Preparing for the introduction of medical revalidation: a guide for NHS leaders in England
Introduction

Preparing for the introduction of medical revalidation is a priority for medical directors, boards and senior managers in the NHS.

A commitment was made in October 2010 by the UK health departments and the General Medical Council (GMC) that, subject to an assessment of readiness, medical revalidation will start across the UK in late 2012.

A great deal of progress has been made since that commitment was given last year, and the national focus is now on preparing for the implementation of revalidation. A number of key policies are in place and in January 2011 new regulations came into force requiring 'designated' organisations to nominate or appoint a responsible officer. This is a key role underpinning revalidation which will help doctors improve the quality of care they provide through enhanced systems of clinical governance.

This publication is a simple guide to help those who are leading NHS organisations to understand the background to medical revalidation and the steps they need to take to be ready by late 2012. Work is already underway at a local level to ensure key systems are in place to support the revalidation of doctors. However, local project teams led by responsible officers will need the support of those working at the highest levels of their organisations to be fully successful.

This information has been compiled by the General Medical Council, the Department of Health (England), the NHS Revalidation Support Team (RST) and the NHS Employers organisation – the four organisations that are working together at the national level to ensure the NHS has the information and support it needs to be ready in time.
Six key points

- Revalidation will start in late 2012, subject to an assessment of readiness which will be considered by the Secretary of State for Health.

- Revalidation will provide assurance for patients, for doctors and for employers that licensed doctors are practising to appropriate professional standards.

- Through its focus on appraisal and clinical governance, revalidation will help to create an environment in which doctors can improve the quality of their practice and care of patients.

- Clinicians and their employers have made huge steps in improving systems of clinical governance in the last decade. Revalidation is simply the next step.

- Employers in the NHS and the independent sector will need to have the right systems in place locally to support the appraisal and revalidation of their doctors.

- NHS leaders have an important role to play in helping their organisations to be ready for revalidation.

> "NHS organisations will need to ensure they have in place the key components to underpin medical revalidation, in advance of an assessment of readiness in early 2012/13 to help doctors remain up to date and fit to practise throughout their career."

The Operating Framework for the NHS in England 2011/12, December 2010
What is medical revalidation?

Medical revalidation will be the process by which all doctors who are licensed with the GMC will regularly demonstrate that they are up to date and fit to practise. Doctors will normally revalidate every five years.

Revalidation will be based on a local evaluation of doctors’ practice through appraisal, and its purpose is to affirm good practice. By doing so, it will assure patients and the public, employers, other healthcare providers, and other health professionals that licensed doctors are practising to the appropriate professional standards. It will also complement other systems that exist within organisations and at other levels for monitoring standards of care and recognising and responding to concerns about doctors’ practice.

Clinicians and their employers in the NHS and independent sector have made huge steps in improving systems of clinical governance, the essential foundation of high quality care, in the last decade. Revalidation is simply the next step in this process. And, while it is important in its own right, revalidation is a catalyst that will help ensure that clinical governance systems are consistent across the UK.

This focus on appraisal and clinical governance will help to create an environment in which doctors can improve the quality of their practice and care of patients.

“Revalidation will give organisations the assurance they need as providers of care that their doctors are practising to the highest standards. Employers should see revalidation as contributing to and even stimulating their efforts to achieve organisational excellence and high quality care, rather than as a separate priority that they need to deliver.”

Sir Keith Pearson, Chair of the NHS Confederation and Chair of the UK Revalidation Programme Board

“Revalidation is something that will affect all doctors and it’s something which, if properly implemented, can benefit both patients and the profession.”

Dr Hamish Meldrum, Chair of the BMA
Why do we need revalidation?

Patients have a right to expect that the doctors who advise and treat them are up to date in their knowledge and skills and fit to practise. We know that the vast majority of doctors are good doctors. Revalidation will help to assure patients that they are.

Revalidation should support doctors in their desire to maintain and improve their practice throughout their careers. All doctors, for example, should receive a regular appraisal. Most do, to some degree, and standards of appraisal have been steadily increasing in quality. However, there is a lack of consistency in those standards of appraisal and clinical governance, which can vary from organisation to organisation. Revalidation will ensure all doctors have access to a trusted and simple framework for appraisal based on professional values from the GMC’s core guidance for doctors, *Good Medical Practice*.

Much of the clinical data and feedback which individual doctors will bring to their annual appraisal will need to be generated by an organisation’s clinical governance systems. By collecting data that can be attributed to the practice of individual doctors, organisations should be given a more sophisticated picture of the quality of medical care which their patients receive. Revalidation will encourage organisations to help doctors improve their practice, and recognise and respond to any concerns about their practice as they emerge.

“From a patient perspective, revalidation is good news. It will strengthen the assurance that doctors are safe, effective and up to date in their practice. Patient feedback will be central to the process and we need to find ways of ensuring that people can praise what is good as well as voice concerns so that a balanced picture emerges.”

Jeremy Taylor,
Chief Executive of National Voices

“Two thirds of patients say their confidence in doctors would be improved through the introduction of regular checks.”

GMC/Opinion Matters survey of 2,500 UK adults, April 2010

“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.”

Andrew Lansley CBE MP,
Secretary of State for Health
The criteria that an organisation must meet in order to be ready for revalidation were agreed by the GMC and the four health departments of the UK in October 2010. They include:

- a responsible officer in post in every ‘designated’ organisation in which doctors work
- every doctor participating in an annual appraisal
- professional values agreed by the GMC embedded in every doctor’s annual appraisal
- a process for delivering responsible officer recommendations to the GMC
- an agreed strategy in place locally for recognising and responding to performance issues (of which remediation is one solution).

Responsible officers are being asked to carry out a series of assessments of their organisational readiness between now and the summer of 2012, so that the progress of the healthcare sector as a whole can be monitored. The Strategic Health Authorities are coordinating these assessments in England, facilitated by the NHS Revalidation Support Team.

The role of responsible officer is key to ensuring strong and visible clinical leadership and enhancing local clinical governance systems. In doing so, responsible officers will provide the framework to support clinicians to improve the quality of care and ensure their fitness to practise through the process of revalidation when introduced.

Professor Sir Bruce Keogh, Medical Director of the NHS in England

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1 Revalidation: A Statement of Intent (October 2010). The statement was agreed by the General Medical Council, 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.

2 According to The Medical Profession (Responsible Officers) Regulations 2010, designated bodies are: organisations that provide healthcare; organisations that set standards and policy for the delivery of healthcare; and some specialist organisations that employ or contract with doctors.
A final assessment of readiness will be carried out in the summer of 2012 which will be considered by the Secretary of State for Health. The aim of the assessment will be to assure the Secretary of State that:

- organisations are ready to support revalidation
- revalidation is right for patients, doctors and the health sector
- revalidation is affordable and the benefits outweigh any costs.

Every organisation will need to be ready to support the revalidation of doctors from late 2012 onwards, and the GMC will expect all responsible officers to start making recommendations about doctors from this date on.

The GMC is working with partners to agree a high level approach for implementing revalidation from late 2012 onwards. This approach will phase recommendations from responsible officers over a number of years with a clear end point. The plan will be based on a number of principles to ensure that revalidation is introduced in a managed way: for local organisations, for licensed doctors, and also for the GMC. The GMC is working closely with the four health departments of the UK to agree the high level approach by the end of 2011. The GMC will work with responsible officers to develop more detailed plans before revalidation begins in late 2012.
What should my organisation be doing to get ready for revalidation?

Phase 1: spring and summer 2011
The focus of this phase is establishing responsible officers.

By now, your organisation should have appointed a responsible officer. New regulations which came into force on 1 January 2011 require every ‘designated’ organisation to nominate or appoint one from that date. Responsible officers must be licensed doctors. In practice, they are likely to be your organisation’s medical director.

Your responsible officer should be familiarising themselves with their role and may be in the process of receiving training. They should be actively considering the support and the resources they will need to discharge their duties under the regulations. They should also be taking a close look at your organisation’s appraisal scheme for doctors and clinical governance systems. It is these systems that will provide the information that responsible officers will need to make their recommendations on the revalidation of doctors to the GMC.

Your responsible officer should also have completed an initial assessment of your organisation’s systems, using a tool developed by the NHS Revalidation Support Team called ORSA – Organisational Readiness Self Assessment. The results of that exercise will allow your responsible officer to benchmark your systems against other trusts and build a development plan to help your organisation achieve readiness.

Phase 2: autumn and winter 2011
The focus of this phase will be developing local systems.

Using the development plan based on the initial assessment of readiness carried out in the spring of 2011, your responsible officer will need to work with a number of teams across your organisation to ensure the systems that are needed to support revalidation are there or are being put in place. A key focus for the year should be making sure every doctor within your organisation is having an annual appraisal, and that there are enough appraisers in post and trained to the right standard.

At the national level, the GMC will work with partners to agree a high level approach for implementing revalidation from late 2012 onwards. The GMC will also develop the content of the responsible officer’s revalidation recommendation statement, and establish a team of employer liaison advisers to provide support for medical directors on fitness to practise issues and revalidation.

The NHS Revalidation Support Team will publish a draft medical appraisal guide and test it with a number of selected organisations. This will lead to the development of a final version that will be published in the spring of 2012. By the end of 2011, the RST will also publish guidance on information management, covering issues such as information flows, information governance and the essential functionality of systems.
Phase 3: spring and summer 2012

The focus of this phase will be achieving readiness. It will be in this period that the final assessment of readiness is considered by the Secretary of State for Health.

Your responsible officer should ensure your local systems of appraisal and clinical governance are ready to support revalidation in this phase. In April they will be asked to complete the NHS Revalidation Support Team’s second ORSA assessment on behalf of your organisation.

By the end of March, the NHS Revalidation Support Team will publish the final version of its medical appraisal guide. The medical royal colleges and faculties will also publish guidance on the supporting information that doctors in all the main specialties (including primary care) can provide for appraisal. These will build on the core guidance for appraisal which the GMC published for all licensed doctors in spring 2011.

At the start of the new appraisal cycle, organisations should make final adjustments to their appraisal systems and begin to run ‘revalidation-ready’ appraisals for all their doctors.

Phase 4: autumn and winter 2012

The focus of this phase will be preparing to implement revalidation, subject to the Secretary of State for Health agreeing to commence the relevant legislation.

The regulations which are needed to ‘switch on’ revalidation will come into force at the end of this phase. The implementation of revalidation will then commence in all countries of the UK, and all responsible officers will start to make revalidation recommendations about their doctors to the GMC.

Further information

More detailed information about what actions your organisation should be taking to prepare for revalidation is available from your SHA revalidation lead or the NHS Revalidation Support Team.

A list of SHA revalidation leads can be found on the RST’s website at: www.revalidationsupport.nhs.uk/or_2.asp.
What questions should I be asking?

While responsible officers need to make sure that systems are in place to support revalidation, NHS leaders have an equally important role to play in helping their organisations achieve readiness.

NHS leaders should take an active interest in how their organisations are preparing for revalidation and ensure that the right parts of the organisation are engaged in any developmental activity.

The following questions should help you to develop a better understanding of the progress your organisation is making:

- Have we appointed and are we training our responsible officer and any other staff who have specific roles to play in appraisal and revalidation?

- Does our responsible officer have sufficient management support and resources to prepare our organisation for revalidation and begin making recommendations about the fitness to practise of our doctors?

- How robust is our appraisal system for doctors – in terms of coverage, timely completion and identification of unmet needs? Do we have enough appraisers in post and are they properly trained?

- What is the current state of our information systems and will they be able to generate the information that doctors will need to bring to their appraisals? Is there any overlap with the information that we need to provide for CQC returns?

- What have we learnt from our first readiness assessment? How do we compare to other organisations and what are our plans for addressing any gaps identified?

- Have we identified all our doctors who have a ‘prescribed connection’\(^3\) to our responsible officer(s) for revalidation? What arrangements do we have in place to support locum doctors?

- Does our organisation have a strategy in place for recognising and responding to concerns about our doctors’ practice?

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\(^3\) The responsible officer regulations establish a prescribed connection between doctors and designated bodies. The prescribed connection creates a link between a doctor and a responsible officer nominated or appointed by the designated body regardless of the number of settings in which the doctor works. This ensures a doctor can have one and only one responsible officer.

These issues [should] be championed and addressed at board level in every clinical organisation in England.

Professor Sir Bruce Keogh, Medical Director of the NHS in England
Who is working on revalidation?

The successful introduction of revalidation is a responsibility shared by a number of organisations. At the national level they include the GMC, the health departments of England, Scotland, Wales and Northern Ireland, the NHS Confederation, NHS Employers, Independent Healthcare Advisory Services, and the Academy of Medical Royal Colleges.

The systems which need to be in place to support revalidation also mean that the responsibility for delivery is shared with Strategic Health Authorities and NHS organisations at the local level.

All are working together to develop, test and implement a system of medical revalidation that is feasible, flexible and proportionate, and that will also provide the necessary level of assurance to patients, doctors and employers.

The information below explains the role of the four organisations that are working together at the national level to deliver revalidation in England:

The General Medical Council is responsible for:

- the professional values that doctors need to show they are meeting in their annual appraisal
- agreeing the supporting information that every doctor needs to bring to appraisal to show they are meeting those professional values
- the mechanism for responsible officers making recommendations to the GMC
- quality assuring those recommendations
- overseeing the delivery of revalidation at a UK level.

The Department of Health is responsible for:

- ensuring revalidation is affordable, cost effective and right for doctors, patients and the health sector
- funding and assuring the work of the NHS Revalidation Support Team
- the legislation and regulations for responsible officers and revalidation.
The **NHS Revalidation Support Team** is responsible for:

- supporting designated bodies and responsible officers in preparing for revalidation with training, guidance and tools
- providing support networks for responsible officers
- producing clear and effective guidance for annual medical appraisal
- providing evidence of the costs, benefits and practicalities of implementation, to ensure that revalidation supports high quality care and is cost-effective and efficient.

The **Academy of Medical Royal Colleges** is responsible for:

- Facilitating the work of the medical Royal Colleges and Faculties, in particular the development of specialty-specific guidance on supporting information
- Helping medical Royal Colleges and Faculties to deliver consistent training and advice on standards of practice in respect of each specialty
- Assisting the GMC in developing quality assurance proposals
- Coordinating a number of working groups focusing on issues relating to revalidation, such as clinical audit, non-clinical work, return to practice and remediation.

The **NHS Employers organisation** (part of the NHS Confederation) is responsible for:

- obtaining and acting upon local feedback about the preparation and roll-out process
- encouraging joint working of responsible officers with senior managers and the wider HR team to provide the necessary local support for successful revalidation
- providing up to date implementation advice as required to employers in the NHS, the GMC, the DH and other partners.
More information about the development and delivery of revalidation can be found on the websites of the following organisations:

- General Medical Council: [www.gmc-uk.org/revalidation](http://www.gmc-uk.org/revalidation)
- NHS Revalidation Support Team: [www.revalidationsupport.nhs.uk](http://www.revalidationsupport.nhs.uk)
- NHS Employers: [www.nhsemployers.org/revalidation](http://www.nhsemployers.org/revalidation)
- Academy of Medical Royal Colleges: [www.aomrc.org.uk/introduction.html](http://www.aomrc.org.uk/introduction.html)

You can also subscribe to *Revalidation Update*, a regular e-bulletin containing the latest news about revalidation. If you would like to receive *Revalidation Update*, please send an email to revalidation@gmc-uk.org with a request to join our mailing list.

More information about the delivery of revalidation in the other countries of the UK can be found on the following websites:

- Department of Health, Social Services and Public Safety (Northern Ireland): [www.dhsspsni.gov.uk/confidence_in_care](http://www.dhsspsni.gov.uk/confidence_in_care)
How revalidation will work

What doctors, employers and contractors of doctors' services will need to do

Patient and public involvement in revalidation

How and when revalidation will be introduced