

To consider

Revalidation: Progress Report

Issue

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

Recommendations

2.
 - a. To consider the Progress Report at Annex A (paragraph 7).
 - b. To agree that the Continued Practice Board should develop standards on clinical governance and appraisal for use by the Delivery Boards in their assessments of readiness (paragraphs 11-13).
 - c. To endorse the UK-wide readiness plan at Annex B (paragraphs 14-15).

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. Key Aim Three of the 2009 Business Plan is to 'enhance assurance that licensed doctors are up to date and fit to practise by introducing licences to practice and preparing for revalidation.'
5. Underpinning Key Aim Three are objectives to:
 - 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 Departments of Health in each of the four countries of the UK.
 - 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. In January 2009, Council agreed the Project Initiation Document for revalidation. This sets out the 12 work streams that form the building blocks for the implementation of revalidation.

Discussion

7. Key Aim Three is being taken forward through the work streams in the Revalidation PID. The report at Annex A sets out progress against those work streams. The remainder of the paper sets out other key developments, including from the most recent meeting of the UK Programme Board.

Recommendation: To consider the Progress Report at Annex A.

UK Revalidation Programme Board

8. Keith Pearson took up the chairmanship of the UKRPB in April 2009 and chaired his first Board meeting on 10 June 2009.
9. In addition to discussing progress reports from each of the Delivery Boards, the meeting on 10 June 2009 agreed:
 - a. A UK plan for system readiness for revalidation (Annex B).
 - b. The process by which an assessment of readiness can be made.
 - c. Priorities for its work during the remainder of 2009, including on communications.

Local system readiness for revalidation

10. We are committed to rolling out revalidation on a managed and targeted basis, beginning where local systems of appraisal and clinical governance are ready to support implementation. Moving towards system readiness, and having an agreed and robust process for determining when readiness has been achieved, is a crucial pre-cursor to implementation.

Assessing local system readiness

11. The basic criteria for assessing readiness were set out by Sir Liam Donaldson's working group in 2008 and are included in the Revalidation Project Initiation Document:

- a. All necessary legislation is in place.
- b. Doctors have a licence to practise.
- c. Responsible officers in place.
- d. Effective systems of clinical governance in place.
- e. Effective system of appraisal based on the *Good Medical Practice* Framework is in operation.
- f. Specialist standards embedded in local appraisal processes.
- g. Local processes ready to deliver necessary recommendations with appropriate quality assurance arrangements in place.
- h. Multi source feedback tools based on professional standards are available and ready for use by doctors locally.

12. In endorsing those basic criteria, the Board also agreed that each of the four Delivery Boards is, in the first instance, responsible for developing mechanisms to ensure that it can assess readiness against the criteria.

13. However, we will want to agree a set of standards on clinical governance and appraisal that organisations will need to meet. This should be led by the Continued Practice Board, and will draw upon, among other things: (a.) the joint work undertaken by the GMC and the School of Postgraduate Medical and Dental Education in Wales to develop an assessment tool on the readiness of clinical governance and appraisal; and (b.) the Assessing the Quality of Medical Appraisal for Revalidation tool being developed by the NHS Revalidation Support Team in England.

Recommendation: To agree that the Continued Practice Board should develop standards on clinical governance and appraisal for use by the Delivery Boards in their assessments of readiness.

Planning and achieving local system readiness

14. Each of the four countries of the UK plans to achieve a state of system readiness within the next 18 months to two years. In conjunction with the four Departments of Health and the Academy of Medical Royal Colleges, we have developed the high level UK-wide revalidation readiness plan at Annex B. The purpose of the plan is to enable the Board to monitor the progress towards delivery of all the necessary components to support the revalidation of individual doctors. The plan will be updated regularly and reports on progress against targets that will be presented at each UKRPB meeting throughout 2009 and 2010. The plan is underpinned by more detailed readiness plans maintained by each Delivery Board.

15. The plan, which indicates that the first systems will be revalidation-ready in 2011, was considered and agreed by the UKRPB on 10 June 2009.

Recommendation: To endorse the UK-wide readiness plan at Annex B.

16. The readiness plan does not determine when and where revalidation will be rolled out. That will be a decision for Council, taking account of advice from the Board and consultation with key interests early next year. The Board will be considering options for implementing revalidation at its next meeting in October 2009 and we will report on the outcome of that discussion to Council.

Engagement

17. In his capacity as UKRPB chair, Keith Pearson is meeting senior figures in each of the four countries over the coming weeks to discuss revalidation progress. He has already met Dr Tony Jewell, Chief Medical Officer for Wales. He will meet senior staff of the Department of Health, Social Services and Public Safety in Northern Ireland on 13 August 2009 and the Deputy Chief Medical Officer for Scotland on 26 August 2009. He will also meet with Sir Liam Donaldson, Chief Medical Officer for England, on 9 September 2009. He will report to the Programme Board on the outcome of those and other meetings.

Communicating revalidation

18. In June 2009, the UKRPB agreed a series of common statements that reflect the nature of revalidation and are intended to be integrated into communications activities undertaken by organisations represented on the Board.

19. The Board also warmly welcomed the recent publication by the GMC of the Frequently Asked Questions about revalidation document, available on our website at http://www.gmc-uk.org/doctors/licensing/faq/faq_revalidation.asp. Feedback from those who have consulted the document has been extremely positive. The document will be updated regularly as we move closer to implementing revalidation.

20. The next edition of *GMCtoday* will devote several pages to news and information about revalidation.

21. Staff from the Education and Revalidation Directorate have continued to speak at conferences and meetings about revalidation to a wide variety of public and professional audiences.

Resource implications

22. None.

Equality

23. We will work with the Equality and Diversity Reference Group to consider the implications at all stages. An initial discussion with the Group has identified the need to consider very carefully the equality implications in relation to the implementation of revalidation and a full equality assessment will be undertaken as part of work to develop proposals for implementation.