be a point-in-time assessment of a doctor's knowledge and skills. Revalidation will be based on a continuing evaluation of a doctor's practice in the context of the everyday working environment, encouraging self reflection and professional development.

11. For most doctors, revalidation will not mean having to do new things or change the way they work. Revalidation will be based on local systems of annual appraisal over a five year period and will simply affirm periodically what has already been demonstrated through the appraisal process. The point is to provide patients and the public with the confidence that all doctors with a licence are up to date and fit to practise, based on greater assurance from existing professional activity.

12. The approach to revalidation outlined in the consultation has been based on advice from many organisations, but it is not the last word. The GMC wants frontline

doctors, patients and all those involved or affected to help shape the final product. We will listen to people's input and views, and amend and refine our proposals.

13. The consultation is being supported by an extensive communications and engagement programme. We will be sending details of the consultation to several thousand interested parties. During the consultation we will be holding a series of engagement events across the UK. These include both GMC events and events organised by other organisations to which we have been invited to present or participate.

14. Almost 80 events have been organised with a range of audiences, including primary care, secondary care, employers, non-NHS and independent sector doctors, locums, SAS doctors, BME doctors, medical managers, and patients and the public.

15. The consultation poses 20 key questions in order to help shape the process, and is divided into four themes:

a. *How revalidation will work?* This covers our proposed approach to revalidation, including the process by which a final recommendation will be made to the GMC by the Responsible Officer, who in most situations is likely to be the medical director in a doctor's employing organisation. More specific issues, such as how revalidation will work for doctors in non-mainstream roles, are also addressed.

b. *What doctors and employers will need to do?* The consultation considers aspects of appraisal and assessment, the specialty and general practice standards developed by the medical Royal Colleges and Faculties and the role of continuing professional development in revalidation.

c. *How patients will be involved?* This section explains how patients and colleagues will provide feedback to doctors on their performance and the contribution that this will make in revalidation.

d. *How and when revalidation will be introduced?* This section sets out initial plans for implementation across the four parts of the UK.

16. The consultation also includes a series of appendices and annexes, including the *Good Medical Practice* Framework, Specialty and General Practice Frameworks and criteria for colleague and patient questionnaires.

17. Doctors, employers and members of the public who have a question about the consultation can email thewayahead@gmc-uk.org or contact us on a designated phone line. The consultation runs to 4 June 2010.

UKRPB

18. The UKRPB last met on 24 February 2010. The items considered included:

a. A seminar on IT systems to support appraisal and revalidation.

- b. An update on the launch of the revalidation consultation document.
- c. Reports from each of the Delivery Boards about progress towards readiness, focusing on strengthened appraisal and Responsible Officers, with an update on state of readiness in each of the four countries.
- d. Reports on progress from the Academy of Medical Royal Colleges and the independent sector.
- e. A draft Communications Strategy across the four Delivery Boards, developed through the Revalidation Communications Forum.
- f. The risk management process for the revalidation programme and the risk register, including high level risks.
- g. Updates on the project plan and a review of the projects and pilots matrix.

19. Following discussion and assessment of the state of readiness across the UK, all four Delivery Boards confirmed that they were on track. Legislation for Responsible Officers for England has been delayed and will not be placed in the current parliamentary session, but this was not seen as impacting on timelines for putting Responsible Officers in place this year.

Piloting and Implementation

20. The work of the UK Revalidation Programme continues while the consultation is in progress. Developments across all workstreams are shown in Annex A. The NHS Revalidation Support Team (covering England) has embarked on a series of pathfinder projects across 10 sites:

- a. London deanery (Primary care).
- b. South Central SHA (Multi site all sectors).
- c. Northampton General Hospital (Secondary care).
- d. NHS Cornwall and Scilly Isles (Multi-site all sectors).
- e. University Hospitals Leicester NHS Trust (Secondary care).
- f. Mersey consortium (Multi site secondary care).
- g. Yorkshire and Humber SHA (Multi site all sectors).
- h. NHS Dorset (Primary care).
- i. Nottinghamshire healthcare NHS Trust and Derbyshire mental health services NHS Trust (Secondary care mental health).

j. NHS West Midlands (Medical managers/responsible officers).

21. The pilots are focused on testing a strengthened appraisal system for the purposes of revalidation and on the role of the Responsible Officer, and will run from March 2010 - March 2011. The GMC is engaging through the newly formed Pilot Oversight Group and with individual projects. GMC Affiliates are also being piloted in two of the sites, Yorkshire and Humber SHA and NHS West Midlands.

22. The Regulation and Quality Improvement Authority (RQIA) in Northern Ireland is developing plans to assess the readiness of systems in secondary care. The Northern Ireland Medical and Dental Training Agency (NIMTA) is also developing plans to assess the readiness of the General Practice appraisal in Northern Ireland in the coming months.

23. There are a number of projects and pilots underway in Scotland including:

a. Tayside in Practice Portfolio which is testing an appraisal portfolio system for GPs.

b. Highlands Pilot Study testing a new consultant appraisal form which incorporates the GMP Framework.

c. NHS Lothian which is looking at how to tackle concerns locally and remediation issues.

24. Wales is currently testing its GP online appraisal system in two secondary care sites, Hywel Dda and Abertawe Bro Morgannwg University Health Boards.

25. The Academy of Medical Royal Colleges is also taking forward a number of specialty-specific projects looking at CPD and various tools to support appraisal, such as case-based discussion.

26. A Systems Regulators Revalidation Group has been established to take work forward on quality assurance. Work is progressing with the systems regulators to develop draft core quality assurance policy and criteria. Liaison meetings are taking place with each systems regulator/quality improvement body.

27. The draft principles and criteria for the Colleague and Patient questionnaires were agreed by the Continued Practice Board in December 2009. These are also included in the consultation document alongside proposals that the GMC develops a process for accrediting these questionnaires for use in revalidation. Research on the GMC patient and colleague questionnaires is in the data collection stage. The Interim report was presented to the Continued Practice Board on 9 February 2010 and the final report is due early in 2011.

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

29. Following the consultation we will be embarking on a major campaign of engagement with doctors and employers to increase awareness of and support for revalidation across the UK.

Recommendation: To consider the progress report.

Resource implications

30. None arising directly from this paper.

Equality

31. 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) we will complete a full IA (including a full EIA) by early 2011.