



Effective governance to support medical revalidation

A handbook for boards and governing bodies



General
Medical
Council

Regulating doctors
Ensuring good medical practice



This document sets out a view of the core elements of effective local governance of the systems that support revalidation. It has been produced collaboratively by the following organisations, in recognition of the important potential role of medical revalidation in driving improvement in healthcare quality and safety across the United Kingdom:

- ◆ the Care Quality Commission
- ◆ the General Medical Council
- ◆ the Government Procurement Service
- ◆ Healthcare Improvement Scotland
- ◆ Healthcare Inspectorate Wales
- ◆ Monitor
- ◆ the Regulation and Quality Improvement Authority.

Foreword

There is an ever growing focus on the quality of healthcare services across the United Kingdom and throughout the world. Increasing demand, changes in public expectations and developing technology are leading all healthcare systems to look closely at how to ensure safety and quality for patients, in the face of significant pressure on available resources.


Quality in healthcare embraces many factors that need to mesh together to deliver safe and effective patient care. In any setting, the integration of the responsibilities of organisations providing healthcare with those of individual professionals working within them is fundamental to achieving quality and safety objectives. It follows that effective local governance and quality assurance of the systems supporting medical revalidation make an essential contribution to the improvement of quality and safety for patients. It also follows that there is a paramount need for close co-operation between the agencies that set and monitor standards for those systems.

The introduction of medical revalidation in the United Kingdom (UK) from 3 December 2012 provides a further lever for healthcare improvement. Medical revalidation reinforces the duty of healthcare organisations to create an environment where doctors can meet their professional obligations. It also requires doctors to take part in organisational processes such as annual appraisal and clinical governance.

Although as regulatory authorities we each operate within different legal and methodological frameworks, we share similar objectives and values. These centre on the prime importance of paying continuous attention to the issues that underpin quality and safety for patients.

Medical revalidation can be expected to feature in our future regulatory programmes, and we will each use the handbook to support our statutory roles, acknowledging that these are not identical across the UK.

In collaborating over recent months to produce this short handbook, we recognise the importance of medical revalidation as a tool for improvement. The handbook is particularly intended to help boards and governing bodies in the initial phase of medical revalidation. Its contents will be kept under review as medical revalidation and systems regulation policies develop.



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Purpose and use of this handbook

The core elements of effective governance* set out in this handbook aim to help healthcare provider organisations (via their boards, governing bodies and responsible officers) evaluate the robustness and effectiveness of local systems supporting quality patient care and medical revalidation.

These elements are not new, and so are not additional to existing governance processes. The handbook is intended to serve as a reminder, and to help structure local evaluation. All boards and governing bodies overseeing medical care and treatment of patients should take account of the contents of the handbook when evaluating their own organisation's arrangements, however there is no specific requirement to report against it.

Appendix 1 provides a list of questions that you may wish to use on an ongoing basis at future board/governing body meetings in order to demonstrate sound governance, governance reporting and systems evaluation within your organisation. These should be read alongside the core elements.

A separate version of appendix 1, which can be used as a checklist, is available on the General Medical Council (GMC) website.

In preparing for future inspection, assessment or audit work, boards or governing bodies may find it useful to record how this document, alongside other relevant guidance issued by regulators and quality improvement bodies, has been used in practice.

Appendix 2 summarises our respective roles and responsibilities.

* Incorporating clinical governance and medical appraisal

Our guiding principles

These guiding principles will underpin the regulatory and quality improvement activities of our organisations. They are consistent with the objective of clarifying roles and responsibilities in the delivery of high quality services:

- ◆ responsibility for the quality and safety of services rests first and foremost with healthcare provider organisations and the individual professionals working within them;
- ◆ healthcare provider organisations should put in place governance systems that consistently promote and protect the interests of patients and service users – including creating an environment in which healthcare professionals can meet their professional obligations;
- ◆ in fulfilling their professional obligations, healthcare professionals should comply with the values and principles expected of their profession and participate fully in the systems and processes put in place by their organisations to improve quality and protect patients;
- ◆ quality improvement, government procurement and regulatory agencies' purpose is to help improve the quality of care. They do this through a range of activities which include:
 - ◆ monitoring and, where relevant, enforcing compliance with standards or contracts;
 - ◆ sharing information and intelligence;
 - ◆ driving improvement through building capacity and promoting learning;
 - ◆ acting decisively to protect the public where evidence of risks to health or wellbeing emerge.

Medical revalidation and governance

Medical revalidation bears on all organisations in which doctors work*, on clinical leaders and on doctors themselves. Its introduction from 3 December 2012 reinforces the interdependent responsibilities of healthcare organisations and individual professionals. Medical revalidation places new statutory duties on all of these organisations and individuals, and will over time provide additional assurance that doctors in the UK are fit to practise. This additional assurance for patients and the public derives from doctors practising in well structured, managed and governed systems.

Medical revalidation also provides a powerful lever on organisations to drive improvements in the quality of patient care and treatment, and further underscores the paramount importance of robust systems for clinical governance, including appraisal and local quality assurance.

The majority of systems, processes and responsibilities that underpin medical revalidation are essential requirements of high quality health services for patients – they are not new or additional for medical regulation. It is important that people can be confident that the arrangements put in place can be relied upon.

Within this new system:

- ◆ organisations appoint a senior doctor (a responsible officer – RO) to oversee systems for governance and appraisal for doctors, for dealing with practice concerns about doctors and for advising the GMC about doctors' fitness to practise;
- ◆ organisations are also responsible for providing resources to support ROs in their role. Their local governance arrangements should incorporate constructive challenge around the way services are delivered and monitored;
- ◆ ROs must assure themselves that the quality of their systems supports the evaluation of doctors' fitness to practise in a fair and consistent way;
- ◆ individual doctors must demonstrate they continue to meet the values and principles expected of the profession set out in the GMC's core guidance *Good medical practice*. This is achieved by doctors reflecting on a portfolio of information and evidence at annual appraisal of the doctor's whole practice.

* Includes locum agencies and Government Procurement Services

“All boards and governing bodies overseeing medical care and treatment of patients should take account of the contents of the handbook.”



The core elements of effective governance

These core elements are intended to apply in respect of all organisations where doctors with a licence to practise work, including where those doctors do not undertake any direct clinical activity or they are employed by another body. Boards and governing bodies should embed these core elements in local systems, and use them to monitor governance in the key areas where organisations deliver care and treatment of patients.

1. There is corporate or organisation-wide commitment to creating an environment that fosters good professional practice

Well led and committed governing bodies will place high quality patient care and workforce quality at the centre of their business. Their organisations will provide sufficient, well planned and managed resources to support that objective. Risks to the systems supporting the provision of safe and effective patient care will be identified and managed. These systems in turn support medical revalidation, including appraisal and development of supporting information for appraisal.

2. Local governance is in place and monitored

Local governance should ensure that healthcare and other regulatory requirements and standards are met, and statutory and other relevant guidance is followed.

There should be internal and/or external quality assurance to assure the robustness of governance. Organisational culture will focus on high standards of patient care and safety and be actively promoted, managed and monitored to foster patient relationships founded in partnership and trust. Quality improvement programmes will deliver activities that result in improvement actions and derived learning that is put in place and audited.

3. Equality and diversity considerations are integrated into all of the organisation's medical revalidation policies and practices

Fair and non-discriminatory policies and practices should be in place to support quality patient care and medical revalidation. These should be actively monitored and regularly reviewed. Equality and diversity issues which may impact on medical revalidation should be identified and addressed in accordance with good practice.

4. Ongoing compliance with regulatory requirements and standards creates an environment where professionals can flourish

Organisations and ROs must act in accordance with their responsibilities, eg under the Medical Profession (Responsible Officer) Regulations 2010,* as read with the General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012† or as set down in guidance or their job descriptions.

* The Medical Profession (Responsible Officers) Regulations 2010 (www.legislation.gov.uk/uksi/2010/2841/made) (as amended). The corresponding legislation in Northern Ireland is The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 (www.legislation.gov.uk/nisr/2010/222/made)

† www.legislation.gov.uk/uksi/2012/2685/pdfs/uksi_20122685_en.pdf

ROs should be appropriately trained to undertake their responsibilities, and should regularly participate in local RO network activities that provide shared learning opportunities and aid consistency of approach.

Information systems and records (eg for complaints and compliments and to access staff, patient[†] and public feedback) will provide accurate, valid, timely, reliable and relevant information to support workers in delivering high quality patient care and to support doctors in their revalidation. Information should be considered and acted upon where appropriate. All records should be accurately maintained.

The organisation should have in place mechanisms to assure that the medical workforce (whether employed, contracted, doctors in training, working with practising privileges, hired or volunteer) is planned, recruited and suitably skilled, competent and knowledgeable to undertake their duties professionally.

5. Medical appraisal takes place in accordance with GMC guidance and organisational requirements

ROs should ensure that all doctors are familiar with appraisal arrangements and that all doctors participate in annual appraisal. Appraisal must cover a doctor's whole practice, and take account of all relevant information relating to the doctor's fitness to practise.

Medical appraisal should be focused on the GMC's *Good medical practice*.

The Good Medical Practice Framework for appraisal and revalidation and *Supporting Information for Revalidation* guidance set out the approach to medical appraisal, as well as the information to be considered. ROs' fitness to practise advice (revalidation recommendations) to the GMC is based on this process and on information from governance systems. Organisations should ensure they are making reasonable arrangements to support doctors in collecting supporting information for appraisal and revalidation, and to share with them information gathered to support service quality and delivery.[‡]

Any areas for development in a doctor's practice should be identified and addressed in a targeted way, and concerns about a doctor's fitness to practise referred to the GMC where appropriate. Specialty or other central or local (regional) advice should be taken where appropriate. Examples of such advice include that on training and appraisal provided by the Medical Royal Colleges and Faculties, and on fitness to practise provided via the GMC's Employer Liaison Service.

The appraisal system for doctors should be subject to appropriate quality assurance measures. Appraisers should be appropriately trained and their performance as appraisers monitored and evaluated.

[†] 'Patient' includes the public/clients/customers as appropriate

[‡] For example, quality data, performance data, audits, compliments, complaints and significant events

A female healthcare professional with dark hair tied back, wearing a purple sweater over a white collared shirt and a stethoscope, is seated at a desk. She is looking towards a patient whose back is to the camera. The patient is wearing a white lab coat. The background shows a desk with various items and a shelf with books.

“Well led and committed governing bodies will place high quality patient care and workforce quality at the centre of their business.”

List of governance questions

This appendix provides list of questions that are relevant in the context of ongoing evaluating, demonstrating and reporting on governance of local systems and processes supporting patient safety and medical revalidation.

These questions draw on well established principles that support quality improvement and medical revalidation objectives. They take account of the clinical governance and appraisal criteria followed in the various assessments of readiness to begin medical revalidation undertaken across the UK, for example the Organisational Readiness Self Assessment used in England, however there is no specific requirement to report against them.

A separate version of this appendix, which can be used as a checklist, is available on the GMC website (www.gmc-uk.org).

1. There is corporate or organisation-wide commitment to creating an environment that fosters good professional practice

How does your organisation:

- ◆ know that the governance of systems supporting the provision of quality patient care and medical revalidation objectives is appropriately supported, managed and assured?
- ◆ ensure the adequacy of resources to support all healthcare workers in fulfilling their professional responsibilities, eg in

relation to staff induction, appraisal, Continuing Professional Development (CPD) and revalidation of doctors?

In what way:

- ◆ does the organisation's governance strategy proactively support the provision of quality patient care and medical revalidation objectives?
- ◆ might reporting around quality patient care and medical revalidation objectives to the board/governing body be improved?

How transparent are the board/governing body's governance activities?

How does the board/governing body regularly review data relating to revalidation and clinical practice?

2. Local governance is in place and monitored

How does your organisation ensure:

- ◆ all information systems for monitoring the conduct and performance of doctors working in your organisation are operating effectively?
- ◆ the performance of locums, doctors in training and temporarily appointed doctors is monitored and reported in a way that contributes constructively to their revalidation?

- ◆ pre-employment, and other pre-contract checks undertaken in keeping with statutory and other requirements, are comprehensive and accurate?
- ◆ quality improvement activities undertaken have been beneficial?
- ◆ it can and does respond quickly when things go wrong?

3. Equality and diversity considerations are integrated into all of the organisation's medical revalidation policies and practices

How does your organisation:

- ◆ ensure its policies and practices supporting medical revalidation are fair and non-discriminatory, and comply with legal requirements?
- ◆ keep up to date with equality and diversity issues and policies?
- ◆ approach training in equality and diversity matters?

How do your organisation's policies and practices supporting quality patient care and medical revalidation promote equality and diversity, eg for people with protected characteristics?

How does your organisation's board/governance hierarchy engage with equality and diversity issues, and what benefits does this bring?

4. Ongoing compliance with regulatory requirements and standards creates an environment where professionals can flourish

In what ways does your organisation:

- ◆ ensure ongoing familiarity with the organisational and professional responsibilities set down in regulations and guidance?
- ◆ take patient and public views, complaints and compliments into account to support governance and quality improvement?
- ◆ know that relevant data are collected and distributed to doctors, including for doctors working in a range of, or remote, practice settings, in a way that supports their revalidation?
- ◆ monitor the quality of data supporting your RO in their role, including making revalidation recommendations to the GMC?

What was the outcome of your last review of data needs to support quality improvement and monitoring?

How does your organisation:

- ◆ ensure the identity, qualifications, references and experience of your doctors?

- ◆ monitor the conduct and performance of doctors, including temporarily appointed doctors, locums and doctors in training, and ensure any issues arising are addressed?
- ◆ manage admission to the performers list, if relevant?
- ◆ know that the arrangements to grant and monitor practising privileges for medical practitioners are robust?

5. **Medical appraisal takes place in accordance with GMC guidance and organisational requirements**

What is the practical effect of the integration of your organisation's appraisal policy with other governance arrangements?

How does your organisation:

- ◆ know that all doctors requiring annual appraisal have participated?
- ◆ manage the situation where doctors requiring appraisal have not been appraised?
- ◆ know all doctors are familiar with your organisation's appraisal policy and system?

How does your organisation ensure:

- ◆ the focus of appraisal is on the GMC's *Good medical practice* and other relevant guidance?
- ◆ appraisers are appropriately trained to conduct appraisals?

- ◆ adequate resources are available to support doctors' appraisal, revalidation and CPD?
- ◆ the quality and completeness of information supporting appraisal?

How does your organisation:

- ◆ manage and monitor the performance of its appraisers in their role?
- ◆ monitor the quality and robustness of appraisals and appraisal outputs?
- ◆ review the annual appraisal process and put consequential learning into effect?
- ◆ monitor the outcomes of doctors' participation in CPD?

How does your governance hierarchy oversee appraisal, and consider whether it is delivering anticipated benefits?

Roles of the organisations producing this handbook

Care Quality Commission, England (www.cqc.org.uk)

The Care Quality Commission (CQC) is the independent regulator of healthcare and adult social care services in England. CQC also protects the interests of people whose rights are restricted under the Mental Health Act. Whether services are provided by the NHS, local authorities or by private or voluntary organisations, CQC focuses on:

- ◆ identifying risks to the quality and safety of people's care;
- ◆ acting swiftly to help eliminate poor quality care;
- ◆ making sure care is centred on people's needs and protects their rights.

By law, all providers of care services in England are responsible for making sure that their services meet national standards of quality and safety set by Government. CQC registers providers and can use a range of powers to take action to drive improvement when a service is not meeting the standards.

CQC uses inspections and information from other organisations to monitor whether care services are meeting the standards, as well as the views and experiences of people who use services, which are at the centre of CQC's work.

General Medical Council, UK (www.gmc-uk.org)

The General Medical Council (GMC) is the independent regulator for doctors in the UK. Its role is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. GMC has four main functions under the *Medical Act 1983*:

- ◆ keeping up-to-date registers of qualified doctors;
- ◆ fostering good medical practice;
- ◆ promoting high standards of medical education and training;
- ◆ dealing firmly and fairly with doctors whose fitness to practise is in doubt.

Revalidation provides a further lever to drive improvements in medical practice.

GMC controls entry to the medical register and sets the standards for medical schools and postgraduate education and training. GMC also determines the principles and values that underpin good medical practice and takes firm but fair action where those standards have not been met.

GMC has strong and effective legal powers designed to maintain the standards the public have a right to expect of doctors. Where any doctor fails to meet those standards, GMC acts to protect patients from harm - if necessary, by removing the doctor from the register and removing their right to practise medicine.

The introduction of medical revalidation across the UK in early December 2012 provides a new way of regulating licensed doctors that will give extra confidence to patients that their doctors are up to date and fit to practise. Only licensed doctors have to revalidate, usually every five years, by having annual appraisals based on the GMC's core guidance for doctors, *Good medical practice*. The majority of licensed doctors are expected to be revalidated for the first time by the end of March 2016.

Government Procurement Service, UK (www.gps.cabinetoffice.gov.uk)

Government Procurement Service (GPS) is an executive agency of the Cabinet Office with the overall priority of providing procurement savings across central government and the UK public sector including local government, health, education, devolved administrations, emergency services, defence and not for profit organisations.

The GPS centralisation programme drives value in the purchase of services via a system of framework agreements. One such agreement negotiated by the GPS is for supply of hospital medical locum doctors for short durations. This aims to deliver savings in the NHS while enhancing the safety and quality of services

for users and patients. The agreement provides NHS bodies with a regulated means of providing continuity of patient care and core hospital services in a wide range of situations eg while permanent doctors are on annual leave, sick, or are attending interviews or training, or to provide additional resource at peak periods or cover unfilled vacancies.

Operation of the agreement is monitored and audited by GPS via its Health Assurance Team whose objective is to ensure that all workers supplied to the NHS under the framework are of high quality and do not present a risk to patient safety.

Healthcare Improvement Scotland (www.healthcareimprovementscotland.org)

Healthcare Improvement Scotland (HIS) is a health body with the vision to deliver excellence in improving the quality of the care and experience of every person in Scotland every time they access healthcare. The focus and key responsibility of HIS is to:

- ◆ help NHS Scotland and independent healthcare providers deliver high quality, evidence-based, safe, effective and person-centred care;
- ◆ scrutinise services to provide public assurance about the quality and safety of that care.

HIS activities are organised with patient focus and public involvement at their heart. They encompass all three areas of an integrated cycle of improvement, involving:

- ◆ developing evidence-based advice, guidance and standards for effective clinical practice;
- ◆ driving and supporting improvement of healthcare practice;
- ◆ providing assurance about the quality and safety of healthcare through scrutiny and reporting on performance.

Healthcare Inspectorate Wales (www.hiw.org.uk)

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales, and has a primary focus on:

- ◆ making a significant contribution to improving the safety and quality of healthcare services in Wales;
- ◆ improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee;
- ◆ strengthening the voice of patients and the public in the way health services are reviewed;
- ◆ ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations and to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and

of good quality. Services are reviewed against published standards, policies, guidance and regulations. HIW seeks to identify and support both the improvement of services and the actions needed to achieve this.

If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services, to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

Monitor, England (www.monitor-nhsft.gov.uk)

Under the Health and Social Care Act 2012 Monitor becomes the sector regulator for health, with a main duty to protect and promote the interests of people who use healthcare services by promoting provision of healthcare services which are economic, efficient and effective, and which maintain or improve the quality of those services.

In carrying out its sector regulator role, Monitor will licence providers of NHS services in England and exercise functions in three areas:

- ◆ publishing the national tariff, including setting the prices and/or setting the rules for determining prices for NHS funded care;
- ◆ enabling integrated care and preventing anti-competitive behaviour where this is in the best interests of people who use healthcare;

- ◆ supporting the continuity of essential services.

Monitor continues to assess NHS trusts for foundation trust status, and to ensure that they are financially viable and well led, so they can deliver sustainable quality care. Monitor will also, subject to consultation, continue to oversee the governance of NHS foundation trusts. If an NHS foundation trust's governance is such that it will fail to meet the conditions of its licence, Monitor will be able to intervene to address the governance failings.

Regulation and Quality Improvement Authority, Northern Ireland
(www.rqia.org.uk)

The Regulation and Quality Improvement Authority, Northern Ireland (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

RQIA's main functions are to:

- ◆ inspect the quality of services provided by Health and Social Care Services (HSC) bodies in Northern Ireland through reviews of clinical and social care governance arrangements within these bodies;
- ◆ regulate (register and inspect) a wide range of services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards to ensure that service users know the quality of services they can expect to receive, and service providers have a benchmark against which to measure their quality;
- ◆ undertake a range of responsibilities for people with a mental illness and those with a learning disability. These include preventing ill treatment, remedying any deficiency in care or treatment, terminating improper detention in a hospital or guardianship and preventing or redressing loss or damage to a patient's property.

Care Quality Commission

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