Revalidation Update November 2010

The GMC Consultation (March – June 2010)
They addressed 4,000 doctors and had nearly 1,000 responses to the consultation on their website.

“Revalidation: The Way Ahead” (Consultation Response 2010)
www.gmc-uk.org/thewayahead
There was support for the general principles: revalidation to be based on a continuing evaluation of actual practice in the workplace via appraisals and be based on the GMC’s Good Medical Practice.

The main concerns were with how it will work in practice:
- the complexity and time taken
- the availability of accurate data for the supporting information, particularly on speciality practice
- the costs of governance systems, patient/colleague questionnaires
- how to adapt it to non-mainstream work, portfolio careers, return-to-work

The GMC will therefore be working on:
- streamlining and simplifying the process. Re-certification and re-licensure will be merged
- for supporting information, reducing the detail (especially of the speciality elements) and deciding which parts are core and which are optional. This will require work with the Colleges. For GUM, we have already pointed out the diversity of our practice and worked to avoid requiring too much detail
- exploring quality assurance for the process, especially decisions made by the Responsible Officer. (The Colleges are trying hard to make an input from them mandatory here)
- continuing work on appraisal, improving its consistency and training for it
- reviewing the evidence base and reliability of colleague questionnaires

Timetable and Piloting
Piloting in Mersey and West Midlands has involved 6 Trusts and 650 doctors. Objectives have been to:
- explore organisational infrastructure and system requirements
- provide cost data for the Treasury
- test how supporting information is provided, and how the Responsible Officer functions

Findings have been that the proposed structure is helpful, but that a lot of training time is required for appraisal, and that some Trust information systems are inadequate

Secretary of State Andrew Lansley’s decision (May 2010) to extend piloting for another year was welcomed by the GMC as offering more time to develop and test the process, and enable Trusts to get their systems set up. The GMC feel that revalidation should be introduced and rolled out incrementally. The current date to start is late 2012.
What Doctors should do now (at least)

- annual appraisals: we will need five satisfactory appraisals
- comply with local clinical governance arrangements, and document these wherever possible (eg. MDT discussions)
- maintain up to date CPD
- do one audit cycle every five years (the NAG have introduced this into their programme)
- do one multi-source feedback from colleagues and patients, at least every five years

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