

Confidence in Care Revalidation Delivery Board
29th November 2011, 3:00pm, Room C3.18, Castle Buildings

Present:

Dr Paddy Woods (Chair)
Jane Lindsay
Alan Walker
Philip Finn
Mervyn Barkley
Cathy McCook
Margot Roberts
Dr Kathryn Booth
Dr Michael Mannion
Dr Hubert Curran
Dr David Stewart
Ruth Hutchison

Apologies:

Joe Brogan
Charlotte McArdle
Dr Tony Stevens (Cathy McCook attending)
Dr Terry McMurray (Margot Roberts attending)
Dr Stephen Austin
Dr Christine McMaster
Dr Claire Loughery
David Bingham
Catherine McQuillan
Joyce Cairns

1. Welcome and Apologies

Dr Woods welcomed everyone to the meeting and noted the apologies as above.

2. Minutes of the last meeting

The minutes of the last meeting held 27th September 2011 were agreed.

3. Matters Arising

To be covered in later agenda points.

4. Update from GMC

Philip Finn updated the group on progress within the GMC. This largely focused on discussion of several GMC papers tabled later in the agenda.

In addition Philip advised that letters will be issuing in the New Year of 2012 from Sir Peter Rubin to all doctors, seeking notification of the identity of their Responsible Officer. There will also be more information in the New Year regarding implications for doctors without a prescribed connection.

The GMC are adapting their IT systems to accommodate implementation/roll-out in line with anticipated commencement of the relevant legislation for revalidation in the Summer of 2012.

Philip advised that the GMC presence at the recent NHS Employers conference was very useful and Alan Walker added that he hopes to secure representation at a Northern Ireland Employers conference on 23rd February 2012.

5. Readiness

Jane Lindsay referred to the paper *Report on Organisational Readiness Dashboard*. This has indicated overall similar information to the findings of the RQIA review of secondary care (the report of the review of primary care is still awaited). Some work remains to be done to ensure that all private health facilities are meeting requirements

and that all doctors working in the independent sector without a substantive post in the HSC can relate to an RO.

As regards other smaller groups of doctors, work has commenced with Northern Ireland Civil Service doctors (some of whom are participating in the current patient/colleague feedback pilot). More work is to be undertaken to ensure processes for locum doctors and to consider the position of doctors working in isolation ie servicing sports events etc.

Discussion then focused on the following GMC papers:

- *Expectations Paper*

This short paper sets out the conditions licensed doctors with a prescribed connection will need to meet in order for recommendations to be made about them when revalidation is introduced towards the end of 2012.

There was considerable discussion around the practicalities of doctors being in a position to fulfill the full range of supporting information in the first cycle. This was viewed as a challenge for organisations.

GMC position is that both patient and colleague feedback must be elements of supporting information for an ROs recommendation from the outset. The GMC intend to notify doctors of their first revalidation date in the summer of 2012. Members advised that, in general, organisations will find it very difficult to meet either of these expectations except in a small number of cases, given current state of knowledge and preparation.

There were some suggested amendments to the paper specifying requirements for individual years of the initial cycle of revalidation.

- *Revalidation Implementation Paper*

This paper outlines the links between doctors, ROs and GMC. It proposes a timeline and conditions for rollout with options for allocation of implementation dates for groups of doctors.

Overall Option 3 presented in the paper was favoured with the proviso that it may not be possible to put many doctors through in the first year.

Those present agreed that the intelligence held by the RO must inform the roll-out process but the ultimate decision rests with the GMC. The logistics of how a 3 year first cycle of revalidation may translate into a 5 year process in future was discussed. Scope to vary the revalidation period may need to be examined in greater detail. ROs will face a challenge in collection of data which will allow the specification of a revalidation date to doctors in Summer 2012. The absence of a readily available solution to obtaining patient client feedback to meet GMC criteria is a significant issue.

Some doctors who participated in the secondary care pilot using the Beeches Management Centre tool will have colleague feedback available. Members advised that it would be helpful if this could be accepted for the first cycle of

revalidation, recognising that it does not precisely fit the criteria published by The GMC but fulfils the broad principles.

- *RO Options for Recommendations*

This paper establishes what is meant by 'positive affirmation' and sets out the process for ROs to make that affirmation of a doctor's good practice based on participation in the required elements of revalidation. Other options relating to deferral, non-engagement and fitness to practise are also categorised. These options have been circulated to ROs and feedback has been positive to date.

GMC wish to have the principles stated in above papers agreed before Christmas 2011. Papers have been circulated to ROs for comment.

6. Appraisal – Documentation/Guidance and Systems

Jane Lindsay talked to the paper *Revised Appraisal Report* which summarises resources currently required to manage appraisal within organisations. Work is ongoing following revision of appraisal documentation to draft appraisal guidance. Further consideration is being given to systems requirements drawing on three systems currently in use: MARS system used by the Welsh Deanery, SOAR used in Scotland or the system built by the Western HSCT. The programme team will liaise with the ICT Programme Strategy Board at HSCB to ensure strategic alignment.

7. Pilots

Testing of Patient Colleague Feedback within primary care using GMC questionnaires and facilitated by CFEP is underway with a group of 40+ doctors. This number includes some N Ireland Civil Service doctors. The pilot will complete in January 2012.

Jane also referred to the recently published research by Peninsula Medical School. GMC questionnaires were used by over 1000 doctors. The report concluded that PCF is basically formative in nature. Clear guidance for its use is needed and it should be remembered that for the purpose of revalidation it constitutes only one piece of information.

Revised appraisal documentation is currently being tested with a group of doctors within Belfast HSC Trust.

8. Responsible Officers

See reference to *RO Options for Recommendations* paper at item 5 above.

9. Communications

Ruth Hutchison advised the Board of the completion of the series of 11 revalidation information sessions held across Trusts for secondary care doctors during October/November. A total of approximately 550 doctors attended and overall the meetings provided a useful opportunity for GMC and DHSSPS to update doctors on the steps taken to date to prepare for the implementation of revalidation and to answer

any questions put to them. A summary of the issues raised will be collated and shared later.

Jane presented the *GMC Communications Plan* for noting, which outlines intentions for actions in communicating with doctors, ROs, employers and patients/public, in the run up to the implementation of revalidation.

The principle contained in the plan, of volunteer doctors to revalidate in October 2012 was put to members of Board to consider for comment.

Jane also referred to the intention to publish Confidence in Care Revalidation Delivery Board and Responsible Officer Forum minutes on websites.

Finally members were asked to note the GMC seminar on fitness to practise procedures to be held on 7th December in the Stormont Hotel, Belfast.

10. AOB

None

11. Date of Next Meeting

Date of next meeting: Monday 23rd January, 2pm, C3.18 Castle Buildings