

**Memorandum**

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**Regulating doctors  
Ensuring good medical practice****To:** Niall Dickson**From:** Laura Nelson**Copy:** Ben Jones**Code A****Date:** 1 February 2010**Meeting with Secretary of State for Health****Introduction**

1. Following your appointment as Chief Executive we approached the Secretary of State's office to arrange an introductory meeting.

**Logistics****Date:** 9 February 2010**Time:** 14:00 – 14:45**Location:** Department of Health, Richmond House**Accompanied by:** Ben Jones**Proposed Meeting objectives**

2. The objectives of the meeting are to:
- a. Reassure Andy Burnham that the proposals for reform outlined in the White Paper (to a very substantial degree driven by Andy Burnham personally in his earlier DH role) have been delivered – e.g. the introduction of licensing – and of our commitment to delivering future reforms, such as revalidation and the setting up of OHPA.
  - b. Seek reassurance of political commitment to revalidation, critical for its successful introduction and implementation.
  - c. Provide an update on the merger of PMETB with GMC and **Code A** review into the future of medical education and training.

- d. Seek agreement to regular meetings to update the Secretary of State on GMC developments
- e. Position the GMC as an outward looking organisation, with robust systems which always puts patient safety first and wants to play its part in contributing further to the quality agenda.

## **Key messages**

### *Revalidation*

- 3. We are making good progress towards the introduction of revalidation:
  - a. The introduction of the licence to practise in November, the first practical step towards revalidation went very smoothly. We had an excellent response to our campaign for doctors to tell us their licensing decision and 94.5% of doctors on the register chose to hold a licence to practise.
  - b. The UK Revalidation Programme Board, chaired by Keith Pearson (chair of East of England SHA) is making good progress in drawing together the principle stakeholders in revalidation and overseeing the programme of work required for revalidation readiness.
  - c. The pilots that we and others are undertaking will test the new system to make sure that we are ready to roll out revalidation from 2011. They must make sure that the system is not overly bureaucratic or a burden on doctors or the NHS.
  - d. We are launching a major consultation on revalidation in early March covering how revalidation will work, what doctors and employers will be required to do and the timetable for rolling out revalidation across the UK.
  - e. We will support the Department in promoting the role of responsible officers when the draft legislation is published and debated in Parliament.
- 4. The introduction of revalidation has been a long standing policy decision and its successful implementation requires continued support at all levels in the Department.

### *Merger of Postgraduate Medical Education and Training Board the with GMC*

- 5. Work is now well developed to merge PMETB with the GMC on 1 April 2010 and the recent Order approved by Parliament was one of the final stages in the merger process. PMETB and the GMC are working closely together and have engaged widely with stakeholders on the development of rules and regulations to support the merger and ensure a smooth transition.

6. To maximise the benefits of the merger in the long-term, Code A was invited by the GMC and PMETB to lead a review on the future shape of all stages of medical education and training regulation. He has published his draft recommendations for consultation and the final report will be published in March 2010.

7. This is a great opportunity to create a system in which every stage of education and training is fit for purpose, successfully prepares the doctor for the next one, promotes constantly raising standards and treats all doctors fairly, wherever they come from and whatever stage they are at in their careers.

#### *Office of Health Professions Adjudicator (OHPA)*

8. The setting up of OHPA is in its early days. The organisation became a legal entity on 25 January 2010 and is due to become operational in April 2011. The next major step for OHPA will be a consultation around the procedural rules due to be conducted in the spring. We are working closely with OHPA chair Walter Merricks and will continue to do so during this transition phase.

9. The creation of OHPA will allow the GMC to have a clearer focus on maintaining high professional standards and supporting doctors throughout all stages of their careers.

10. The Government was careful to make clear when the White Paper was published that the creation of OHPA is not about 'punishing' the GMC. We ask for the Government's support to ensure that this message is also clear during the transition, so that there is no loss of confidence in the fitness to practice process either among doctors, patients and the public.

#### *The GMC*

11. The organisation has changed dramatically in recent years through implementation of the reforms of the Shipman Inquiry, the White Paper on *Trust, Assurance and Safety* and the Health and Social Care Act 2008. The GMC now has robust systems in place to protect patients and to promote public confidence in doctors.

12. The transition to a smaller, appointed Council has also been a success.

13. We will continue to work closely with the Department of Health. We hope that we can continue to be linked in at the highest levels of the Department and meet periodically to maintain that positive relationship.

#### *The health agenda*

14. We want to make sure that the GMC is integral to the quality and patient safety agenda. We think it is vital that we play an active part in the broader

regulatory framework, both nationally and internationally. This involves being outward facing and more in touch with the views of the public, patients and doctors.

15. In addition to introducing revalidation and ensuring that our role in improving standards is understood widely, what more can we be doing to contribute to this agenda?

*Language testing*

16. We are committed to seeking change to enable us to test EEA doctors' language and clinical skills and knowledge, in the same way that we do for International Medical Graduates. We are keen to work with the Department to find a solution to this important patient safety issue; how do you suggest we move forward with this?

*Recent high profile fitness to practise cases*

17. We are surprised by the decision to apply conditions in the case of Dr Jane Barton. Our view was the doctor's name should have been erased from the medical register following the Panel's finding of Serious Professional Misconduct. We have been in contact with the Council for Healthcare Regulatory Excellence to alert them to the case.

18. We are pleased that Code A case is drawing to a close and await the fitness to practise panel's determination which is due to take place in June.

Author: Laura Nelson

Reviewer: Code A

Approver: Ben Jones

## Annex 1

### *Recent Government announcement on revalidation*

**26 January 2010**

**Over 3,000 doctors will test out a new system of strengthened appraisal that will improve the quality and safety of patient care, Health Secretary Andy Burnham announced today.**

The doctors will take part in ten revalidation pilot studies across England and will be the first to try out a process, which will provide assurance on whether they are up to date with medical advances and fit to practice.

The pilot studies are a key stage towards the introduction of a new system in which all doctors practicing in the UK will need to have their licences revalidated by the General Medical Council every five years.

The pilots, which will cover doctors working in a wide range of NHS healthcare settings and differing regions across England, will:

- test the role of the responsible officer - the senior doctor with local responsibility for overseeing the revalidation process
- test the proposals for a strengthened form of medical appraisal
- look at the role of the Medical Royal Colleges or Faculties to support revalidation.

Health Secretary Andy Burnham said:

"These pilots will provide the NHS with the opportunity to test out how the new system should work in practice.

"Revalidation will provide the scrutiny that patients rightly expect and provide assurance that the doctor who is treating them is keeping up to date and has all the skills and competencies necessary to do a good job.

"It will also help support doctors to reflect on their practice, continue to develop their skills and enable them to access professional development throughout their careers."

Chief Medical Officer Sir Liam Donaldson said:

"This new system will not only boost the levels of public trust in doctors, it will also allow us to step in and support those professionals who are struggling to keep pace.

"We have been delighted with the number of organisations who applied to take part in the pilots which shows that the NHS is keen to move forward on revalidation.

"We will continue to listen to patients and doctors as we move through the pilots and ensure they are independently evaluated.

"It will be important to strike the balance between finding a process that will inspire confidence but not so detailed and intricate that it is overly bureaucratic and expensive."

"Ultimately the process is aimed at helping the vast majority of doctors who are already delivering good care to do even better and to provide patients with reassurance that their doctor is a good doctor with 21st century knowledge and skills".

General Medical Council Chairman Peter Rubin said:

"For the vast majority of doctors in this country appraisal will confirm what they already do: keep their skills and knowledge up to date and demonstrate high levels of professionalism every day of their working lives.

"However, an effective system of appraisal will also mean that doctors will have the opportunity to reflect on their practice and identify learning needs.

"The doctors who take part in these important pilots will play a vital role in helping to shape a key part of revalidation."

The pilots will begin in January 2010 and run through to 31 March 2011. There will then be the first testing of the full process some time in late 2011 / early 2012.

### **Notes to Editors**

1. For media enquiries or for case study details please contact the DH newsdesk on 020 7210 5221.
2. In November the GMC took the historic step of issuing new licences for doctors, which will need to be revalidated every five years.
3. In the spring, the GMC will be launching a public consultation on a range of revalidation issues including the standards that doctors will be expected to meet. These standards have been drawn up by the Medical Royal Colleges and relate to the separate specialties that doctors work in, as well as to general practice.
4. The Pathfinder pilots will follow on from the successful completion of first phase pilots, such as the enhanced appraisal pilot which took place during 2009 in the Mersey Region.
5. The pilot sites will be in the following locations - to see the table this refers to please go to the following link:

<http://nds.coi.gov.uk/Content/Detail.aspx?ReleaseID=410589&NewsAreaID=2&ClientID=46>