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Item 7 Annex A

### UKRPB Common Statements (Version 2, May 2009)

These statements are short descriptions of aspects of revalidation that are intended to be integrated onto the wide variety of communications mechanisms being applied to raising awareness about revalidation. They are intended for those preparing communications and information material about revalidation to assist in ensuring consistent descriptions are applied. They reflect existing agreed language and tone and will be regularly extended and updated. They are not intended to be comprehensive or necessarily used in their entirety.

#### The nature of revalidation

- Revalidation is the process by which doctors will regularly demonstrate to the GMC that they remain up to date and fit to practise.
- Revalidation has three elements:
  - To confirm that licensed doctors practise in accordance with the GMC's generic standards (relicensing).
  - For doctors on the specialist or GP register, to confirm that they meet the standards appropriate for their specialty (recertification).
  - As a backstop, to identify for further investigation, and remediation where appropriate, doctors whose practice may be impaired.
- Revalidation aims to give focus and energy to doctors' desires to keep up to date and improve their practice.
- Revalidation is a supportive process and for most doctors will affirm the good quality of their practice.
- There will be a phased roll-out of revalidation across the UK.
- A phased roll-out of revalidation will only begin following the evaluation of a series of pilot exercises.

- Revalidation is a by-product of effective workplace based systems of appraisal and clinical governance.
- Recertification should be seamlessly integrated into the revalidation process ensuring there is no disproportionate burden upon doctors with specialist or GP practice.
- The Academy of Medical Royal Colleges, and the individual Royal Colleges and Faculties (and specialist societies working through their parent colleges) will have a central role in setting standards for recertification and designing the methods by which doctors will be evaluated against those standards.
- The GMC must agree the proposed standards and methods of evaluation because of its responsibility for maintaining the integrity of the medical register.

### **Continuous improvement and quality in healthcare**

- Revalidation is one of several mechanisms for improving quality in healthcare.
- Revalidation will contribute to continuous improvement in the medical profession and provide assurance for the public that doctors remain up to date and fit to practise.
- High quality healthcare, assured by effective workplace systems of clinical governance and informed by professional standards, comes first – revalidation is a by-product of these systems.
- Effective workplace systems of clinical governance provide the foundation for revalidation.
- A key aim is to minimise additional burdens, with revalidation built, as far as practicable, on local systems developed primarily to meet the needs of the NHS and other healthcare providers.

### **A shared responsibility for revalidation**

- The successful implementation of revalidation is a shared responsibility involving the GMC, Department of Health (England), devolved administrations, the medical Royal Colleges, employers and the medical profession.
- The UK Revalidation Programme Board will oversee the implementation of revalidation across the UK.
- Delivery Boards have been established by the Departments of Health, in each of the four countries, to drive and manage the implementation of revalidation locally.

- Employers and contractors must deliver robust systems of appraisal and clinical governance in the NHS and independent sector.
- It will be 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 responsibility for delivering enhanced appraisal rests with employers and contractors.
- Revalidation must work effectively across primary and secondary care.

### **Revalidation built on local systems**

- Revalidation is a process not an event and is made up of a single set of processes comprising relicensing and recertification, built upon local systems of appraisal.
- Professional standards for doctors will be embedded in the process.
- All doctors holding registration with a licence to practise will need to revalidate in order to maintain their license.
- Revalidation must be fair for all licensed doctors regardless of the scope, nature and setting of their practice.
- An enhanced system of annual appraisal must provide a valid evidence base for revalidation.
- Evidence for revalidation must be derived from what a doctor actually does in practice, generated from within the workplace and their continuing professional development activities, and assessed and evaluated as part of the annual appraisal process.