



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Medical and Non- Medical Revalidation and Medical Education

Project Initiation Document

April 2009

CONTENTS

1	PURPOSE OF THIS DOCUMENT	3
2	PROJECT DEFINITION	4
2.1	PROJECT BACKGROUND AND RATIONALE	4
2.2	PROJECT AIM AND TERMS OF REFERENCE	5
2.3	PROJECT PHASES AND STAGES	7
3	PROJECT ORGANISATION	7
3.1	PROJECT ORGANISATION STRUCTURE	8
3.2	DEPARTMENTAL BOARD	9
3.3	CONFIDENCE IN CARE PROGRAMME BOARD	9
3.4	WORKING GROUP	10
3.5	OTHER ROLES AND RESPONSIBILITIES	12
3.6	PROJECT MILESTONES	13
4	PROJECT CONTROLS	14
4.1	PROJECT INITIATION	14
4.2	PROGRAMME BOARD MEETINGS	14
4.3	WORKING GROUP MEETINGS	14
4.4	HIGHLIGHT REPORTS	14
4.5	QUALITY CONTROL	14
4.6	PROJECT CLOSURE	14
4.7	PROJECT RISKS	15
5	PROJECT PHASES AND STAGES	15
5.1	STAGE 1 – DEVELOP AND SIGN OFF PID	15
5.2	STAGE 2 – BASELINE ASSESSMENT OF CURRENT STATUS OF MEDICAL APPRAISAL	16
5.3	STAGE 3 – REVALIDATION PILOTS	16
5.4	STAGE 4 – BASELINE ASSESSMENT OF CURRENT STATUS OF NON-MEDICAL APPRAISAL	16
5.5	STAGE 5 – GAP ANALYSIS	17
5.6	STAGE 6 – PREPARATION FOR STAKEHOLDER ENGAGEMENT	17
5.7	STAGE 7 – THEMED STAKEHOLDER WORKSHOPS PUBLIC CONSULTATION	18
5.8	STAGE 8 – PUBLIC CONSULTATION	18
5.9	STAGE 9 – WORKSHOP CONSULTATION FEEDBACK	18
5.10	STAGE 10 – FUTURE STATE MODEL	19
5.11	STAGE 11 – BUSINESS CASE DEVELOPMENT	19
5.12	STAGE 12 – DRAFT FINAL REPORTS AND TRANSITION/IMPLEMENTATION PLANNING	23
5.13	STAGE 13 – STAKEHOLDER EVENT	24
5.14	STAGE 14 – COMMENCE ROLLOUT	23
6	POST-IMPLEMENTATION PROJECT EVALUATION	24

APPENDICES

- Appendix 1 – Project Risk Register
- Appendix 2 – Project Communications Plan
- Appendix 3 – Project Work plan

1 PURPOSE OF THIS DOCUMENT

The Confidence in Care Programme has been established to take forward the outstanding recommendations from *Improving Public Safety: Building Public Confidence (DHSSPS, November 2006)* and the work emanating from the *White Paper Trust, Assurance and Safety (February 2007)*.

The Confidence in Care Programme is structured into four workstreams:

- Tackling Concerns Nationally and Locally;
- Professional Regulation;
- Revalidation (Medical and Non-Medical) and Medical Education; and
- Pharmacy Group

The purpose of this document is to outline the objectives, key deliverables, project governance and overall project approach to Medical and Non-Medical Revalidation and Medical Education. This Project Initiation Document (PID) acts as a scoping document for the project and details the following aspects:

- **Project Definition** – including the project's terms of reference, the end product and dependencies/constraints;
- **Project Organisation and Structure** – including project roles, responsibilities and named individuals;
- **Project Controls** – including the format of Working Group and Programme Board meetings;
- **Project Phases and Stages** – including an outline of all project stages with associated aims, activities, processes, deliverables and control mechanisms; and
- **Project Plan** – including timescales for each stage of the project and target dates for delivery of the draft and final reports and the transition plan to move to new arrangements.

2 PROJECT DEFINITION

2.1 Project Background and Rationale

2.1.1 Medical Revalidation

The Medical Revalidation Working Group in DH is one of seven working groups established to take forward the recommendations in the 2007 White Paper "*Trust, Assurance and Safety*". The group's primary purpose was to set out a way forward to implement the White Papers intention to introduce a new model of revalidation. The group published their final report in July 2008

The purpose of revalidation is to ensure that licensed doctors remain up to date and continue to be fit to practise. The process of revalidation will involve two strands: relicensing (confirming that doctors practise in accordance with the General Medical Council's generic standards) and recertification (confirming that doctors on the specialist and GP registers conform with standards appropriate for their specialty of medicine).

The relicensing component of revalidation will rely on two main inputs: annual locally-based appraisal and periodic multi-source feedback (independently organised and meeting GMC standards).

It is anticipated that the roll out of the component parts of revalidation will take place over the next 18 months to 2 years with pilot initiatives taking place in advance of a "go live" date. These pilot projects will be spread across the UK and all specialties.

2.1.2 Non Medical Revalidation

The Non Medical Revalidation Working Group in DH is one of seven working groups established to take forward the recommendations in the 2007 White Paper "*Trust, Assurance and Safety*" which supports the findings of the *Foster Review (the regulation of the Non –Medical Healthcare Professions)* that revalidation is necessary for all health professionals. This White Paper also highlights that each statutory professional regulator will be responsible for approving the standards that registrants will need to reach and maintain in order to secure their initial and continuing registration. The working group has produced a draft report which defines revalidation and sets out the principles which, it is proposed, will guide regulatory bodies in the development of models of revalidation.

It is acknowledged that a successful revalidation process must have the confidence of the profession, that it is appropriate, relevant and fit for purpose. Thus practitioners must be involved in the design and delivery of revalidation processes.

2.1.3 Medical Education

Unlike other health professions, medical education had been historically fragmented with undergraduate and continuing professional development being overseen by the GMC and postgraduate education overseen by the Postgraduate Medical Education and Training Board (PMETB).

Following consultation the White paper recommended the development of a three-board model covering under and postgraduate education and continuing professional development.

2.2 Project Aim, Terms of Reference and Deliverables

2.2.1 Project Aim

The overarching aim of this workstream is to establish and harmonize a new system of medical and non medical revalidation, building on the work undertaken nationally, which will improve professional standards and provide assurances to both professionals and the public. In addition the workstream will liaise with the GMC and PMETB with regard to the establishment of a three board educational model as outlined in the White Paper

2.2.2 Terms of Reference

The terms of reference associated with this project are:

- To examine from a Northern Ireland perspective the proposals from the National groups relating to medical and non-medical revalidation and provide informed feedback on issues arising
- To identify and secure, through the development of a business case, the resources necessary to implement the objectives of this project
- To establish a new system of medical revalidation in Northern Ireland in line with the UK model and timetable , which will have two components:
 - Relicensing
 - Specialist recertification
- To work with the GMC and HSC organisations to test aspects of the revalidation model and to feedback the outcomes of these pilots to the National Group to maximize the learning
- To develop an agreed system of medical appraisal in Northern Ireland which is sufficiently robust and consistent to meet the requirements of the revalidation process
- To work with HSC employers to support the implementation of the new systems for medical and non-medical appraisal
- To escalate to the Programme Board any unresolved issues relating to medical and non medical revalidation and medical education
- To work in partnership with the other Confidence in Care workstreams
- To liaise with the GMC and PMETB in the establishment of a three board educational model as outlined in the White Paper

2.2.3 Project Deliverables

- A robust and enhanced system of medical and non-medical revalidation
- An agreed system for medical appraisal
- An agreed system for non-medical appraisal
- The capacity within HSC organisations to implement new appraisal systems

2.2.4 Project Constraints

- Diverse range of stakeholders
- Timescales are linked to UK timetable
- Competing priorities for senior professional time
- The capacity within HSC organisations to take forward revalidation pilots

2.2.5 Assumptions

- Funding will be available for the implementation of project objectives
- Stakeholders will have the capacity to become involved in the programme and work in partnership with the DHSSPS in developing systems to deliver a new model of medical and non-medical revalidation

2.2.5 Interdependencies

All of the working groups within the Confidence in Care programme will have interdependencies and connections with the other groups. This will be addressed by ensuring:

- Appropriate representation on programme board.
- appropriate cross-membership between working groups
- regular formal meetings of the project managers
- Circulation of Programme Board minutes and updated Programme plan.
- In particular this group has clear linkages with the Tackling Concerns Nationally and Locally workstream in relation to the role of GMC Affiliates and Responsible Officers and with the Professional regulation workstream with regards health for health professionals.

2.2.6 Benefits

- New systems of revalidation leading to improved patient/client safety
- A consistent approach to revalidation across Northern Ireland in line with national guidance
- Improved public confidence in practitioners

2.3 Project Phases and Stages

The project is divided into four phases, with each phase containing a number of stages. Project phases and stages are summarised below and outlined in Section 5

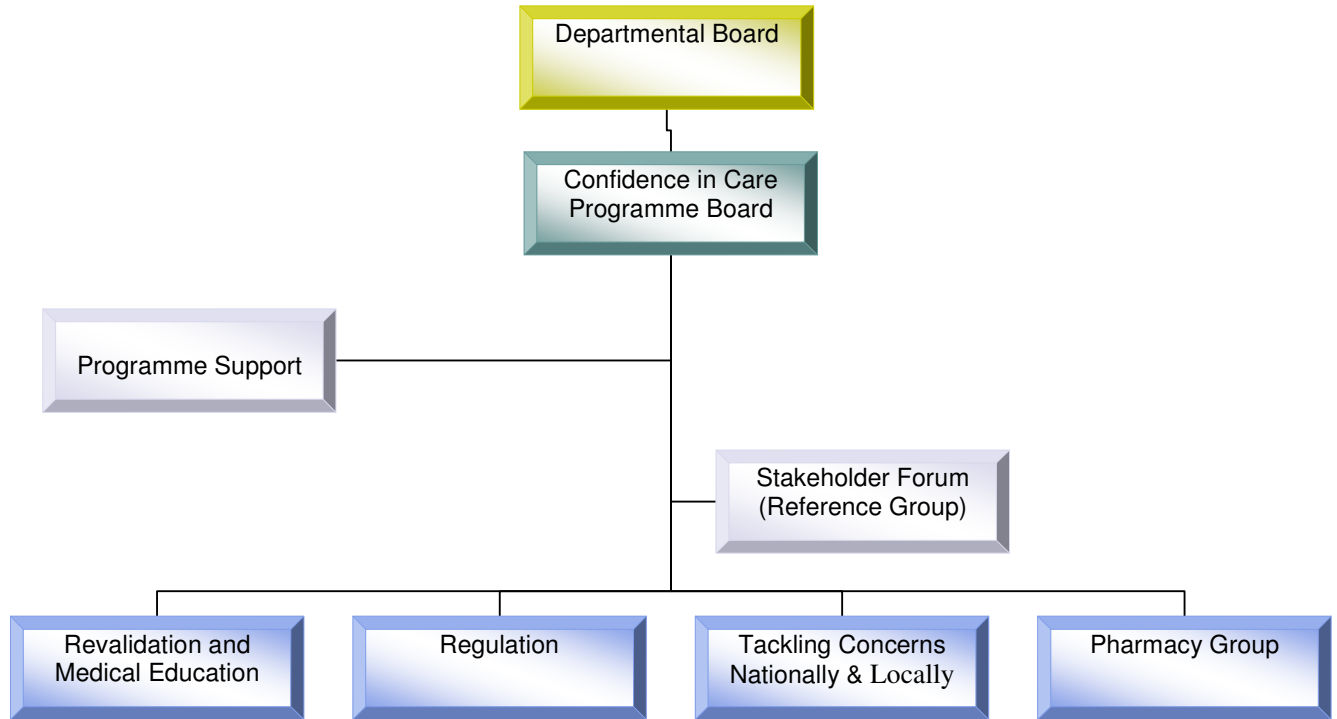
» PHASE 1 – BASELINE ASSESSMENT
Stage 1 – Develop and sign off PID
Stage 2 – Baseline Assessment of Current Status of Medical Appraisal
Stage 3 – GMC NI Revalidation Pilots
Stage 4 Baseline Assessment of Non- Medical Appraisal
» PHASE 2 – DEVELOPING THE WAY FORWARD
Stage 5 – Gap Analysis and Priority Setting
Stage 6 – Stakeholder and Public consultation
Stage 7 – Develop Future State Model for Revalidation
» PHASE 3 - BUSINESS CASE DEVELOPMENT
Stage 8 – Develop Full Business Case
i) Develop Strategic Context
ii) Objectives and Benefit Criteria
iii) Generate Options
iv) Review Non-Monetary Benefits
v) Identify and Quantify Costs
vi) Assess Sensitivity to Risk and Uncertainty
vii) Identify Preferred Option
viii) Production of Draft and Final Business Case Report
» PHASE 4 – TRANSITION AND IMPLEMENTATION PLANNING
Stage 9 – Draft and Final Reports and Transition and Implementation Planning
Stage 10 – Stakeholder Event
Stage 11 – Incremental Rollout of Recommendations

3 PROJECT ORGANISATION

This section describes the roles and responsibilities of those involved in managing the project to a successful outcome:

3.1 Project Organisation Structure

The programme structure as outlined below consists of four workstreams reporting to a programme board, Revalidation group is one of these workstreams.



3.2 Departmental Board

Ultimate responsibility and decision making for the project lies with the Minister, informed by the recommendations of the Departmental Board and Confidence in Care Programme Board.

3.3 Confidence in Care Programme Board

The Confidence in Care Programme Board reports to the Departmental Board and is jointly chaired by the Chief Medical Officer and the Chief Nursing Officer as the Senior Responsible Officers (SRO's) for the Programme. The membership of the Programme Board is as follows:

Name	Position
Mitchell Dr Liz	Acting Chief Medical Officer (Joint Chair and SRO), DHSSPS
Bradley Martin	Chief Nursing Officer (Joint Chair and SRO), DHSSPS
McCarthy Miriam	Deputy Secretary, DHSSPS
Woods Paddy	Senior Medical Officer, DHSSPS
Taylor Diane	Acting Director HR, DHSSPS
O'Carolan Donncha	Acting Chief Dental Officer, DHSSPS
Morrow Norman	Chief Pharmaceutical Officer, DHSSPS
Reilly Maggie	Chief Officer, WHSSC
Pedan Joan	Co-Director Governance, Equality & Improving Working Lives, Belfast HSC Trust
Jendoubi Christine	Director of Primary and Community Care, DHSSPS
Galloway David	Director of Secondary Care, DHSSPS
Holland Sean	Acting Social Services Chief Inspector, DHSSPS
Livingston Jim	Director of Safety, Quality and Standards
Hutchison Ruth	Programme Support
Lindsay Jane	Project Manager
Smith Gill	Project Manager

The roles and responsibilities of the Programme Group are to:

- Act as the executive decision making body in respect of project outcomes;
- Ensure that the recommendations of the workstream are consistent and synchronised with the recommendations emanating from the other three Confidence in Care workstreams;
- Authorise the initiation of the project;
- Agree the terms of reference of the project;
- Provide guidance and direction in the major stages of the project;
- Represent the interests of the wider DHSSPS at project initiation, during the project and at project closure;
- Put forward relevant and specialist viewpoints;
- Resolve major project issues;
- Seek to address any major project risks;
- Provide advice/guidance in respect of significant project risks;
- Shape and agree report recommendations;
- Sign off the products produced during the project on behalf of Department; and
- Authorise final project closure.

3.4 Working Group

The Working Group report to the Programme Board and is chaired by Diane Taylor (Acting) Director of Human Resources HPSS. The Working Group is constituted from 'core' members, with other expert advice, opinion and support co-opted into the team as and when required. During the lifetime of the project it is envisaged that the Working Group will meet 6 weekly. The core membership of the Working Group is as follows:

Name	Position
Diane Taylor	Director (Acting) HRD and Chair
Joyce Cairns	HRD
Jill Jackson	HRD
Dr Paddy Woods	Senior Medical Officer
Dr David Stewart	RQIA
Dr Michael Mannion	Rep Trust Medical Director
TBC	AHP Professional Representative
Charlotte McArdle	Trust Director of Nursing
Dr Brian Patterson	BMA
Dr Leslie Boydell	Medical Director for Public Health
Mervyn Barkley	Trust Human Resources Representative
Jane Lindsay	Confidence in Care Project Manager

The roles and responsibilities of the Working Group are to:

- Facilitate the work associated with the project phases and stages;
- Develop and quality assure all project deliverables before onward transition to the Programme Board;
- Access appropriate expert resources when required;

- Facilitate stakeholder engagement;
- Analyse stakeholder inputs;
- Develop recommendations in respect of the proposed way forward for consideration by the Programme Board;
- Review the project risk register, elevating significant gaps in controls/risks to the Programme Board;
- Manage project resources; and
- Manage the project work plan, taking corrective action as necessary in the event of a deviation from plan.

3.5 Other Roles and Responsibilities

3.5.1 Senior Responsible Officer

Dr Liz Mitchel and Martin Bradley are joint Senior Responsible Officers for the Confidence in Care Programme. They are responsible for:

- Ensuring that the needs of DHSSPS and Minister are fully met; and
- Reporting project progress to the Departmental Board.

3.5.2 Chair of Working Group

Diane Taylor is the Chair of the Working Group. She is responsible for:

- Advising the Programme Board on deviations from plan and corrective actions taken;
- Quality assuring all deliverables produced by the Working Group (subject to initial quality assurance by the Project Manager); and
- Securing support and resources for the project to ensure that the terms of reference of the project are met and that the work plan for the project is achieved within agreed timescales.

3.5.3 Project Manager

Jane Lindsay is the Project Manager. The main responsibilities of the project manager are to:

- Report directly to the Chair of the Working Group;
- Develop the PID and Work Plan;
- Manage the project work plan and resources and initiate corrective action when necessary;
- Manage the project risk register, elevating significant risks/gaps in control to the Working Group in a timely manner;
- Lead the production of project deliverables and quality assure all deliverables produced before consideration by the Working Group;
- Provide advice and guidance to the Working Group in respect of project management arrangements;
- Advise the Working Group/Programme Board on deviations from plans and action taken or proposed; and
- Work closely with the Project Manager for the other Confidence in Care workstreams to ensure the overall Confidence in Care Programme objectives are met.

3.6 Project Milestones

The indicative milestones and associated timescales for each phase/stage of the project are illustrated below. The project milestones have been developed based on the current indicative timescales for deliverables emanating from DH and are such may be subject to change.

A detailed project work plan outlines more specifically the individual tasks, interdependencies and timings associated with project stages. The work plan is attached at Appendix 3.

Project Milestones – Medical and Non -Medical Revalidation and Medical Education Project

Phase/Stage	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
PHASE 1													
Stage 1– Develop and sign off PID			█	█									
Stage 2 – Baseline of Medical Appraisal		█	█										
Stage 3 –GMC Revalidation Pilots				█	█	█	█						
Stage 4 – Baseline Assessment of Non Medical Appraisal								█	█				
PHASE 2													
Stage 5–Gap Analysis and Priority Setting										█	█		
Stage 6- Preparation for Stakeholder Engagement										█	█	█	
Stage 7- Themed Stakeholder Workshops												█	
Stage 8 Public Consultation													█
Phase/Stage	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11
Stage 9-Workshop/Consultation Feedback	█												
Stage 10- Future State Model		█	█										
PHASE 3													
Stage 11- Full Business Case Development			█	█									
PHASE 4													
Stage 12- Draft and Final Reports and Implementation Planning					█	█	█						
Stage 13- Stakeholder Event								█					
Stage 14- Commence Incremental Rollout of Revalidation Model.									█	█	█	█	

4.PROJECT CONTROLS

4.1 Project Initiation

The Medical and Non Medical Revalidation and Medical Education project will proceed on the basis of the approach outlined in this PID. The PID is subject to formal approval by the Programme Board.

4.2 Programme Board Meetings

Programme Board meetings are normally convened to agree particular courses of action, activities and endorse direction. The Programme Board will meet to initiate, close the project and at any other agreed points during the project. A set timetable for Programme Board meetings has been agreed.

4.3 Working Group Meetings

The Working Group will review and manage the Work Plan for the project. It is envisaged that the Working Group will meet on a 6 weekly basis. A set timetable for Working Group meetings has been established.

4.4 Highlight Reports

The Project Manager will produce a progress report in the form of a highlight report at regular intervals for issue to Working Group and Programme Board members. This will be a short report, illustrating progress against the planned tasks. The report will highlight any issues or delays and should act as an early warning system to potential problem areas. Following sign-off of the Highlight Report by the Programme Board the report will be circulated as agreed in the Communications Plan for the project to the wider DHSSPS and Health and Personal Social Services.

4.5 Quality Control

This role will be undertaken by the Working Group, who will quality assure all deliverables produced by the Project Manager prior to escalation to the Programme Board. The Project Manager will ensure that all deliverables are of the highest standard.

4.6 Project Closure

Following implementation of the recommendations associated with Medical and Non Medical Revalidation and Medical Education the Programme will meet to formally close the project.

4.7 Project Risks

The ability to deliver this project in line with the terms of reference will be dependent upon the following factors:

- The availability of appropriate skills and resources;
- The continuing period of change and 'bedding down' of new structures and roles as part of RPA;
- Various multi-professional stakeholders are willing and available to take part in the project process; and
- Stakeholders give their full co-operation to the consultation process.

A project risk register has been developed (Appendix 1). The risk register will be reviewed and managed by the Working Group. Any significant risks/gaps in control will be elevated to the Programme Board for consideration/action.

5 PROJECT PHASES AND STAGES

► PHASE 1 – BASELINE ASSESSMENT AND GAP ANALYSIS

5.1 Stage 1 – Develop and Sign off PID

The focus of Stage One is to formally sign off the PID. The PID and associated work plan will be signed off by the Programme Board.

This PID will act as a scoping document for the project and will detail the following aspects:

- **Project Definition** – including the project's terms of reference, the final deliverables and dependencies/constraints;
- **Project Organisation and Structure** – including project roles and responsibilities, named individuals and a project plan.
- **Project Controls** – including the format of Programme and Working Group meetings; and
- **Project Stages and Tasks** – including an outline of all project stages with associated aims, activities, processes, deliverables and control mechanisms.

Stage 1 Outcome:
Project Initiation Document approved.

5.2 Stage 2 – Baseline Assessment of Current Status Medical Appraisal

Stage 2 will comprise of a baseline assessment of medical appraisal in secondary care in the 5 Health and Social Care Trusts. A key assumption in the development of a model for revalidation is that appraisals are of a consistently high standard and are being undertaken yearly. It is anticipated this audit will highlight any gaps in this process. The outcome of this audit will be presented to the Working Group and Programme Board.

Stage 2 Outcome:
Report on baseline audit of medical appraisal in secondary care.

5.3 Stage 3 – Revalidation Pilots

Stage 3 will be the Revalidation Pilots occurring in Secondary Care across a range of specialities. The focus of the pilots will be ascertaining how supporting information can be generated against the domains of the GMC Good Medical Practice Framework. Alongside this will be the testing and evaluation of a Multi-source Feedback tool devised by the Beeches Management Centre.

State 3 Outcome:
Independent evaluation of pilots

5.4 Stage 4 – Baseline Assessment of Current Status Non-Medical Appraisal

Stage 4 will comprise of a baseline assessment of non medical appraisal in the 5 Health and Social Care Trusts. As with medical appraisal, a key assumption in the development of a model for revalidation is that appraisals are of a consistently high standard and are being undertaken yearly. It is anticipate this audit will highlight any gaps in this process. The outcome of this audit will be presented to the Working Group and Programme Board.

Stage 4 Outcome:
Report on baseline audit of non-medical appraisal.

» PHASE 2 – DEVELOPING THE WAY FORWARD

5.5 Stage 5 – Gap Analysis and Priority Setting

Stage 5 builds on the findings of Stages 3 and 4 to identify the gap between the current and future state position with regard to Revalidation. During this stage the Working Group will analyse the findings of Stages 3 and 4 to identify the gaps and the programme of work which will need to be undertaken to fully implement the recommendations of Revalidation. The programme of work will be prioritised on a risk basis. The output of this stage will be a position paper identifying the programme of work and associated priorities. The position paper will be issued to Working Group and Programme Board members.

Stage 5 Outcome:
Prioritised programme of work to address gaps between current and future state.

5.6 Stage 6 – Preparation for Stakeholder Engagement

Stage 6 is concerned with undertaking the necessary preparation to ensure an effective and efficient stakeholder engagement process. The tasks to be undertaken during this stage include:

- i) **Develop and agree a list of stakeholders** –The Working Group will develop a list of stakeholders for engagement. This will include (though not necessarily be limited to) representatives from DHSSPS, HPSS Trusts, GP's, HSC Boards, GMC, BMA, NIMTDA, Confidence in Care workstreams.
- ii) **Establish Principles for Stakeholder Engagement** – Prior to consultation it is vital to establish the principles on which engagement is based. A significant amount of previous consultation in respect of the reforms associated with Confidence in Care has been undertaken. The rationale on which the principles for stakeholder engagement are based therefore reflect the need to take cognisance of previous consultation findings, ensure timely, effective and efficient use of scarce project resources, and the requirement to develop a clear way forward. On this basis the nature of the stakeholder engagement process is to:
 - Ensure transparency and openness;
 - Seek input to the overall decision-making process (rather than attempting to build consensus); and
 - Seek specific input on areas where further design detail is required and where there is some scope to inform the decisions made by devolved administration.
- iii) **Develop Pre-Engagement Documentation** – Prior to engagement with stakeholders the Working Group will prepare and circulate pre-engagement documentation. This will take the format of identified elements for discussion.

- iv) Develop Stakeholder Engagement Programme* – An efficient and effective stakeholder engagement programme will be developed. The programme will take account of the most effective manner in which to facilitate engagement, whilst ensuring efficiency in the processes. Engagement with stakeholders is likely to be based on themes and will be geographically spread to facilitate equity of access.

Stage 6 Outcome:
Agreed stakeholder engagement programme.

5.7 Stage 7 – Themed Stakeholder Workshops

Stage 7 of the project will be undertaken in line with the plans agreed at Stage 6. It is envisaged that stakeholder engagement will commence in May 2009 in the form of a stakeholder forum and will continue throughout the duration of the process.

Stage 7 Outcome:
Commencement of Stakeholder Engagement.

5.8 Stage 8 – Public Consultation

Stage 8 will focus on undertaking public consultation in respect of the emerging way forward. As identified at Stage 5 much consultation has already taken place in respect of the reforms associated with Confidence in Care. On this basis the public consultation processes will be shaped accordingly.

Stage 8 Outcome:
Public Consultation.

5.9 Stage 9 – Workshop/Consultation Feedback

Stage 9 of the project is concerned with reviewing the findings from both the themed stakeholder workshops at Stage 7 and the public consultation undertaken during Stage 8. The Working Group will analyse all findings to identify consistent themes, issues and factors which will impact upon the way forward. The summary of findings will be shared with stakeholders who engaged in the consultation process, the Working Group and Programme Board.

Stage 9 Outcome:
Position Paper – Stakeholder Engagement and Public Consultation

5.10 Stage 10– Future State Model

Stage 10 will involve developing the way forward in terms of a future state model. This model will outline how the recommendations of Revalidation working groups locally and nationally will be implemented via a number of component parts in order to achieve the

model. The outline of the model will be translated into action through the use of guidance. The specific deliverables to be developed at this stage will be informed by the proceeding project stages.

The future state model will be subject to Working Group and Programme Board sign off prior to finalisation. All draft guidance will be circulated to the Working Group and Programme Board prior to sign off.

**Stage 10 Outcome:
Development of Future State Model and guidance to support the way forward.**

► PHASE 3 - BUSINESS CASE DEVELOPMENT

5.11 Stage 11– Full Business Case Development

The purpose Stage 11 is to establish the Full Business Case (FBC) for the implementation of the proposed way forward. The objective is not to establish *if* the recommendations associated with *Revalidation* are to be implemented, but rather how the model proposed at Stage 10 can be implemented. During Stage 11 it is vital that the Working Group establish and maintain close contact with Department of Finance and Personnel (DFP) colleagues. Regular liaison with DFP allows the early and prompt resolution of any queries related to the business case, thus facilitating a more smooth and timely approval of the business case by DFP following formal submission for funding.

The FBC will be developed to HM Treasury Green Book Guidance in respect of business cases. HM Treasury Guidance requires the following tasks to be undertaken:

(i) Develop Strategic Context

The objective of this task is to answer two fundamental questions:

1. Where are we now?
2. Where do we want to be?

The answers to the above questions set the strategic context for the proposed investment, and only when they have been answered can the third question “How can we get there?” be tackled.

1. Where Are We Now?

The aim of this task is to establish that there exists a mismatch between current service provision and future service needs in respect of the recommendations associated with *Revalidation*. The output will form the basis of the service investment case to be presented to DFP. It is envisaged that much of the information to support the analysis at this stage will have been generated in the preceding project stages.

2. Where Do We Want to Be?

The established techniques of strategic review will be employed at this stage, including:

- SWOT analysis to determine the current strengths that can be built on, weaknesses to tackle, opportunities for improvement and threats from other sources; and

- Establishing the case for change in terms of identifying to what extent the new arrangements will offer additional, improved or better quality services, value for money and improved performance.

The output from (i) is the strategic context which is required to set the scene for the further analysis contained in the business case.

(ii) Define Objectives and Identify Benefit Criteria

The strategic context will inform this task which involves the definition of the objectives associated with *Revalidation* and the identification of suitable non-monetary benefit criteria. Objectives must be agreed which are specific, measurable, achievable, relevant and time-related, and objectives must also be ranked in order of priority.

Not all project benefits can be measured in monetary terms as in some cases it is not possible to put a financial value upon them. Therefore, identification of the non-monetary differences between options is a crucial element of the option appraisal stage of this phase. The development of the benefit criteria will be informed by the outputs from the stakeholder engagement and public consultation in Stages 6 and 7, and will be used at a later stage for the selection and evaluation of options.

Examples of benefit criteria that *could* be used in this project are:

- Improved patient safety;
- Increased public confidence; and
- Degree of fit with the wider Modernisation and Reform programme.

At the end of task (ii) the objectives for *Revalidation* Model have been agreed and the non-monetary benefit criteria identified.

(iii) Generate Options

This task involves the identification of options designed to meet the objectives identified under task (ii). A long-list will be drawn up of potentially viable options to be taken forward for further appraisal. The options will include the “do nothing” or “do minimum” options, plus a number of alternatives to meet the project objectives. Whilst the “do nothing” option is not a viable option it must be assessed to provide a benchmark against which all other options for change can be considered.

At the end of task (iii) a short-list of potential options for the future model of *Revalidation* will be agreed.

(iv) Measure the Non-Monetary Benefits

This task will involve scoring each of the options against the benefit criteria that were identified in task (ii), with the aim of ranking the options from best to worst in terms of non-monetary benefits. The non-monetary benefits analysis will use a scoring methodology to convert what can be a subjective analysis into a numerical format, which permits comparison on a like-with-like basis. The advantage of this process is that it gives a more rigorous analysis than would be achieved through discussion only. The process to be adopted at this stage is:

- Assigning a numerical weight to each of the project’s benefit criteria in order to highlight their importance relative to one another.

- Scoring each option against each of the benefit criteria on a scale of 0 to 10; where 0 indicates the option provides no benefit and 10 indicates the option provides maximum benefit.
- The sum total of the numerical weight multiplied by the score leads to the overall weighted score for each option.
- The option with the highest weighted score is the preferred option in terms of non-monetary benefits.

This process will ensure that each option is scored objectively against each weighted benefit criterion and that a preferred option emerges on the basis of the non-monetary benefits measurement alone at this stage.

The output from task (iv) is a total weighed score for each option and the identification of the preferred option in non-monetary benefits only.

(v) Identify and Quantify the Costs

The key task at this stage will be to identify the total net cost of options which relate to the establishment of the Revalidation model. Costing analysis will reflect both capital and revenue costs.

Public sector capital projects are normally appraised in terms of their “Net Present Cost” (NPC), which is calculated by applying a discount rate to the capital and revenue costs and benefits over the full appraisal period, which is usually the economic life of the assets concerned. The effect of discounting is to reduce the value of projected future costs and benefits to their values as seen from the present day. The project option with the lowest NPC is the preferred option in financial terms.

In addition to examining the NPCs as identified above, it is necessary to identify the impact of each option on the DFP’s annual revenue budget. The impacts are the additional revenue costs such as staffing for each option and the potential additional depreciation charge.

During this task it will be necessary to work closely with DPF to ensure that all possible costs have been captured and to quickly address any costing queries which DFP may have regarding the options under consideration.

At the conclusion of task (v) the costs for each option will have been identified, a projection of net present costs (NPCs) undertaken for each option, and the least-cost option identified.

(vi) Assess Sensitivity to Risk and Uncertainty

An appraisal of the feasibility of a range of various options requires an assessment to be made with respect to the degree of risk inherent within each option. Risk arises from the possibility that something will not materialise as planned or expected. The Green Book guidance on the treatment of risk requires an analysis of optimism bias. Optimism bias involves varying the value of the key project indicators that are likely to be subject to the greatest degree of uncertainty.

There is a demonstrated, systematic tendency for project costings to be overly optimistic¹. To redress this, tendency adjustments will be made, if necessary, to the project’s costs and duration. The Green Book provides empirical evidence into the size

¹ Mott MacDonald *Review of Large Public Procurement in the UK*, July 2002

and causes of cost and time overruns in past projects from the results of the Mott MacDonald review. This evidence will be used as necessary as a starting point for any optimism bias adjustments, together with any other particular risks that have come to light, allied to any DHSSPS specific uplifts for project cost and time overruns.

The main aims of making the adjustments are to:

- Make adjustments to estimates of capital and operating costs, benefits, values and time profiles; and
- Provide a better estimate of the likely costs and works duration.

At the end of task (vi) the optimism bias analysis of benefits, costs and project duration will be complete and the risks associated with each option understood.

(vii) Identify the Preferred Option

This task brings together all the previous work and provides the opportunity to identify the option which is seen to provide the best balance between cost, benefit and risk.

An analysis of each option will be presented in terms of cost, benefit and risk, along with a commentary on how the options compare. It may be, for example, that one option is significantly ahead of all others with regard to all appraisal criteria, or that one of more options can be easily set aside if they are clearly inferior.

At the conclusion of task (vii) the relative costs and benefits of the short-listed options will be summarised along with the risk, uncertainties and affordability of each.

(viii) Production of Draft and Final Business Case Report

This task involves the production of a comprehensive report to demonstrate project viability and obtain funding in such a way that it presents DFP with the best possible information on which to make a final decision.

The Working Group will prepare a draft report for discussion with the Programme Board prior to consideration and approval before submission of the final Business Case to DFP.

The completion of task (viii) concludes the development of the business case and the final document will reflect DFP Business Case requirements including:

- Strategic Context;
- Options: defined objectives, identification of non-monetary benefit criteria, identification of project options, non-monetary benefit analysis, financial analysis, risks and uncertainties;
- Identification of the preferred option; and
- Project financing, management, monitoring and evaluation.

**Stage 11 Outcome:
Completion of Full Business Case for Preferred *Revalidation and Medical Education* model for consideration by DFP**

» PHASE 4 – TRANSITION AND IMPLEMENTATION PLANNING**5.12 Stage 12 – Draft / Final Reports and Transition / Implementation Planning**

Stage 12 of the project assumes that DFP approval has been granted for the proposed *Revalidation* model. The draft and final reports generated for the project will reflect the output of all project phases and stages and the associated recommendations. The reports will also contain a Transition Plan.

The Transition Plan will provide a road map to move from the current state to future state model in respect of *Revalidation*. The Transition Plan will take account of the current state versus the proposed future state, and will recognise that it may not be possible to implement fully all of the recommendations at once – rather an incremental approach is more likely.

Transition and implementation planning will take cognisance of national recommendations associated with implementation. Planning at this stage will also take cognisance of the sequence, timing of rollout of recommendations emanating from the other associated Confidence in Care workstreams (in particular Tackling Concerns and Professional Regulation) as they relate to the *Revalidation* model.

The draft report and transition and implementation plan will be shared with stakeholders to seek their feedback and input. Following a period of consultation and feedback the draft report and plans will be subject amendment and quality assurance by the Working Group prior to consideration by the Programme Board. Subject to Programme Board approval the draft report will be considered by the Departmental Board. Following sign-off by the Departmental Board and the Minister the final report for the project will be issued.

Stage 12 Outcome:
Production of Draft and Final Project Reports, Transition and Implementation Plans

5.13 Stage 13 – Stakeholder Event

Stage 13 of the project represents the formal launch of the *Revalidation* model for operation in Northern Ireland and the associated transition and implementation arrangements. A stakeholder event will be facilitated as means of raising awareness amongst appropriate stakeholders of the implementation of the model and associated recommendations.

Stage 13 Outcome:
Increased Stakeholder awareness of implementation of *Revalidation* model

5.14 Stage 14 Commence Incremental Rollout of Recommendations

Stage 14 represents the formal implementation of the *Revalidation* model. The processes associated with implementation are dependant upon the model to be adopted and will be fully supported by the Transition Plan operationalised at Stage 11. As identified during Stage 11 the rollout of recommendations will be undertaken utilising an incremental approach and will be subject to progress monitoring.

Stage 14 Outcome: Implementation of <i>Revalidation</i> Model
--

6 POST-IMPLEMENTATION PROJECT EVALUATION

Following implementation of the *Revalidation* model a formal project evaluation will be conducted. The evaluation processes will include an assessment of the project outcomes against the defined objectives and monetary and non-monetary benefits as outlined in the Full Business Case.

APPENDICES

Appendix 1 – Project Risk Register

Risk Number	Risk Description	Owner	Impact	Probability	Risk Score	Control Measures
1	There is a risk of ineffective communication due to the diverse range and geography of stakeholders	SRO	3	3	9	<ul style="list-style-type: none"> Project workstream communication plan linked to the overall programme communication strategy Appropriate representation of stakeholders on project team Communication with the stakeholder and partnership forums
2	Lack of cooperation from HSC organisations	SRO	4	2	8	<ul style="list-style-type: none"> Appropriate representation of stakeholders on project team Regular communication with stakeholders
3	Lack of funding for the implementation of the workstream objectives	SRO	4	2	8	<ul style="list-style-type: none"> Early identification of workstream implementation costs Benchmarking of costs with other regions Development of a business case for implementation costs
4	Current systems will be unable to provide the information necessary	SRO	4	3	12	<ul style="list-style-type: none"> Make use of linkages between other systems of organisational quality assurance, service accreditation, patient safety and quality improvement. Table top exercise to interrogate current information systems
5	Established system of revalidation will not address hard to reach professionals working outside formal governance structures	SRO	3	3	9	<ul style="list-style-type: none"> Feedback from NO to national Working Groups Liaise with GMC/other Regulatory bodies during Pilot studies Stakeholder analysis
6	Passivity of medical staff to become involved	SRO	3	3	9	Inclusion of senior Medical leaders in workstream series of workshops to engage and update medical and other relevant staff of progress

The purpose of the Risk Register is to contain all information about the risks, their analysis, countermeasures and status. Risks have been assessed on a scale of 1-5 for impact and probability, using the scoring framework outlined. As the Programme progresses, all risks will be R.A.G rated where:

- **Red** – Project is outside agreed tolerances or major issues exist which cannot be resolved by the programme manager alone;
Score >12
- **Amber** – Project is in danger of exceeding tolerances or major issues exist, but are being resolved by the programme manager;
Score between 6 and 12
- **Green** – Cost and schedule within tolerance limits and no major issues exist
Score <6

	Impact		Probability
1	<ul style="list-style-type: none"> • < 2 weeks delay; or • Low impact on VfM and/or affordability and/or service provision 	1	<ul style="list-style-type: none"> • 0-19% (very unlikely)
2	<ul style="list-style-type: none"> • >2 weeks – 2 months delay. No impact on overall milestones; or • Minor increase in time to produce deliverables 	2	<ul style="list-style-type: none"> • 20-39% (unlikely)
3	<ul style="list-style-type: none"> • <2 months delay to overall milestone but no impact on overall go-live date; or • Medium impact on VfM and/or affordability and/or service provision 	3	<ul style="list-style-type: none"> • 40-59% (feasible)
4	<ul style="list-style-type: none"> • 2-6 month delay to milestone, impacting go-live; or • Major increase in deliverables production time 	4	<ul style="list-style-type: none"> • 60-79% (probable)
5	<ul style="list-style-type: none"> • ≥6 months delay to go-live; or • >10% impact on budget; or • High impact on VfM and/or affordability and/or service provision • Major increase in deliverables production time 	5	<ul style="list-style-type: none"> • 80-100% (expected)

While all risks will be actively managed, those with higher scores and a **Red** or **Amber** status will receive the greatest attention

Appendix 2 – Project Communications Plan

Stakeholder	Stakeholder Interest	Level of Engagement	Frequency of Communication	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
Departmental Board	Reform regulations	of Regular communication via the programme board	Quarterly	Written updates	Workstream Chair	To offer support and advice on the implementation of decisions
Confidence in Care Programme Board	Realising programme objectives	Regular communication through highlight reports and meetings with the Project Manager	Monthly and as required	Highlight reports Verbal updates Workshops	Workstream Chair	Accountable for the success of the overall programme and approval of all major plans
DH England	Input from the devolved regions into National policy	Regular	Monthly	Attendance at national working group meetings E mail and general correspondence Responses to consultative documents	Workstream Chair	To involve NI representatives in the national working groups and ensure effective communication
Other Confidence in Care workstreams	Interdependencies with other workstreams	Regular communication	Monthly via shared highlight reports Verbal reports to programme board	Highlight reports Verbal updates Workshops	Workstream Chair	To ensure effective communication between workstreams

Stakeholder	Stakeholder Interest	Level Engagement	of	Frequency Communication	of	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
HSC Employers	Implementation of new models of Appraisal and Revalidation	Regular communication	of	Monthly and required	as	Membership of workstream Engaged in pilot studies E-mail and general correspondence Updates in Trust/Board newsletters DHSSPS website	Workstream Chair	Provision of advice and support as appropriate To actively engage in the work of the project To keep their staff informed of progress
Senior professional leaders	To represent the views of professional staff	Regular communication	of	Monthly and required	as	Membership of workstream Engaged in pilot studies E-mail and general correspondence Updates in Trust/Board newsletters DHSSPS website	Workstream Chair	To offer advise and support for initiatives To actively engage in the work of the project

Stakeholder	Stakeholder Interest	Level Engagement	of	Frequency Communication	of	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
RQIA	To monitor the quality of health and social care services in NI	Regular communication		Monthly		Membership of the workstream E- mail and general correspondence DHSSPS website	Workstream Chair	To offer advice and support for initiatives
Regulatory Councils	Participation in the revalidation and medical education workstream	Regular		As required		Membership of stakeholder forum E – Mail and general correspondence Input into workstream DHSSPS website	Workstream Chair	To offer advise and support for initiatives To keep members advised
Staff side organisations	Representing their members	Regular		Monthly		Membership of workstream Membership of the partnership forum Workshops Website	Workstream Chair	To represent the views of their members

Stakeholder	Stakeholder Interest	Level Engagement	of	Frequency Communication	of	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
Departmental Board	Reform of regulations	Regular communication via the programme board		Quarterly		Written updates	Workstream Chair	To offer support and advice on the implementation of decisions

Appendix 3 – Work Plan – Medical and Non Medical Revalidation/Medical Education

Phase/Stage	Lead Responsibility	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09		
PHASE 1															
Sign-off Work Plan	WG/DT														
Baseline Assessment Medical Appraisal	JL														
Revalidation Pilots	JL														
Baseline Assessment Non-Medical Appraisal	JL														
PHASE 2															
Gap Analysis and Priority setting	WG														
Preparation for Stakeholder Engagement	WG														
Themed Workshops	WG/PB														
Phase/Stage	Lead Responsibility	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	
Public Consultation	JL/PB														
Workshop/Consultation Feedback	JL														
Future State Model	WG														
Develop Strategic Context	JL														
PHASE 3															
Scope Options, Define Objectives & Benefit Criteria	WG														
Develop Options	WG														

Phase/Stage	Lead	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11
PHASE 3 cont'd	Responsibility													
Assess Options	WG													
Identify & Quantify Costs	JL/DFP													
Assess Sensitivity to Risk & Uncertainty	JL													
Identify Preferred Option	WG													
Develop Draft & Final Business Case Reports	JL													
Sign off draft and final Business Case	WG/PB													
Submit Final Business Case Report to DFP for Approval	JL													
DFP Consideration/Approval of Business Case	DFP													
PHASE 4														
Develop Draft Report, Transition and Implementation Plans	JL/WG													
Issue draft Transition and Implementation Plans for consultation	JL													
Develop Final Report and Implementation Transition Plans	JL													
Sign-off Final Report, Implementation and Transition Plans	WG/PB													

Phase/Stage	Lead	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11
PHASE 4 cont'd	Responsibility													
Organise and issue invitations for Stakeholder Event	JL							█						
Stakeholder Event	JL/DT/SRO									█				
Incremental Rollout of WG Revalidation											█	█	█	█