



**Revalidation:  
The way ahead**

# Preparing for the introduction of medical revalidation:

a guide for independent sector leaders in England

■ ■ INDEPENDENT  
HEALTHCARE  
■ ■ ADVISORY SERVICES

General  
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Regulating doctors  
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## Introduction

Preparing for the introduction of medical revalidation is a priority for medical directors, chairs of medical advisory committees, chief executives and senior managers in the independent sector.

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 focus across the UK is now on preparing for the implementation of revalidation. A number of key policies are in place and new regulations are in force requiring 'designated' bodies in the NHS and independent sectors 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 and appraisal.

This publication is a simple guide to help those who are leading independent sector 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, such as appraisal, are in place to support the revalidation of doctors. However, responsible officers will need the support of those working at the highest levels of their organisations to be fully successful.

## 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 additional assurance for patients, for doctors and for employers that licensed doctors are practising to appropriate professional standards and systems of appraisal and clinical governance are consistent across the UK.
- Employers in the independent sector will need to have the right systems in place locally to support the appraisal and revalidation of their doctors.
- Doctors and their employers have made huge steps in improving and integrating systems of clinical governance into the work of boards in the last decade. Revalidation is simply the next step.
- Independent sector leaders have an important role to play in helping their organisations to be ready for revalidation.
- Doctors have a responsibility to engage effectively in revalidation and the systems which underpin it.

# 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 a doctor's practice through whole practice 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 a doctor's 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 support improvements in the quality of care and patient safety across the UK.

“ 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**

“ We recognise that revalidation may hold specific challenges for the independent sector but we hope this guide and the current pilots will go a long way to addressing those challenges. ”

**Mr Derek Machin, Chairman of the BMA Private Practice Committee**

# 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. However, there is a lack of consistency in those standards of appraisal and clinical governance.

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*. A doctor's annual appraisal must cover the whole of their practice and not just the practice they may have in one organisation if they work in more than one setting.

Much of the clinical data and feedback which 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**

# When will revalidation start?

Revalidation will start in late 2012, subject to an assessment of readiness which will be considered by the Secretary of State for Health. Employers will need to have systems in place to support revalidation of their doctors by this time.

However, from 1 January 2011 medical appraisal became a requirement of all designated bodies and organisations should be complying with them now.

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'<sup>†</sup> 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 health departments of Scotland, Wales and Northern Ireland are coordinating these assessments for their countries.

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.

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\* *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.

† 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.

While every organisation will need to be ready to support revalidation by late 2012, recommendations on the revalidation of individual doctors by responsible officers will be on a phased basis. The GMC is developing a high level plan for roll-out, which will phase those recommendations 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 develop this plan and will publish a final version in 2012.

“ 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**



# Is my organisation a designated body?

If you employ doctors to deliver medical services or have a contractual relationship with them, such as practising privileges, then your organisation is likely to be 'a designated body'.

Designated bodies must appoint or nominate a responsible officer who will ensure, amongst other things, doctors are appraised annually and investigate any concerns about their practice.

These new requirements, which cover organisations in both the NHS and independent sectors, are outlined in regulations which came into force in England, Scotland and Wales on 1 January 2011 and in Northern Ireland on 1 October 2010.

The regulations which cover England are:

- The Medical Profession (Responsible Officers) Regulations 2010.

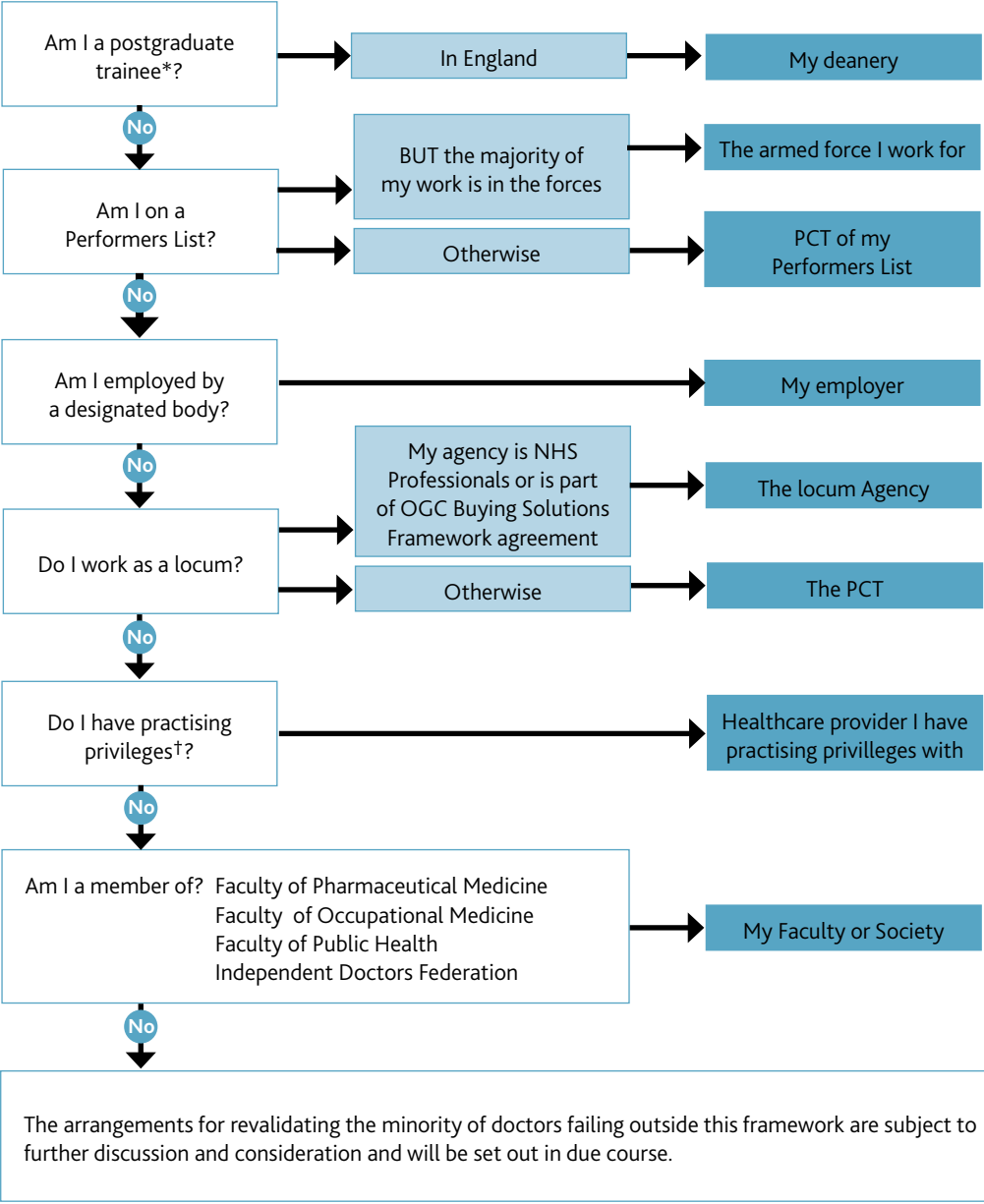
The regulations set out those organisations which are considered designated bodies. Broadly, they fall into the following categories:

- 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.

The Department of Health (England) is currently considering whether a number of other bodies should be designated. These include Resident Medical Officers supply organisations and the British Association of Cosmetic Doctors.

The regulations also establish a connection between doctors and designated bodies. In doing so, the connection creates a link between a doctor and a responsible officer. A doctor can only have one responsible officer, regardless of how many organisations they may work in. The flow chart on page 8 shows how doctors in England can identify who their responsible officer is and also helps organisations based in England understand which doctors have a prescribed link to them.

Designated Body and Responsible Officer Flowchart for England (based on the Role of the Responsible Officer. Closing the gap in Medical Regulation – Responsible Officer Guide 2010)



\* The medical practitioner is a doctor in training who is a member of a foundation or specialty training programme managed by a postgraduate medical deanery.

† 'Practising privileges' means the grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital.

Here are some common scenarios which may help you understand which doctors your organisation has a prescribed connection with. Please note the scenarios are not exhaustive and if you are unsure whether a doctor has a prescribed connection for a Responsible Officer with your organisation you should always seek advice.

If a doctor is working in the independent sector and employed in the NHS the doctor's prescribed connection will be with the NHS organisation.

If a doctor has practising privileges with your organisation but is employed by another, the doctor's prescribed connection for their Responsible Officer will be with the employing organisation.

If a doctor has practising privileges but is also undertaking locums with a designated locum agency the doctor's prescribed connection is either with a framework agency or a Primary Care Trust (if they are working in England).

If a doctor has no practising privileges and is not employed or registered with a locum agency but is a member of the Independent Doctors Federation (IDF) the doctor's prescribed connection is with the IDF.

The regulations are accompanied by guidance which can be found on the website of the Department of Health (England)  
**[www.dh.gov.uk/en/Managingyourorganisation/Responsibleofficers/index.htm](http://www.dh.gov.uk/en/Managingyourorganisation/Responsibleofficers/index.htm)**.

If, after reading the guidance, you are unsure whether your organisation is a designated body, you should seek independent legal advice. Advice on the regulations can be obtained from the revalidation lead of your strategic health authority. A list of SHA revalidation leads can be found on the RST's website at:  
**[www.revalidationsupport.nhs.uk/or\\_2.asp](http://www.revalidationsupport.nhs.uk/or_2.asp)**.

# 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, all designated organisations should have appointed a responsible officer. New regulations which came into force on 1 January 2011 and require every 'designated' organisation to nominate or appoint one. 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. The assessment tool being used in England has been developed by the NHS Revalidation Support Team and is called ORSA – Organisational Readiness Self Assessment. The results of these assessments will allow your responsible officer to benchmark your systems against other independent sector organisations 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 within independent sector organisations.**

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.

At the UK level, the GMC will publish guidance to help responsible officers start making recommendations once revalidation begins. The GMC will also establish a team of employer liaison advisers to provide support for medical directors on fitness to practise issues and revalidation.

In England, the NHS Revalidation Support Team (NHS RST) will publish a draft medical appraisal guide and test it with a number of selected organisations. The evaluation of the testing and feedback will lead to the development of a final guide. It will also publish guidance on information management.

The NHS RST is also running a pilot in conjunction with the Independent Healthcare Advisory Services (IHAS), the Independent Doctors Federation and the British Association of Cosmetic Doctors. The pilot will deliver 150 appraisals and process evaluations for doctors who work in unmanaged care environments and more isolated areas of practice. More information about the pilot can be found on IHAS' website.

The medical Royal Colleges and Faculties will publish guidance on the supporting information that doctors in all the main specialties (including primary care) should provide for appraisal. This will build on the generic guidance which the GMC published for all licensed doctors in spring 2011.

### 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 systems of appraisal and clinical governance are ready to support revalidation in this phase. They will be asked to complete the NHS RST's second ORSA assessment on behalf of your organisation.

### 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 GMC and its UK partners will clarify the arrangements for roll-out in this period. Using this information, your responsible officer should develop a plan to complete the first revalidation cycle for all your doctors within the agreed timescale.

The regulations which are needed to 'switch on' revalidation will come into force at the end of this phase. The roll-out of revalidation will then commence, and responsible officers will start to make revalidation recommendations on 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. IHAS can also provide you with information

**[www.independenthealthcare.org.uk](http://www.independenthealthcare.org.uk)**

A list of SHA revalidation leads can be found on the RST's website at:

**[www.revalidationsupport.nhs.uk/or\\_2.asp](http://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, independent sector leaders have an equally important role to play in helping their organisations achieve readiness.

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?
- Have we identified all our doctors who have a 'prescribed connection'<sup>\*</sup> to our responsible officer for revalidation?
- What arrangements do we have in place to support doctors who do not have a prescribed link with our organisation but will need to provide information to their responsible officers, as part of whole practice appraisal, on their role within our organisation? This could include locum doctors, for example.
- 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?
- Does our organisation have a strategy in place for recognising and responding to concerns about our doctors' practice?
- 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 supporting information that doctors will need to bring to their appraisals?
- Do we have a process in place to ensure we learn from our readiness assessments?

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<sup>\*</sup> 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.

# Who is working on revalidation?

The successful introduction of revalidation is a responsibility shared by a number of organisations. At the UK 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 independent sector 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 UK level to deliver revalidation:

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 **Independent Healthcare Advisory Services (IHAS)** is responsible for:

- providing up to date implementation advice to independent sector employers
- organising a quarterly meeting with the GMC with group medical directors and independent sector responsible officers
- providing input into the four countries' revalidation delivery boards
- piloting the current agenda for doctors working in isolated and non-managed environments.

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.

# Where can I find more information?

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)
- Department of Health  
(for information about responsible officers):  
[www.dh.gov.uk/en/Managingyourorganisation/Responsibleofficers/index.htm](http://www.dh.gov.uk/en/Managingyourorganisation/Responsibleofficers/index.htm)
- Independent Healthcare Advisory Services:  
[www.independenthealthcare.org.uk](http://www.independenthealthcare.org.uk)
- NHS Revalidation Support Team:  
[www.revalidationsupport.nhs.uk](http://www.revalidationsupport.nhs.uk)
- 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](mailto: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:

- Scottish Government Health Directorates:  
[www.scotland.gov.uk/Topics/Health/NHS-Scotland/paper/Revalidation](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/paper/Revalidation)
- Welsh Assembly Government:  
[http://wales.gov.uk/topics/health/nhswales/about/nhs\\_workforce/rev/?lang=en](http://wales.gov.uk/topics/health/nhswales/about/nhs_workforce/rev/?lang=en)
- 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)





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