

10 February 2009

UK Revalidation Programme Board

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

Item 5

To consider

Draft Terms of Reference

Issue

1. The governance arrangements of the Board.

Recommendation(s)

2. To agree the Terms of Reference.

Further information

3. Claire Herbert 020 7189 5042 cherbert@gmc-uk.org

UK Revalidation Programme Board

Terms of Reference (DRAFT)

Purpose

4. To provide strategic oversight and leadership of the delivery of revalidation in the four countries of the UK, consistent with the core UK revalidation model.

Objectives

5. To agree and ensure the effective implementation of Revalidation on a UK-wide basis.

6. To agree and oversee the effective delivery of the Revalidation Implementation Plan and individual project plans.

7. To receive and respond to regular progress reports from all revalidation project work-streams.

8. To provide strategic oversight of the work of the Revalidation Delivery Boards to ensure consistent delivery of the core revalidation model in each of the four countries of the UK.

9. To identify, monitor and seek to mitigate any risks associated with the implementation of Revalidation across all four countries of the UK.

10. To identify and report to the GMC for consideration any unresolved policy issues associated with the implementation of revalidation.

Membership

11. Membership of the UK Revalidation Programme Board comprises:

Academy of Medical Royal Colleges
British Association of Medical Managers
British Medical Association
Department of Health (England)
Department of Health, Social Security and Public Safety, Northern Ireland
General Medical Council
Independent Healthcare Advisory Service
NHS Confederation
Patient representatives
Scottish Government Health Directorates
Welsh Assembly Government

Meetings

12. The Programme Board (the Board) will meet up to six times a year.
13. Extraordinary meetings may be held where agreed by the Chairman.
14. The Chair (known as the Chairman) and Programme Board manager will be responsible for organising meetings to facilitate the work of the Board.
15. Agendas and papers will be circulated in advance of each meeting.
16. Where possible, agendas and papers for discussion will be circulated at least one week prior to a meeting.
17. Board members are appointed based on a mandate from the organisation they represent. Where this mandate ceases, for any reason, they will stand down from the Board with immediate effect. The organisation in question will be invited to designate another representative to the Board.
18. There will be no substitution system in place for meeting attendance.
19. The England, Wales, Scotland and Northern Ireland Revalidation Delivery Boards will each have representation on the UK Programme Board.
20. The GMC reserves the right to determine and change the future size and composition and the objectives of the Board.

Working Practice

21. The Chair is appointed by the General Medical Council. This position is renewable on an annual basis.
22. The process of appointment and reappointment of the Chair is in accordance with GMC procedures.
23. The Chairmanship is held by Sir Michael Pitt.
24. All meeting papers and minutes of previous meetings will be published on a publicly accessible website. This will also include information about Board membership, governance arrangements and the implementation process.
25. The minutes of meetings will be prepared and circulated to each Board member following each meeting. The minutes will be formally approved and made available in a final version at the subsequent meeting.
26. All communications activity of the Board will be carried out in accordance with agreed communications principles.

27. All communications activity will be set out in a Communications & Engagement Plan agreed by the Board. This may be reviewed at regular intervals throughout the year.

28. These Terms of Reference will be reviewed and updated as appropriate on an annual basis, they may be amended as required with agreement of the Board at other times.

Reporting & Accountability

29. The Board is accountable to the General Medical Council, known as 'the Council'.

30. The Board shall present a progress report to the Council on a regular basis.

31. Any matters requiring a policy decision or change of agreed policy will be referred to the Council to consider and determine.

32. The work of the four country Revalidation Delivery Boards will regularly be reported to the Board.

33. A written or oral progress report on implementation in each of the four countries of the UK shall be received at each Programme Board meeting.