

Better, safer doctors: implementing medical revalidation

Later this year, all doctors who wish to practise medicine in the UK will require a Licence to Practise. This is the first practical step in introducing a system for regularly checking and assuring every doctor's continued fitness to practise, known as revalidation.

Identifying and affirming that all doctors are keeping their knowledge up to date and providing safe patient care is intended to strengthen professional regulation and enhance service quality. This will be done through doctors regularly demonstrating that they are practising in accordance with agreed standards. The first doctors are expected to be revalidated under these processes from 2011.

This *Briefing* explains the key elements of the process, sets out the various roles and responsibilities, and discusses the areas that remain to be resolved as revalidation gets underway.

Key points

- A Licence to Practise (LtP) will be issued by the GMC from late 2009 to all registered UK doctors who choose to become licensed, in addition to maintaining their GMC registration.
- All new registrants will receive an LtP. Only doctors holding an LtP will be able to practise medicine in the UK and they will need to participate in revalidation, when it is introduced.
- Revalidation will comprise relicensing and, for specialists and GPs, recertification (whether their specialist registration or GP registration should continue). This will be a periodic review – normally every five years – of whether a doctor should continue to hold their LtP.
- A phased roll-out is planned, with the systems and processes developed and piloted before revalidation goes live.
- Enhanced local appraisal arrangements and multi-source feedback will be key components of revalidation.
- The Revalidation Support Team (RST) has been established to help NHS organisations prepare for revalidation.

Background

Revalidation is one of several mechanisms for improving quality and ensuring continuous improvement in UK healthcare. It will help doctors meet their professional commitment to keep up to date and improve their practice. This is achieved through licensing, meeting specialty standards and identifying development needs where appropriate.

As well as raising standards in general, revalidation has also been established in response to a number of enquiries into the conduct of some doctors where patients' interests had been failed. These include the Shipman Inquiry and the Ayling, Neale and Kerr/Haslam inquiries, which raised concerns about how doctors' continued fitness to practise is monitored and evaluated.

In response, the Government white paper, *Trust, assurance and safety: the regulation of health professionals in the 21st century*, set out a programme of reform to the system for the regulation of all health professionals, beginning with doctors.

In future, doctors will be required to demonstrate to the

General Medical Council's (GMC's) satisfaction that they are up-to-date, and fit to practise medicine, not only on initial registration and licensing but regularly throughout their careers.

The legislation has already been passed to support the introduction of revalidation, which begins in late 2009 with the introduction of the Licence to Practise (LtP). Doctors will need to hold an LtP in order to practise medicine in the UK and this will be subject to reassessment, normally every five years, once revalidation starts.

The Government's intention is to introduce some form of revalidation for all regulated healthcare professionals over time.¹

About revalidation

Revalidation will apply to all doctors in the UK, whether in the NHS, the armed forces, in industrial settings or in the independent sector.

It will be achieved through regular evaluation of all practising doctors against

agreed professional standards in the workplace (using appraisal) and a decision, normally taken every five years, as to whether a doctor's licence to practise should be renewed.

It will begin with the introduction of the LtP later this year and will ultimately comprise two elements:

- **Relicensing for all practising doctors** – this will show that the GMC has received a positive assurance that a doctor continues to practise in accordance with their generic standards (set out in *Good medical practice*).
- **Recertification for all practising doctors on the GMC's specialist or GP registers** – this will show that the GMC has received positive assurance that a doctor on the specialist register or GP register continues to practise in accordance with the specialty standards drawn up by and agreed with the relevant medical Royal College.

The Licence to Practise (LtP)

The introduction of the LtP is the first step towards revalidation and will apply to all doctors who

1. *Trust assurance and safety – the regulation of health professionals in the 21st century*. DH, Feb 2007

want to practise in the UK. When licensing begins later this year, it will be the LtP, rather than GMC registration, which will signify to patients and employers that a doctor has the legal authority to practise medicine in the UK.

Only doctors holding an LtP will be able to undertake any form of medical practice for which UK law currently requires them to hold GMC registration. Accordingly, doctors will need to be registered with an LtP if they want, among other things, to hold a position as a practising UK doctor, on either a permanent or locum basis; write prescriptions or sign death certificates; or if a doctor's employers, or those who contract their services or another party, require them to hold an LtP. This requirement could also apply to those in senior medical management, to clinical academics, or to any peripatetic doctors engaged by a healthcare organisation.

The GMC has written to all registered doctors asking them to confirm whether or not they wish to hold registration with an LtP when licencing is introduced. All registered doctors are entitled to a licence but alternative options are

available for doctors who do not want one. Doctors have one of three options available to them:

- registration with an LtP
- registration without a licence
- no longer registered.

Doctors need to decide which option best suits their needs and requirements and, importantly, to respond promptly to the GMC with their decision. Locally, employers may want to check that their doctors are aware of the options and that their GMC registration and contact details are up to date.

If a doctor new to the NHS has never been registered with the GMC, they will in future have to apply for registration with an LtP. They will not be able to apply for registration without a licence. To get the LtP they will need to demonstrate to the GMC their capability for practice in the UK in the same way that doctors currently have to demonstrate their suitability for registration.

Employers will need to consider changes to local practice in pre-employment checking and the issue of contracts to

make sure that possession of current GMC registration with a licence to practise supersedes GMC registration alone as a requirement for working within their organisation.

Relicensing

Relicensing will involve doctors in three main ways:

- participating in a strengthened form of **annual appraisal** within the workplace, based on information and evidence about a doctor's practice (see box overleaf)
- using an independent process for obtaining **multi-source feedback**, including from patients where applicable, and from colleagues
- securing **confirmation from their 'responsible officer'** (usually the medical director) in their local healthcare organisation that any concerns about their practice have been resolved and that, based on the information they have available, the doctor should be relicensed.

Most doctors already participate in annual appraisal and obtain feedback from patients and colleagues. Relicensing will build on what they are already

doing. The GMC will develop, pilot and consult on a framework for appraisal based on its generic guidance, *Good medical practice*. It will then be for employers to embed this framework into their local processes.

At the same time, the Department of Health-funded Revalidation Support Team (RST) is undertaking pilots on how appraisal systems used in the NHS might be developed or enhanced to support both relicensing and recertification, and is working with employers to strengthen their appraisal systems so they are ready for revalidation. It will be important to have employer views on the framework requirements and how these can be met.

Each licensed doctor will be appraised across four broad 'domain' areas, drawn from

Appraisal: the four domains

- Knowledge, skills and performance
- Safety and quality
- Communications, partnership and teamwork
- Maintaining trust

the framework and within which there will be a sub-set of key attributes. Employers and others engaging doctors will need to operate local appraisal arrangements which meet the GMC's requirements for relicensing.

Provided a doctor satisfies the requirements for relicensing and recertification, it is proposed that the responsible officer to whom they relate will provide a recommendation to the GMC which will form the basis for a decision on whether that doctor's licence should be renewed. Where there are concerns that have not been addressed through the annual appraisal and continuing professional development processes, these can be brought to the attention of the GMC and appropriate action taken.

Recertification

The second element of revalidation is recertification. This will apply only to those doctors who are on the GMC's specialist register or GP register. These doctors will need to demonstrate, through recertification, that they continue to meet the particular standards that apply to their specialty or area of practice.

It is the GMC's intention that revalidation should be approached as a single set of processes leading to a recommendation (normally once every five years) to the GMC on relicensing and recertification. Doctors on the specialist register or GP register should not therefore have to go through two separate processes, once to relicense and once to recertify. The evidence for relicensing and recertification is likely to be largely the same evidence. This will help to minimise the regulatory burdens on those involved and avoid unnecessary duplication.

A great deal of work needs to be done on the detail before it can be introduced, through close cooperation between the GMC and the medical Royal Colleges, together with specialty associations and employers. The Academy of Medical Royal Colleges is leading work in this area and it is expected there will be detailed consultation on each of the specialty-specific standards and frameworks as they are developed. Employers' views will be sought on how well these specialty standards fit with service requirements and patient needs.

Information requirements and IT

- Information technology can play an important part in gathering and recording the information to support appraisal and revalidation.
- Information should be drawn, as far as practicable, from existing local information systems for monitoring and ensuring quality (such as patient outcomes, complaints, training records etc).
- Additional information requirements must not be disproportionately burdensome.
- Individual portfolios can inform appraisal and revalidation, where appropriate drawing information from across doctors' multiple employments and any private practice.
- The system (or systems) must be secure and confidential and meet all data protection and patient confidentiality requirements.
- Employers should have freedom to determine any local requirements for information they would expect to see, provided national requirements are also met.

What employers and other organisations engaging doctors need to do

Any **employer** or organisation employing or engaging doctors (or other health professionals) to provide healthcare should have in place a system of clinical governance to monitor safety and performance. To support revalidation, most will be obliged to appoint a single responsible officer to oversee and assure these arrangements, in particular

"The employer should have in place systems and resources to enable and support healthcare professionals to maintain and develop their competence, as well as systems to identify and act on failing or poor performance as early as possible."

Bristol Royal Infirmary
Inquiry, July 2001

that they incorporate the appraisal and other processes that will satisfy the requirements set by the GMC.

The responsible officer

The **responsible officer** will usually be the medical director or equivalent and is expected to be a member of the board or other most senior decision-making body within the organisation. Their role will be to ensure that annual appraisal is carried out to a good standard; support doctors to address any shortfalls; ensure any concerns or complaints are addressed; and ensure that local information and processes support them with making recommendations on the revalidation of individual doctors to the GMC when required. Arrangements are being agreed to make sure that all doctors, including GPs and those working outside the NHS, can be matched to an appropriate responsible officer, whatever environment they are working in.

Other roles and responsibilities

GMC affiliates

The GMC is conducting pilot studies in England to explore and develop the role of the regional **GMC affiliate**. GMC affiliates are intended to form part of a proposed new architecture for dealing with

concerns about doctors which also comprises responsible officers and regional medical regulation support teams. The pilots aim to establish whether the appointment of medical and lay affiliates at a regional level can help to bridge the gap between national and local regulation and provide faster, more effective resolution of complaints and concerns about doctors in England. Affiliates can be called upon as local GMC representatives for advice, support and assistance in deciding how to handle performance issues and concerns.

Revalidation Support Team

The **Revalidation Support Team** (RST) exists to support the implementation of revalidation. Its main aims are to:

- support NHS organisations in the effective provision of revalidation
- support individual participation in appraisal and revalidation
- work with stakeholders, including the GMC, colleges, faculties and other professional bodies, to develop and promote coordinated, consistent,

effective and appropriate revalidation arrangements

- establish and maintain cooperative links with revalidation systems emerging in the devolved administrations in Scotland, Northern Ireland and Wales, to maintain a consistent approach throughout the UK.

UK Revalidation Programme Board

The successful implementation of revalidation is a shared responsibility involving the GMC, the four Departments of Health, the medical Royal Colleges, employers and the medical profession.

The roll-out of revalidation involves a number of interdependent projects and workstreams, which range from ensuring that the necessary legislative arrangements are in place, through to developing adequate quality assurance arrangements to see that processes work effectively and that revalidation recommendations are consistent across specialties and sectors.

The **UK Revalidation Programme Board** has been established to oversee the delivery of these workstreams, which will need to fit together

on a practical level to make revalidation a reality. The board comprises a number of key stakeholders, including NHS Employers. Revalidation will only be rolled out once all the components of revalidation are in place and there is assurance that they are robust enough to support revalidation.

NHS Employers viewpoint

NHS Employers supports the principle of revalidation and assuring the continuing competence of healthcare professionals, helping to assure the safety, quality and improvement of services. We believe it is for employers (and contractors) to ensure appropriate systems are in place to assure themselves of the fitness to practise of the doctors they employ, or with whom they contract. The following points are key to successful implementation of relicensing:

- The information and processes to support revalidation must not be disproportionate and should be built, as far as practicable, on local systems developed primarily to meet the needs of the NHS, and other healthcare providers.

- Information and IT requirements must complement other systems for monitoring and improving quality and performance.
- Specialty-specific requirements set for recertification should be informed by service needs and the quality standards expected within a high-quality service.
- The central support and infrastructure required for revalidation must be realistic and capable of being adapted and accessed by all organisations.

Employers (and other organisations contracting doctors) must be engaged and fully involved as revalidation develops. NHS Employers, its medical workforce forum and reference group will continue to monitor and inform the workstreams on revalidation to make sure that they take into account employer views, requirements and responsibilities. We will canvass and welcome employer views on key consultation decisions as they arise.

Next steps

Consultation is continuing on the role of the responsible officer and regulations making their appointment a requirement. Consultation is expected in autumn 2009 on the GMC requirements for appraisal. The processes for re-certification and standards, set by colleges will also be consulted on.

NHS Employers welcomes views on any aspect of the revalidation process and will

feed these into discussions on implementation. Throughout the introduction of medical revalidation we will be working closely with the various national bodies and committees responsible for overseeing it.

Please send any queries or comments to **medicalworkforce@nhsemployers.org**. We will continue to update employers on our website at **www.nhsemployers.org** as implementation progresses.

Additional resources

Further details on the introduction of the Licence to Practise can be found on the GMC website at **www.gmc-uk.org/doctors/licensing/index.asp**

Further details on revalidation, including the background, individual requirements for current and future doctors, the legal context and the process of consultation on how it will be implemented, are published by the GMC at **www.gmc-uk.org/doctors/licensing/revalidation/index.asp**

The Revalidation Support Team provides additional networking and support information at **www.revalidationsupport.nhs.uk** and also through **www.appraisalsupport.nhs.uk**

NHS Employers

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

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