

Medical revalidation: what employers need to know and do

Medical revalidation is the process by which all doctors with a licence to practise in the UK will need to satisfy the General Medical Council (GMC), at regular intervals, that they are fit to practise and should retain that licence. Revalidation will:

- support organisations in their continuous improvement of the quality and safety of healthcare for patients
- help doctors meet their professional commitment to keep up to date and improve their practice through meeting specialty standards and identifying development needs where appropriate
- help organisations identify issues early and put processes in place to support doctors.

The regulations that will make revalidation a legal requirement are due to come into force in late 2012. The NHS Employers organisation has been working with the GMC, the NHS Revalidation Support Team (RST) and the Department of Health to help NHS organisations prepare for the introduction of revalidation and ensure that the processes recommended are streamlined and based on existing clinical governance and HR systems.

Employers will need to support doctors to achieve revalidation, ensuring that every doctor has the opportunity to take part in annual appraisal and that organisational systems enable easy access to the clinical governance information they require to support that appraisal process. They will also need to ensure that the responsible officer (RO) has the support and resources required to carry out his/her statutory duties.

This *Briefing* provides an update on progress and outlines the actions that organisations need

to carry out if they are to be ready for the introduction of revalidation. It also identifies the support and guidance available to help employers prepare.

Role and training of responsible officers

All organisations that employ doctors have to appoint a responsible officer (RO). ROs have a statutory duty to evaluate fitness to practise and monitor the conduct and performance of the doctors that they are responsible for.

ROs will need to make a recommendation to the GMC every five years about the fitness to practise of doctors with whom their organisations (called 'designated bodies') have a 'prescribed connection'. Most doctors will connect to the organisation in which they do the most work. While the GMC is working with the four UK health departments to develop the plans for implementation, they are expecting **all** ROs to make some recommendations within the first year of revalidation being introduced. The GMC

Key dates and activity to date

This table below highlights some of the key dates and activity so far in preparation for revalidation.

2007	The report <i>'Trust, assurance and safety: the regulation of health professionals in the 21st century'</i> introduces a range of regulatory reforms for healthcare professionals.
2009	The GMC issues licenses to practice to all registered UK doctors who chose to become licensed. Only doctors holding a license are able to practise medicine in the UK and will need to be revalidated when it is introduced.
Early 2010	Large-scale piloting of strengthened medical appraisal involving up to 3000 doctors commences.
July 2010	The GMC issues a 'Statement of Intent', with the four UK Chief Medical Officers and the Medical Director of the NHS in England, setting out a timetable for launching revalidation in late 2012.
January 2011	Responsible officer regulations come into effect, placing a legal duty on 'designated bodies' (organisations that employ doctors) to appoint a responsible officer.
March-May 2011	The first Organisational Readiness Self Assessment (ORSA) exercise is completed. ORSA is a self-assessment tool designed by the RST to help organisations determine whether they are ready for revalidation.
April 2011	The GMC publishes two pieces of appraisal guidance for doctors – on the professional attributes they need to demonstrate in their annual appraisals, and the supporting information that they should bring to those discussions.
July 2011	The RST publishes evaluation of the first phase of revalidation pilots. This leads to the simplification of the medical appraisal process and its inclusion in the draft Medical Appraisal Guide (MAG).
October 2011	The draft Medical Appraisal Guide is tested across a final phase of pilots, which also includes projects focused on locums, doctors in training, private practitioners and staff and associate specialist (SAS) grade doctors. The RST publishes three pieces of draft information management guidance for consultation. NHS organisations are asked to complete a progress report to assess progress in readiness since March.

will publish a high level roll out plan at the end of 2011.

By now, almost all NHS employers have identified their RO. Training for ROs is being organised by revalidation leads based in the strategic health authority (SHA) clusters and all ROs should now be taking part in these sessions. Additional support for ROs can be found through the RO networks – regional groups of ROs who, while currently being supported by SHA cluster leads, are expected to become self-supporting peer groups in the future. Your SHA lead will be able to provide details of how to get involved with these networks.

Appraisal and appraiser capacity

The cornerstone of revalidation for all doctors is effective annual appraisal. Each appraisal should cover the doctor's practice and performance, and use supporting information to demonstrate that they continue to meet the attributes for competent practice set out in the GMC's core guidance, *Good Medical Practice*.

The GMC has published two pieces of guidance to help doctors with their appraisals: an appraisal framework (based on *Good Medical Practice*) which identifies those professional attributes; and a guide to the six types of supporting information that doctors will need to collect for appraisal by themselves (e.g. CPD) and with the help

of their employer (e.g. clinical audit data and complaints).

The NHS Revalidation Support Team has produced a draft Medical Appraisal Guide which, together with the full range of specialty-specific guidance on the supporting information required for revalidation, is being tested by the second phase pilot sites. This guidance will be available by the end of March 2012 – in time for the start of the new appraisal cycle, from which point your organisation should start to run 'revalidation-ready' appraisals for all your doctors.

Employers will need to assess how many appraisers they need to support annual appraisal and ensure that they are suitably trained and supported. We anticipate that the Annual Review of Competence Progression (ARCP) will meet this requirement for doctors in training. Therefore junior doctors participating in ARCP can be excluded from this calculation. In calculating the number of appraisers you require, there is no national guidance on the ratio required of appraisers to appraisees, this needs to be agreed locally.

The RST is expected to publish a range of resources to support appraisers at the end of March 2012. This will include guidance on the recruitment, training, support and review of appraiser performance and will be supported by a national roll-out of 'top up' appraiser training provided by the SHA

clusters. Nationally, the RST expects to deliver training for around 12,000 appraisers between January-March 2012.

Portfolios of supporting information and information management

Revalidation will require doctors to maintain a portfolio of supporting information that spans several years (usually five) and must cover work for every employer and contracting organisation with which the doctor has worked. Employers will need to support doctors in accessing and storing this information, which should be mostly based on existing systems of clinical governance and patient feedback.

Each of the Royal Colleges and faculties have released draft guidance for compiling supporting information building on a generic guidance template developed by the Academy of Medical Royal Colleges (AoMRC). This core template, based on principles set out in the relevant GMC guidance documents, has been adapted by colleges and faculties for their specialties. These specialty guidance documents are being tested in the final round of pilots and can be found on the AoMRC website. The guidance will be finalised in the spring of 2012.

Employers need to ensure that they have arrangements in place for the access, storage

and transfer of appropriate information between individuals, organisations and external bodies. These arrangements will need to operate over extended periods of time and be resilient to any NHS structural changes. They will need to support doctors through changes in employment and changes in the doctor's scope of practice. The generic principles will be the same whether paper-based systems or electronic tools are developed for the purpose.

There will not be a national electronic system supporting revalidation in England, nor will systems be nationally mandated or accredited. The RST has produced draft information management guidance to help NHS organisations make informed decisions on the systems and processes they will need to be ready for revalidation, including:

- information flows for medical appraisal and revalidation
- management and quality assurance information
- essential functionality of computerised information management systems.

The RST is seeking feedback on this guidance to ensure that it is fit for purpose, before publishing a final version. In December 2011, the RST will also publish guidance on information governance and information sharing.

Working across organisational boundaries

Doctors who practise with one employer will find revalidation straightforward to achieve. Doctors who have more than one employer, who undertake private practice or locum work, hold honorary contracts with other organisations, or volunteer their medical services to groups such as the air ambulance or mountain rescue team, may find the process slightly more challenging as they will need to supply supporting information for each of their various areas of work.

All doctors will have a 'prescribed connection' with a RO. This will typically be their main employer. There is a 'map' of the prescribed connections in the guidance for responsible officers on the Department of Health's website. To make a recommendation, the RO must review the doctor's appraisal information, addressing all areas of that doctor's practice, review the patient and colleague feedback on the doctor and triangulate this with other clinical governance information.

The RST is piloting the detail of how revalidation will work for locum doctors and for those working in the independent sector. The results of these pilots, expected in early 2012, will help to inform the type of information that will need to be exchanged

between employers and how this can best be achieved.

Changes in NHS organisations and structure

The Health and Social Care Bill will introduce a new structure for the NHS. The Responsible Officers regulations (2010) will require amending to reflect the changes in the new NHS architecture and the abolition of PCTs and SHAs. The Department of Health is due to consult on the RO regulations in due course, including:

- proposals for responsible officers in the new architecture
- proposals for checking of language competence by responsible officers
- trail the intention to designate some further bodies.

Handling and responding to concerns

The vast majority of doctors maintain high standards of practice, but in a small minority of cases there may be cause for concern. Where there is a concern arising from the conduct, capability or health of a doctor this should be investigated in line with local procedures, which in most cases will reflect the framework set out in *Maintaining High Professional Standards in the Modern NHS*. Additionally, *Handling Concerns about the Performance*

of Healthcare Professionals published by the Department of Health and the National Patient Safety Agency provides examples of good practice to support the handling of doctors in difficulty.

Many concerns at work are observed or reported long before fitness to practise or re-licensing becomes an issue and these must be addressed early, systematically and pro-actively by the employer. The aim of dealing with concerns is to ensure the doctor remains in, or returns to, full and unsupported medical practice. Sometimes more formal processes such as remediation may be needed and this may trigger support from other agencies.

The broad approach to handling concerns is that they are managed locally using locally determined processes, assured by the RO.

When handling concerns employers should:

- have policies and processes in place, and understand them
- make sure that managers and other staff have the capacity to use those processes effectively
- understand what outcomes are possible
- determine the type of concern, why the work has deteriorated

Checklist for employers

- Do you have an appraisal policy in place that meets the requirements of revalidation?
- Do you have effective clinical governance systems that can provide doctors with the supporting information they need for appraisal and revalidation?
- Are all doctors given the opportunity to take part in an annual appraisal?
- Has your RO identified the doctors with whom they have a 'prescribed connection'? Has your RO been identified and attended the national training session?
- Is HR working closely with the RO? This working relationship is essential for revalidation to be a success.
- Have you reviewed your pre-employment check processes and made any necessary changes?
- Have you considered setting up a revalidation project team to support the RO in preparing for revalidation?
- Have you developed an action plan detailing what you need to do to achieve organisational readiness by late 2012?
- Is your board aware of your revalidation plans? Have you shared your action plans? Is revalidation a regular board agenda item?
- Have you started to track the annual appraisal for all doctors that your RO has a prescribed connection with?
- Have you considered how much capacity you need to deliver annual appraisal, including the number of trained appraisers?
- Have you started to make connections with organisations with you will need to share information with? For example, locum agencies, deaneries and local independent providers?
- Do you have a policy for recognising and responding to concerns about doctors? Have you considered who could act as a case manager or investigator when a concern about a doctor does arise?
- Have you updated your ROs contract to reflect their new statutory duties?

or failed to improve. There are three main categories: health, conduct or capability

- be clear about expectations, including behavioural and attitudinal expectations
- be clear about the need to draw attention to concerns at work at the earliest opportunity
- be clear that “off the record” informality does not resolve

concerns and often makes them more difficult to handle effectively. Off the record does not change behaviour or discharge responsibility.

Sharing learning, experience and resources

We would like to support NHS organisations by facilitating the sharing of learning, experience and details of any resources that

have been developed locally, such as appraisal policies and training packages.

We would like to hear from organisations that are making good progress to get ready for medical revalidation. If you are willing to share a few points, please email medicalworkforce@nhsemployers.org

Useful documents

Date	Author	Title
Feb 2005	DH	Maintaining high professional standards
Sept 2006	DH NPSA	Handling concerns about the performance of healthcare professionals
May 2009	RST	Assuring the Quality of Medical Appraisal for Revalidation
Jul 2009	NHSE	Better, safer doctors: implementing medical revalidation
Jul 2010	DH	The role of the responsible officer
Mar 2011	GMC	Good Medical Practice Framework for Appraisal and Revalidation
Mar 2011	GMC	Supporting Information for Appraisal and Revalidation
Jun 2011	RST	Independent Evaluation of the Medical Revalidation Pathfinder Pilot
Oct 2011	RST	ORSA report for the health sector in England
Oct 2010	GMC	Revalidation: A Statement of Intent
Oct 2011	RST	Draft Medical Appraisal Guide
Oct 2011	RST	Draft guidance information flows for medical appraisal and revalidation Draft guidance management and quality assurance information Draft guidance essential functionality of computerised information management systems.
Oct 2011	AoMRC	Specialty-specific guidance on supporting information

Key milestones ahead

Nov 2011	<ul style="list-style-type: none"> The GMC will consult on revisions to Good Medical Practice – a cornerstone of the standards against which doctors are assessed for revalidation and the revalidation regulations that will form the basis for how revalidation will be managed once introduced.
Dec 2011	<ul style="list-style-type: none"> The GMC will publish a high level roll out plan.
Jan 2012	<ul style="list-style-type: none"> The GMC will launch its new employer liaison service. Local 'top-up' appraiser training, organised through the SHA clusters, will begin.
Mar 2012	<ul style="list-style-type: none"> The GMC will engage with doctors and responsible officers to confirm their prescribed connections. The RST will publish the final version of its Medical Appraisal Guide. The Medical Royal Colleges will publish specialty-specific guidance on supporting information for revalidation.
Apr 2012	<ul style="list-style-type: none"> The second ORSA exercise will take place to assess how ready your organisation is for the introduction of revalidation and help to identify any urgent actions that are needed to bring your organisation up to speed. Organisations begin running 'revalidation-ready' appraisals when the new appraisal cycle begins.
Summer 2012	<ul style="list-style-type: none"> A recommendation will be made to the Secretary of State – based on the results of the ORSA report – on whether England is prepared for the introduction of revalidation. The other countries of the UK will determine their readiness for revalidation.
Late 2012	<ul style="list-style-type: none"> If the Secretary of State is satisfied that England is ready for the introduction of revalidation, legislation will be enacted and every doctor will have a legal duty to take part if they wish to retain their licence to practise.

More information

More information about the development and delivery of revalidation can be found from the following websites:

- NHS Employers www.nhsemployers.org/revalidation
- General Medical Council www.gmc-uk.org/revalidation
- Department of Health (for information about responsible officers): www.dh.gov.uk/en/Managingyourorganisation/Responsibleofficers/index.htm
- NHS Revalidation Support Team www.revalidationsupport.nhs.uk
- Academy of Medical Royal Colleges www.aomrc.org.uk/introduction.html

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS 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.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email getinvolved@nhsemployers.org

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