
Minutes 10 February 2009

Attendance

Sir Michael Pitt	Chairman of the Board
Sir Graeme Catto	General Medical Council
Professor Steve Field	Academy of Medical Royal Colleges
Dr Judith Hulf	Academy of Medical Royal Colleges
Gavin Larnar	Department of Health (England)
Dr Hamish Meldrum	British Medical Association
Joan Saddler OBE	Department of Health (England) – Patient and Public Affairs
Finlay Scott	General Medical Council
Professor Jenny Simpson	British Association of Medical Managers
Sally Taber	Independent Healthcare Advisory Services
Dr Jane Wilkinson	Welsh Assembly Government
Dr Paddy Woods	Department of Health, Social Services and Public Security, Northern Ireland.

Apologies

Dr Frances Elliot	Scottish Government
Mr David Grantham	NHS Employers
Professor Hugo Mascie-Taylor	NHS Employers

Also in attendance: Paul Buckley, Una Lane, Claire Herbert and Will Blair, from the GMC.

Revalidation: Progress to Date and Next Steps

1. The meeting commenced with a presentation on the state of play regarding revalidation activity.

Project Initiation Document

2. UL introduced the PID and highlighted that an officer executive group would be established to practically manage the 12 work-streams between Board meetings.
3. The Board highlighted the importance of a universally consistent application of revalidation geographically and between specialties. The Board also raised

concerns about the implementation of the Responsible Officer (RO) workstream. It was felt that more communications activity was required to explain this role and also work to ensure the competence of individuals acting as ROs. There was also a query as to how the ROs would be quality assured. It was argued that many medical managers misunderstood the role of the RO, believing that a non-medical manager could fulfil the role of the RO.

4. The issue of telemedicine was raised as a concern - when doctors based outside of the UK who are not registered with the GMC, and not subject to revalidation, are providing a services for UK healthcare providers. The Board recognised the concerns regarding quality and safety.

5. GL highlighted that the range of cross-cutting themes should be highlighted in the PID. This includes the issue of doctors in exceptional/atypical practice.

6. It was felt that a significant risk to the successful implementation of the revalidation programme was the inadequacy of local systems. Revalidation should be set within the broader context of the health quality agenda and would not alone be a panacea to clinical governance challenges; realistic expectations of what the programme can achieve should be maintained.

7. The PID was agreed by the Board subject to the changes agreed by members.

ACTION: Update the PID to reflect comments.

Terms of Reference

8. The Board reviewed the draft Terms of Reference (ToR) and there was general agreement on the content.

9. JW highlighted that there may be a disconnect between her attendance at the Programme Board and the leadership of the Wales Delivery Board. However, members agreed that there needed to be a strong connection between the four UK Delivery Boards and the Programme Board. This would almost certainly require a representative of each of the Delivery Boards having a seat on the Programme Board.

10. The Board queried the intention behind the 'renewal of membership' paragraph at point 17 of the ToR. It was agreed to rephrase for clarity.

11. The Terms of Reference were agreed by the Board subject to a minor amendment.

ACTION: It was agreed to rephrase paragraph 17 of the ToR for clarity.

Communications Principles

12. The Communications Principles are intended to be a precursor to the full Communications and Engagement Plan which will be presented at the April 2009 meeting.

13. HM suggested that the Programme's Board's web pages on the GMC's website should include a comprehensive FAQs page on revalidation.

14. Members agreed that the core messages set out in Paragraph 9 of the paper should emphasise that revalidation is intended to make a contribution to raising standards in healthcare and developing professional performance by providing assurance that licensed doctors are up to date and fit to practise.

15. JS made a number of comments relating to equality and diversity issues and the need to clarify the extent to which DH(E) had undertaken an impact assessment on revalidation proposals in the 2007 White Paper.

16. The High Level Communications principles were approved subject to the following action point:

ACTION: Rephrase paragraph 9 of the Communications Principles.

High Level Project Plan

17. Una Lane introduced the plan, explaining that there was further work to be undertaken to establish a precise timescale for each project. The plan therefore is a work in progress. The officer executive group, made up of lead Project Officers, would play a key role in the delivery of the individual projects, and the Board would be looking to the project leads to provide the detail and the timescales for delivery.

18. Many members felt that the timescales laid out in the plan were overly optimistic. It would be reviewed further once more detail was available at the April 2009 meeting.

Action: Develop Plan further and present to April 2009 meeting.

Progress in Establishing Delivery Boards

19. GL introduced the England Delivery Board's terms of reference, and explained the governance structure for the delivery of the entire White Paper agenda within DH(E). The Delivery Board would meet for the first time this month. The Delivery Board is currently seeking to widen its membership GL felt that there would be a far clearer view from the England Delivery Board on project milestones, risks etc by the time of the next Programme Board meeting,

20. In the absence of Dr Frances Elliot, a written report was tabled on Scottish governance arrangements for the delivery of revalidation (see Item 8b).

21. PW explained the governance structure for the 'Confidence in Care' programme of work in Northern Ireland. He also mentioned that the secondary legislation on the role of Responsible Officers would need to be placed before the Northern Ireland Assembly.

22. Jane Wilkinson highlighted that the Wales Delivery Board would be in place by March this year, and would feed into the Wales Professional Regulation Implementation Board (PRIG).

23. ST emphasised the importance of having a representative from the independent sector on each of the Delivery Boards.

24. The Welsh and Northern Ireland Delivery Boards were requested to make contact with the Academy's Revalidation Project Lead, Kirstyn Shaw, to ensure that there are appropriate links between the Academy of Medical Royal Colleges and each of the Delivery Boards.

Action: Gavin Larnar, Frances Elliot, Paddy Woods and Jane Wilkinson to report on the progress of the four country Delivery Boards at the April 2009 meeting.

Project Updates

25. Judith Hulf updated the meeting on the range of Academy's projects and their progress.

26. The Chairman asked that a mapping exercise of how all these projects contribute to the 12 project workstreams, and those being undertaken by other organisations, be undertaken.

Action: AoMRC to provide a Project Map Report on their work to the next Board meeting.

AOB

27. The Chairman advised that the date of the next meeting would be Tuesday 7 April 2009 at the GMC, commencing at 14:30.