

Revalidation: A Statement of Intent

October 2010

This statement has been agreed by the General Medical Council (GMC), the Chief Medical Officers for England, Northern Ireland and Wales, the Deputy Chief Medical Officer for Scotland and the Medical Director of the NHS in England.

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Through local clinical governance, effective appraisal and revalidation, the profession, employers and the GMC will be able to provide further assurance to patients and the public that doctors working in the UK are fit to practise. The Secretary of State for Health, the Rt Hon Andrew Lansley MP, recently underlined the importance of revalidation when he said:

'Revalidation is something that the public expect their doctors to undertake and, if implemented sensitively and effectively, is something that will support all doctors in their innate professional desire to improve their practice still further.'

Revalidation remains the number one priority for the GMC. The GMC, the four health departments in the UK and all our key partners are committed to the delivery of a system of revalidation, based on robust local systems, that supports high quality care in the organisations and practice settings where that care is delivered. We agree

that revalidation must be relevant to doctors' day to day medical practice and must build upon systems that already exist in the workplace to support high quality care. It must not create unnecessary burdens which distract doctors from caring for their patients but, at the same time, must be robust enough to provide assurance for the public.

As a result of the feedback the GMC has received to its recent consultation, the plans and proposals for revalidation will change, although appraisal and robust clinical governance will remain the key foundations of the process. We all share the view of many of those who took part in the consultation that revalidation must add value for both patients and doctors, and must be workable in the pressured and busy environments in which most doctors work. Revalidation must give assurance to the public but not be bureaucratic or costly – it should be part of a range of measures to ensure high quality safe care.

Simplifying and Streamlining

The overriding message from the GMC consultation was that revalidation is the right way forward but that it must be straightforward and proportionate and must not place excessive burdens on doctors or employers.

The GMC, the four health departments and indeed all those involved in delivering this process, are committed to developing a system that is simple and streamlined and provides assurance to the public. We will review the existing proposals to ensure that they are feasible,

flexible, proportionate and cost effective. Developing proposals that are simpler and more streamlined but still robust will involve the four health departments, the GMC, the Academy of Medical Royal Colleges and employers.

Resources

The system must be cost effective. We are committed to undertaking an analysis of the costs and benefits before the process is rolled out across all four countries of the UK.

Revalidation will be based on effective local systems of appraisal and clinical governance which should already have been developed to assure and improve the quality of care provided to patients and support the professional development of doctors. In some places and organisations these systems are more developed than in others, where further development will be necessary. The costs of good clinical governance (including the costs

associated with training and remediation) are costs that are inherent in the provision of high quality and safe healthcare. However, we are committed to a separate analysis of those specific costs which solely relate to the introduction of revalidation and we agree that those costs must be seen in the light of the associated benefits to patients and the public, doctors and employers.

Testing and Piloting

We are committed to further piloting and to an evaluation of the results of that piloting in all four UK countries before revalidation is rolled out.

The Secretary of State has committed to an additional 12 months of further testing in England. All UK countries have begun or are planning additional projects and pilots throughout 2011. This will provide an opportunity for further testing and to gather additional information about the practicalities, costs and benefits of the

processes involved. In addition, the extension will enable the Department of Health (England) to widen the scope of its work to test whether the model is applicable for doctors working across different environments and with varied work patterns.

Timetable and Milestones

Subject to our test of readiness in the summer of 2012, we are planning to be able to launch revalidation in late 2012. Of course, this timetable will be dependent on NHS employers and other healthcare providers ensuring that they have the local systems in place to support the revalidation of their doctors.

With this in mind, we have agreed the following criteria that will need to be met for an organisation or an area to start the process of revalidation and we will be working with our key partners across the UK on the timescales to deliver these key milestones:

- a. Responsible Officers in place in the designated organisations
- b. all doctors participating in an annual appraisal process
- c. the *GMP* Framework embedded in appraisal
- d. agreed core information that doctors should bring to appraisal

- e. process in place for delivery of Responsible Officer recommendations to the GMC
- f. agreed strategy for remediation where performance concerns are identified.

An assessment of readiness will be undertaken in 2012 before the Secretary of State for Health can agree to the commencement of the relevant legislation.

We will work with volunteers in all four UK countries throughout 2011 to test the full process before we begin revalidation. It is essential to ensure that we maintain momentum in delivering revalidation in all countries and sectors.

Governance and Oversight

The UK Revalidation Programme Board (whose membership includes the four health departments, the BMA, the Academy of Medical Royal Colleges, the GMC and employer representatives) will continue to oversee the implementation of revalidation.

The Board will review the programme of work and:

- a. clarify the assumptions and context for delivery
- b. confirm the scope of the programme and its major interdependencies, including managing performance concerns in relation to doctors
- c. define the workstreams needed to deliver all aspects of the model and identify who is responsible for delivery
- d. provide a clear timeline and key milestones for starting revalidation and incremental implementation
- e. ensure that all key interests are confident that readiness is being assessed on a robust and consistent basis against UK wide criteria
- f. outline an end state picture across the UK as part of the planning process for roll out and implementation.

Conclusion

The UK Government and the devolved administrations in Scotland, Wales and Northern Ireland have demonstrated their clear commitment to revalidation by agreeing to press ahead with the appointment of Responsible Officers and with the further development of appraisal systems.

The GMC, together with the four health departments and employers, are now moving into the implementation phase and we are all looking forward to making revalidation a reality. We will also need to ensure that the proposals can work within the new structure that is being put in place for the delivery of primary care in England.

The successful introduction of revalidation is a shared responsibility involving the GMC, the health departments

in England, Northern Ireland, Scotland and Wales, the medical Royal Colleges, the medical profession and the Revalidation Support Team (RST), working with the NHS and other employers in the UK. Looking ahead, this group of interested parties will continue to work together to develop, test and implement a system of revalidation throughout the UK that is feasible, flexible, proportionate and cost effective and provides the necessary level of assurance to the public.

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