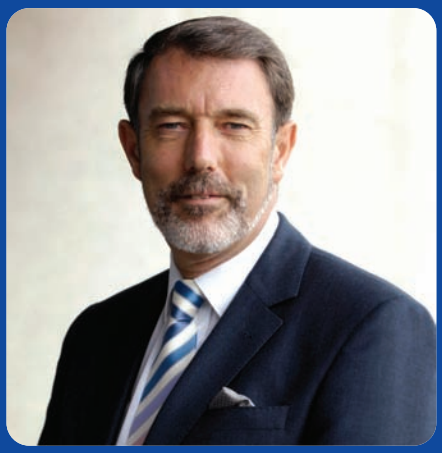
Revalidation update

bma.org.uk/revalidation

September 2009

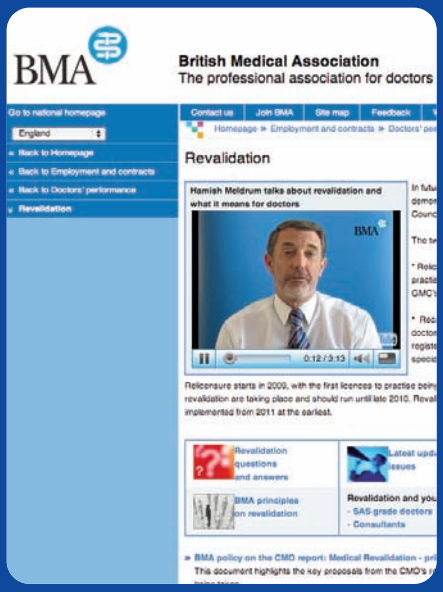


With the conference season concluded, now is a good time to reflect on the various policies that will guide our work over the coming year. Debates on revalidation featured prominently across the branches of practice, and at the ARM, and some of these are summarised below.

The BMA is continuing to work with a number of parties, in a variety of settings, to take forward this work. It is slow progress but there are signs that developments are being made. For example, the four delivery boards will soon be seeking expressions of interest from organisations that want to begin revalidation as 'early adopters' of the process. We are adamant, however, that early adoption should not be rolled out until a thorough and transparent evaluation of the pilots has been undertaken, along with a comprehensive assessment of the resource implications. To roll out without this would be premature. Furthermore, the usefulness of these early adopters should be questioned bearing in mind they will not adequately represent other organisations that are less developed in their work.

Other developments include the imminent introduction of licences to practise, further pilots (with BMA representation) and a number of consultations. One of my main priorities throughout this process is to keep our membership informed and up to speed with developments. The BMA is clear that revalidation can only be successful if the profession is fully informed and if the process is adequately resourced, and this is a message that we are communicating at every opportunity when discussing with the health departments and the GMC. As greater detail emerges, such as on the role of the responsible officers and the specialist standards framework, we will issue further guidance and advice to you through BMA News, e-newsletters and our website. BMJ Learning also has a number of tools which can you help you.

For all the latest news and developments, go to **www.bma.org.uk/revalidation**



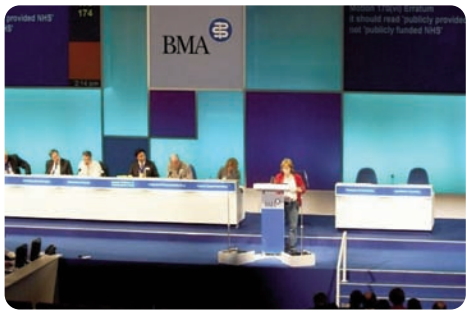
GMC announces launch date for licences to practise

From 16 November, all doctors will need a licence in order to practise medicine in the UK. This is in addition to their GMC registration and will allow doctors to undertake any form of medical practice in the UK, including, but not limited to, writing prescriptions, holding a post as a doctor in the NHS, and signing death and cremation certificates. The GMC has written to all doctors on its register to find out whether they wish to take a licence.

The introduction of the licence is the first step towards revalidation.

Further information on licensing, for doctors and employers, can be found here: **http://www.gmc-uk.org/doctors/licensing/practice/support.asp**

Revalidation debates at the BMA Annual Conferences



At the **Annual Representative Meeting** in Liverpool, doctors agreed that revalidation must not be overly onerous, should be funded by the government and not divert doctors from front-line patient care. In his opening speech, BMA council chairman, Hamish Meldrum said: 'We must ensure we have a system that has minimal bureaucracy and doesn't end up with half the profession chasing round the country revalidating the other half.

Above all, we must ensure that we have a system that is properly resourced – both in terms of the individuals who will have to undertake it, and the service that will have to implement it. Let there be no doubt: the BMA supports revalidation for doctors, but not at any price.'

Doctors backed a resolution stating that revalidation should:

- Ensure that appraisal is central to the process
- Take into account doctors' different working lives
- Be fully resourced with adequately protected preparation time
- Be fair

The meeting narrowly voted in favour of responsible officers (ROs) – who will sign off doctors' revalidation – being independent of employers to minimise potential bias and conflicts of interest. However, it did not suggest by whom or how these individuals should be employed and we may have to look at a pragmatic solution to this issue.

The conference also called for a right of appeal to an independent scrutineer, clear rules to deal with potential conflicts of interest, and for GMC affiliates to be independently appointed using publicly agreed criteria to determine their suitability.

Doctors at the conference rejected a proposal that the BMA push for GMC registration to be fully or partially funded by the public.

The **CCSC annual conference** underlined the importance of the proposed new appraisal and revalidation systems and argued that they must be agreed with the BMA to command the confidence of the profession and ensure that the process is workable and not an inappropriate burden on consultants or their employers. In his opening address, Dr Jonathan Fielden, Chairman of the CCSC, said:

'Revalidation – yes we need to positively affirm our ability, yes we agree to some modifications of the systems we have in place, but not the burgeoning bureaucracy that is coming with it. With care, we can both achieve its valuable aims and save many millions.'

The conference stressed the need for a fair process, calling on revalidation to be introduced for all doctors at the same time and not simply for those specialties which are said to be ready. It was felt that the greater challenge would be to ensure that the smaller specialties, locums and those doctors who had taken career breaks had suitable systems in place.

There was also concern about of the potential workload for medical managers and the conference called on the DH to ensure that the 'requisite support and infrastructure' was in place and fit for purpose.

At the **LMC Conference**, GPs agreed that revalidation should be properly funded and resourced by central government and that it should not reduce the time available for patient care. Dr Laurence Buckman, Chairman of the GPC, said: 'There will be considerable resource implications for those doing the revalidation as well as those being scrutinised. If society expects doctors to be revalidated, then it will have to find a way of keeping the service going, or else we will all be involved in the process while nobody will be looking after the patients. Quality revalidation needs time and resources but the end-product will be worth it for doctor and patient.'

The latest information on funding can be found here:
http://www.pulsetoday.co.uk/story.asp?sectioncode=35&storycode=4123415&c=2

The conference also agreed that the revalidation process should not be disproportionately difficult for sessional GPs, and that mechanisms should be put in place to support the revalidation of this group of doctors.

In response to the specific proposals for how revalidation will work for GPs, the conference asserted that 360 degree appraisal must not become part of revalidation until a validation method for this has been agreed with the GPC. It also rejected the RCGP's planned learning credit system, as it would be too burdensome, complex and time-consuming for GPs and their appraisers.

All of the BMA's policies can be found here:
http://web2.bma.org.uk/bmapolicies.nsf/wl?openform&C=revalidation

Committee update – what the BMA's committees are doing for you

Central Consultants and Specialists Committee (CCSC)

Both the CCSC and GPC recently met the CMO (England) to discuss the issue of appraisal and the wider implications of revalidation across the UK. Both committees are particularly concerned about the amount of work involved in the proposed strengthened appraisal process, both for appraisees and appraisers.

The DH (England) recognised these concerns and will seek to use existing data to minimise the burden where possible. They believe that this will also allow revalidation to be achieved within existing finances, although we remain sceptical.

The meeting also provided a useful opportunity to press policies arising out of our respective conferences, such as on the need to have an appeals mechanism and clear guidance to deal with conflicts of interest.

General Practitioners Committee (GPC)

Responding to the RCGP's proposals (April 2009) on the processes and evidence that will be required in order for GPs to be revalidated in the UK, the GPC has raised a number of issues and concerns around the nature of the proposed evidence, how different types of doctors will be affected and how the process will be managed.

The proposals state that multi-source feedback is required from those with whom the GP 'works sufficiently closely'. There is concern that, particularly in a small practice, this could be burdensome for those having to provide regular feedback. The GPC has also questioned the evidence to support the need for two MSFs to be completed every five years and has recommended that this be reduced. Whilst the proposals suggest that it will take 10 to 20 minutes to complete for an uncomplicated case, it may take longer and it follows that this will become a significant amount of time if a colleague is required to complete questionnaires for several GPs.

The GPC believes that the minimum standards for considering a portfolio should be based on a GP's continuing improvement whereas at present they are dependent on clinical session time. If a GP only works a couple of hours a week but keeps fully up-to-date and has evidence to document this, then this should be acceptable. Their reduced clinical work should not be barrier to them being revalidated and should be regarded as sufficient for their portfolio.

Further consideration also needs to be given to how GPs with special interests (e.g. clinical academic work) will be appraised. In addition, it is evident that the audit cycle could be difficult for locum and salaried GPs as most of these GPs do not have their own, personalised prescribing data. This information is important in order for this group to conduct a clinical audit. As an alternative, the GPC has proposed that audits could be conducted and shared by GPs within a practice (including with local locum GPs).

The GPC has also underlined the importance of there being a variety of e-portfolios to choose from in order to help ensure that these are not costly to GPs. Currently there are a number of providers of e-portfolios, including the BMJ, but it is not clear at present whether such choice will be allowed.

The GPC is currently waiting for the RCGP's response to these suggestions and concerns.

The latest version of the RCGP proposals can be read in full here:
http://www.rcgp.org.uk/PDF/PDS_Guide_to_Revalidation_for_GPs.pdf

Equal Opportunities Committee (EOC)

The EOC is liaising with the GMC and DH (England) to ensure that equality and diversity issues are properly considered during the development of the revalidation process across the UK. The EOC will contribute to the development of the revalidation equality impact assessment by the DH (England), and is working to ensure that revalidation:

- is a fair and open process for all doctors
- does not discriminate against black and minority ethnic doctors in the appraisal process
- considers the requirements of doctors taking career breaks, maternity leave, or working part-time
- will include an appeals process for doctors who do not successfully revalidate
- considers the requirements of retired doctors.

Junior Doctors Committee (JDC)

The JDC continues to work with COPMeD (the postgraduate deans) and others to explore how revalidation might work for those in the training grades. It appears at present that it will be based largely on the outcomes of the ARCP/RITA processes and the information collected for them, perhaps with some limited additional paperwork. The intention is to have a process that works in all four UK nations. A detailed proposal will be submitted to the GMC by COPMeD in September 2009. JDC shares the concerns of the rest of the BMA about the costs of revalidation, even though the burden is likely to be lower in the training grades because so much evidence is already collected about competencies for other reasons.

Medical Academic Staff Committee (MASC)

Following the GMC's apparent change of view regarding the revalidation of academic activity, the MASC is working on a consensus statement with the Honorary Secretary of the Academy of Medical Royal Colleges, which will be published shortly.

Private Practice Committee (PPC)

The PPC has a seat on the IHAS/GMC Independent Sector Revalidation group, and recently met with the group to discuss the on-going concerns about how revalidation will work across the UK for the private sector. Two key areas of discussion were around whole practice appraisal and how independent doctors will relate to an RO.

It is now clear that doctors practising in both the NHS and independent sector will need to account for their work in both sectors, but that their annual appraisal will take place in the sector within which they do the majority of their work. Work is in progress on producing updated guidance on whole practice appraisal for the purpose of revalidation.

Public Health Committee (PHMC)

Over the last few months in particular, the PHMC has been working with the Faculty of Public Health (FPH) on revalidation. The committee has raised questions about issues such as measuring performance and how public health doctors will relate to ROs. For the most part, the Faculty, the DH and the PHMC are in agreement on the scope of appraisal in Public Health Medicine. This is particularly true when it comes to the need for revalidation to be a positive exercise focused on professional development rather than a management tool. In order to ensure this, a great deal of thought needs to be put into equipping those participating in the appraisal process with the appropriate tools so that what is being measured is of real value.

The PHMC will continue to engage with the Faculty and to contribute to the development of a revalidation framework suitable for public health medicine. The PHMC will also be participating in a group set up by the Department, consisting of the FPH, BMA, DH and NHS Employers, which will be looking into the process of appraisal, across all four nations and including non-NHS as well as NHS posts.

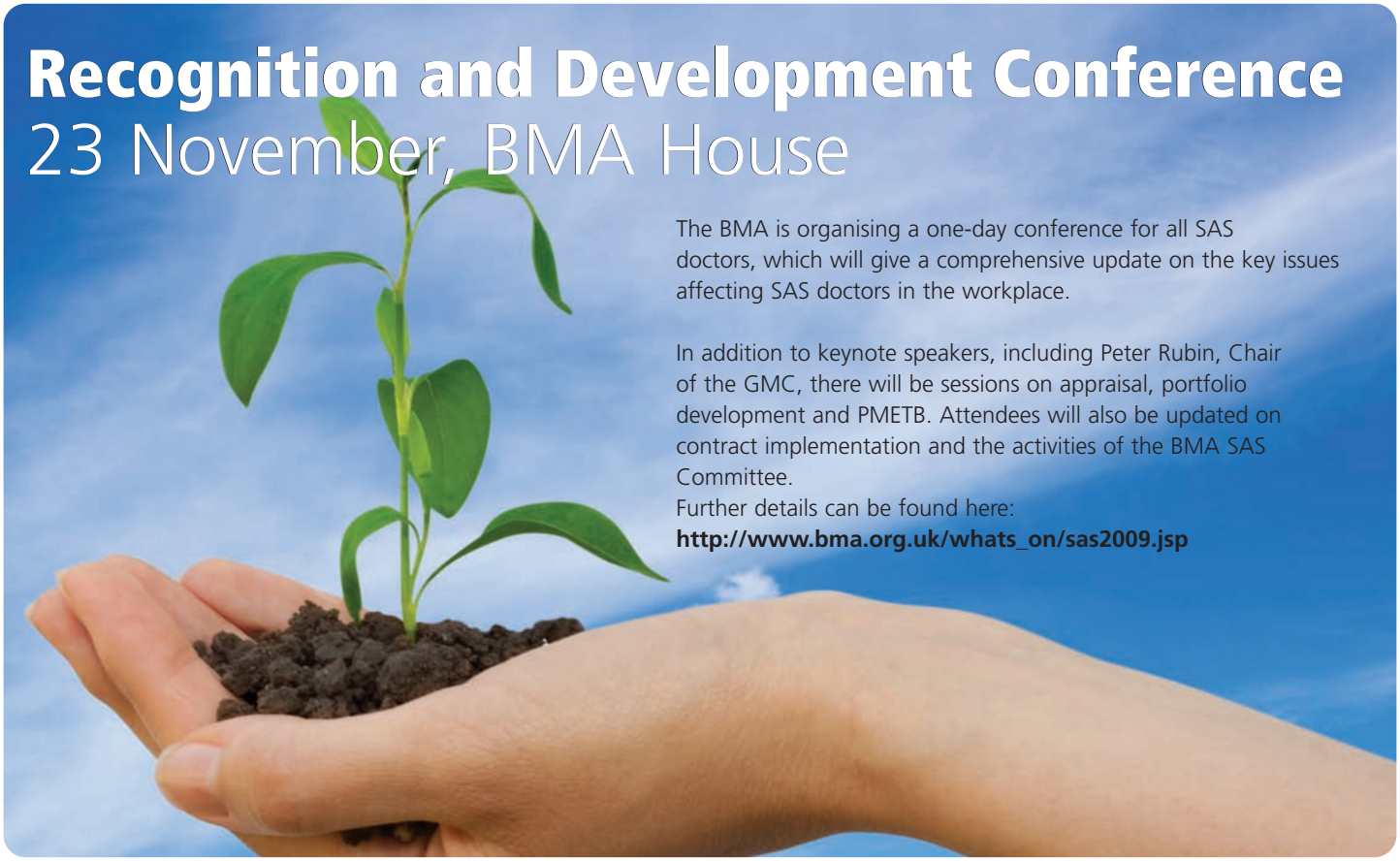
Medico-legal committee (MLC)

The Medico-legal committee has considered the implications of the introduction of the GMC's licence to practise. While it is clear that most members who are currently required to be registered for their work will now need to be licensed, the committee has considered the particular circumstances of those doctors who are retired from clinical practice but who still produce expert witness reports. To date the GMC has not yet given a definite view on whether these doctors will require a licence or not.

The committee feels that such doctors should consider taking a licence as it is likely that an expert witness who is not licensed will be a less credible witness than one who is. In particular, if the expert witness work involves consultations with patients, it would be prudent to take a licence. The committee will issue further advice as the situation develops, including suggestions on how such members can be revalidated in this role.

Staff and Associate Specialists Committee (SASC)

SASC is in regular dialogue with the GMC to discuss how SAS doctors will be revalidated whilst the Colleges are currently working on the applicability of recertification for SAS grades.



Devolved nations

SCOTLAND > > >

The Scottish Government Health Directorates (SGHD) have established the Revalidation Delivery Board for Scotland (RDBS) to oversee the implementation of revalidation in Scotland. Chaired by Frances Elliot, Chief Executive of NHS Quality Improvement Scotland (QIS), the Board reports to both the GMC's UK Revalidation Programme Board and the SGHD's Cross Professional Fitness to Practise Implementation Group (CPFTP).
Brian Keighley is the BMA Scotland representative on the board. The CPFTP, and the SGHD's Overarching Implementation Steering Group (OAISG), to which it in turn reports, have been in operation since 2007 and are responsible for overseeing the development of effective revalidation and appraisal systems for all health professionals in Scotland. BMA Scotland does not have a representative on the OAISG but is represented on the CPFTP by Lewis Morrison.

We have also secured representation on the SGHD's Scottish Appraisal Leads Group, which is charged with ensuring that medical appraisal is implemented to a high and uniform standard across Scotland. The group is not a policy-making body; this remains with the CPTP, to which it reports.

A key role for the group is the development of guidance for NHS boards on the resources required to support appraisal, internal quality assurance and appropriate management structures for appraisal schemes. It will also produce interim guidance on the type of information that organisations should be collating for appraisers and appraisees, in line with the guidance being developed by the GMC and AoMRC. The group is co-chaired by Paul Padfield Associate Medical Director, NHS Lothian and Mark MacGregor, SMO, SGHD. Membership includes NHS board appraisal leads, NHS Education for Scotland (NES) and QIS. Pete Terry is the BMA Scotland representative on the group.

NORTHERN IRELAND > > >

During 2008, a review of revalidation progress was carried out by the DHSSPSNI. As a result, the Confidence in Care programme was established to take forward the outstanding recommendations from the 'Improving Patient Safety; Building Public Confidence' DHSSPS report published in November 2006 and also included the work emanating from the White Paper 'Trust, Assurance and Safety.' The Programme Board is co-chaired by the Chief Medical Officer and the Chief Nursing Officer. There are four work streams attached to this programme namely:

- Medical and Non-Medical Revalidation
- Professional Regulation
- Tackling Concerns Locally and Nationally
- Pharmacy

Whilst the progress of revalidation has been slow, it will continue to be monitored and taken forward through the BMA (NI) Council and the Branch of Practice (BoP) Committees.

NI Council Revalidation Subcommittee

To this end, a NI Council Cross Branch of Practice Revalidation Subcommittee has been established, to co-ordinate the BMA (NI) input to these work streams with the emphasis on ensuring the arrangements are practical and workable for NI doctors. Membership comprising of the Chairs of NI Council and BoP Committees (or nominated Deputies), has been extended to include representatives serving on the DHSSPSNI Confidence in Care work streams, and the Chairman of the Regional LNC Forum. The terms of reference of this subcommittee have been agreed as follows:

- To monitor the workings of the Confidence in Care Programme/work streams
- To co-ordinate BMA(NI) input to the Confidence in Care Programme/work streams
- To influence the development of the revalidation process in NI
- To monitor and influence the implementation of the revalidation process in NI
- To act as a resource and filter for the profession in the provision of accurate information
- To provide appropriate help and support to members as appropriate

Pilots to assess the workings of revalidation in various specialties are being established across all five Health and Social Care (HSC) Trusts.

Responsible Officers

The BMA(NI) has submitted comments on the DHSSPSNI draft guidance on the roles and responsibilities of ROs, highlighting that the role of making recommendations on the revalidation of doctors should be independent of employers bearing in mind conflict of interest issues, as resolved at this year's ARM.

Modelling work on ROs in the context of NI has commenced, however, we do not yet have an agreed model for this. Our current legislative timetable indicates that the consultation document should be issued in September and will need to include the RO arrangements/hierarchy.

BMA CYMRU WALES > > >

BMA Cymru Wales has joined the Wales Revalidation Delivery Board (WRDB), which has met twice and is chaired by Dr Jane Wilkinson, Deputy Chief Medical Officer. As with the other nations' boards, the WRDB has representation from all the key stakeholders. Our representative is Andrew Dearden, Chairman of Welsh Council.

Welsh Council has recognised the importance of this issue to the profession and has established a small sub-committee to coordinate our activities. It has also designated Deputy Welsh Secretary, Stephen Jones, as lead for liaison on revalidation matters with other stakeholders and our branch of practice committees in Wales.

There are key issues that BMA Cymru Wales has already raised with both the Health Minister and the WDRB. Firstly, we want to harness the flexibility envisaged in Sir Liam Donaldson's report 'Medical Revalidation: principles and next steps' to ensure that revalidation is introduced with a 'light touch' in Wales, with as least burden as possible on busy clinicians.

To this end, we are supportive of the excellent work undertaken by Professor Malcolm Lewis of the Wales Deanery for Postgraduate Medical and Dental Education in their model for GP appraisal, which has received widespread acclaim. We believe that this model is capable of and suitable for broader application across the NHS in Wales.

Secondly, we have expressed our significant concerns about the apparent lack of resources available for the implementation of revalidation in Wales in comparison to England, where there is a well-established Revalidation Support Team.

Welsh Council is keen to hear the views of our members on revalidation issues and to ensure that members are fully briefed on developments. We are therefore holding a joint revalidation event with GMC Wales, the Wales Deanery, the Welsh Assembly Government and the Academy of Medical Royal Colleges on 21 October 2009 in Cardiff. We are delighted that Professor Peter Rubin, Chair of the GMC, will be present to meet doctors from across Wales and to participate in our 'expert panel'. Further information will be issued to doctors in late August/early September.

Pilot information

The Revalidation Support Team has commissioned a number of projects and pilots across the UK, due to run until 2011. Project activity will take place in three stages:

Stage 1

- Four small pilots, covering primary care, secondary care, the independent sector and doctors on short term absence from practice, are examining key questions such as whether the defined 'Good Medical Practice' module within appraisal effectively supports recommendations for revalidation
- The RCGP is running projects in Tayside, Warwick and Wales until January 2010. As part of this, expressions of interest for a pilot involving sessional GPs have recently been invited.
- The Royal College of Physicians of London is testing the framework for appraisal and assessment on around 150 consultants in secondary care, across a range of trusts and specialties in the Mersey area. It is due to report by the end of 2009
- The independent sector pilot will be co-ordinated by the Independent Healthcare Advisory Services and cover a range of settings
- The final project will take place in London and consider out of work doctors, including those on sick leave, maternity leave and short term suspensions.

Stage 2

Further pilots will follow the above to further test the process and take forward any issues that have arisen from the Stage 1 pilots. These pilots will focus on doctors in a variety of settings and roles, including in managed and non-managed environments.

Stage 3

Stage 3 will consist of early adopter sites in areas where systems of appraisal and clinical governance are sufficiently developed.

Other pilots

- NHS Professionals is working with nine locum doctors in England who work in secondary care to look at how appraisal works for doctors who primarily work in a locum capacity
- Buckinghamshire PCT is leading a project to look at the supporting information currently presented at appraisals by GPs in England
- In Wales, the GMC and the Welsh postgraduate deanery have been reviewing preparations for appraisal. Their project aims to develop an assessment tool so that all local health boards can determine on the readiness of their clinical governance and appraisal systems
- Northern Ireland's Department of Health, Social Services and Public Safety is testing how 'Good Medical Practice' will fit with existing appraisal systems within secondary care, and how it relates to evidence required for revalidation.
- In Scotland, the Scottish Government Health Directorates are examining supporting information for enhanced appraisal. Its research will cover GPs and hospital doctors across a range of specialties and all grades. The pilot is being run by NHS Highland and will also identify the resources required to support each type of supporting information
- In Yorkshire and London, a pilot on GMC affiliates is taking place, involving pairings of lay and medical affiliates, working approximately two days each week. They aim to stop doctors from being inappropriately referred to the GMC for complaints that should be dealt with locally, and seek to help doctors with issues surrounding their performance at an early stage.

Further information can be found here:
www.revalidationsupport.nhs.uk/pathfinderpilots.asp

Consultation on Specialist Standards Frameworks for Revalidation

The GMC have developed a revised Framework for Appraisal and Revalidation that sets out the domains, attributes and standards for revalidation based on Good Medical Practice. This revised Framework has been used by all medical specialties to provide guidance to doctors on the specialist standards and supporting information that may be brought to appraisal to demonstrate that they are practising to a high professional standard for revalidation. The Academy is now seeking feedback from key stakeholders and other interested organisations about these specialty frameworks. For further details, including how to respond, go to: **http://www.aomrc.org.uk/revalidation.aspx**

The framework for responsible officers and their duties relating to the medical profession: a consultation on responsible officer regulations and guidance

The DH are consulting on draft regulations and guidance relating to the roles and responsibilities of responsible officers. The draft regulations set out the legal framework for introducing responsible officers. The guidance expands on the regulations and describes the role that responsible officers will play in supporting organisations and doctors, as they strive to improve quality of care.The consultation follows an earlier consultation on the roles and responsibilities of responsible officers which was published in July 2008. Further details can be found here: **http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_104587**

Recent BMA News stories

BMA urges caution over GMC plan for early revalidation
BMA response to proposals for early adopter sites

New regime's familiar face
Interview with Professor Peter Rubin, Chair of the GMC

Stronger guidelines on revalidation could save NHS cash, DH tells BMA
DH response to a number of BMA issues and concerns

GPs shun revalidation-funding plans
Call for further government funding for revalidation

Revalidation rests on appraisal procedure
Revalidation to be a by-product of effective local systems

http://www.bma.org.uk/employmentandcontracts/doctors_performance/professional_regulation/bmanewsrevalidationstories.jsp

Recent publications

BMA videoclip on the introduction of revalidation
http://www.youtube.com/watch?v=KWhTuR6Z9F0&feature=channel_page

BMA Q&As
http://www.bma.org.uk/employmentandcontracts/doctors_performance/professional_regulation/revalidationqanda.jsp

GMCtoday revalidation special
http://www.gmc-uk.org/publications/gmc_today/index.asp

GMC FAQs
http://www.gmc-uk.org/doctors/licensing/faq/index.asp

GMC guidance on licences to practise
http://www.gmc-uk.org/doctors/licensing/practice/index.asp

NHSE briefing note
http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Medical-regulation/Pages/Medical-revalidation.aspx