Medical Appraisal Framework for core supporting information
Has been reviewed and streamlined by the Academy of Medical Royal Colleges and is en route to be approved by the GMC in April, when it will be circulated for more feedback. There will be a further call for any speciality-specific “must-do’s”.

Employment/Contract Objectives. There was anxiety that performance management might be included into the MAF. Allan Cole, Medical Director of the Revalidation Support Team, has stated that it will not.

Responsible Officers
They may need help/advice to ensure that their decisions are consistent:
- Generic physician issues - from RCP
- Speciality issues – from Regional Speciality Advisors (who will themselves need training)

They should be able to call on a “Senior Appraiser” (a proposed new role) and should have some form of Quality Assurance.

The RO/College liaison model will be re-drafted, then debated by the Academy Revalidation Steering Group on 31 03 11.

(BASHH may in due course need to consider if we will be able to suggest individuals to provide advice to RO’s on speciality issues; and whether we would wish to provide support/advice for doctors where there is a non-recommendation)

Remediation is an important part of revalidation which has not been developed much so far but should be addressed when the DH releases its report in late March/April.

Parliamentary Health Select Committee (Chairman Stephen Dorrell) concluded its enquiry into revalidation in February 2011:
- Developing revalidation has taken too long, the GMC must ensure that it starts by late 2012
- Too little attention has been given to dealing with doctors whose practice gives cause for concern
- Concerned that not all organisations have adequate appraisal systems
- Has decided that the GMC must now report directly to the Health Select Committee rather than the Privy Council.

Mark FitzGerald