




Revalidation: A world first in medical regulation

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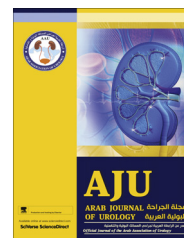
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REVIEW

Revalidation: A world first in medical regulation



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Abstract The revalidation of doctors was introduced in the UK in December 2012, and means that all licensed doctors must demonstrate periodically that they are up-to-date and fit to practise. Regular appraisals, based on the General Medical Council's core guidance for doctors, will be used by responsible officers to evaluate a doctor's practice based on six types of supporting information, including feedback from patients and colleagues. In this commentary, as the Chair of the General Medical Council and Consultant Physician, I provide an overview of the history of revalidation and discuss the role of the new system of checks (which is being watched with interest by regulators around the world) ensuring that medical practice is of a high quality, that doctors are supported in their professional development and, most importantly, that patients can have confidence in the doctors they consult. © 2014 Production and hosting by Elsevier B.V. on behalf of Arab Association of Urology.

Introduction

The vast majority of doctors are good doctors, with the skills, knowledge and experience to deliver first-class care. However, just as the capacity of doctors to do good has never been greater, the risks associated with medical care are also greater than ever.

The constant stream of advances in treatment means that medicine in the 21st century is vastly complex. At the same time, patients' needs and expectations are increasing. An ageing population and diseases like obesity are putting huge pressures on resources. In an age of choice, and transparency about services, patients rightly want and need to know that they are getting the best care possible. This means that the role of the General Medical Council (GMC) as a medical regulator (to reassure patients that the care and treatment they receive is of high quality and safe) is tougher than ever before.

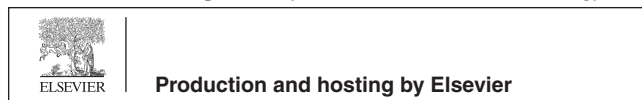
For over 150 years the GMC has protected patients by registering and licensing doctors, regulating medical education, setting the standards that doctors are expected to meet throughout their careers, and removing from the Register those doctors who fall below the high

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standards. Our core guidance is *Good Medical Practice* [1], which also influences medical standards in 14 other countries around the world including the USA, New Zealand, Portugal, South Africa, India, Japan and the United Arab Emirates.

As with most medical regulators, the GMC's contact with doctors has largely been confined to registration and retirement. Unless something went drastically wrong, resulting in an investigation of a doctor's fitness to practise, there was little other interaction, and no substantial checks to ensure that doctors were still meeting the required standards.

In an age in which 350 million doctor-patient consultations are carried out every year in the UK, it was clear that simply maintaining the medical register did not go far enough. That is why at the end of 2012 the GMC introduced revalidation, a groundbreaking system that puts the UK at the forefront of ensuring that medical practice is of a high quality, that doctors are supported in their professional development and, most importantly, that patients can have confidence in the doctors they consult.

Regulators around the world are watching this system with interest, and rightly so, as it represents a major leap in terms of the way that the GMC conducts its business. For the first time, all UK licensed doctors are undergoing a series of regular checks to make sure they meet the standards set out in *Good Medical Practice*. This covers the whole healthcare system, so not just GPs and hospital doctors, such as myself, but locums and also those working in the independent sector.

Revalidation works through a series of annual assessments in their place of work across four domains, i.e., knowledge, skills and performance; safety and quality; communication, partnership and teamwork; and maintaining trust. Doctors must prove their competence in each of these areas, and demonstrate that they have collected and reflected upon supporting information on issues such as continuing professional development, significant adverse events, a review of complaints and compliments, and feedback from patients and colleagues.

As the first doctor in the UK to revalidate in December 2012, I found it to be straightforward and I hope my medical colleagues who have been revalidated so far have found the same.

To my medical colleagues I would say that, in this age of transparency, our patients simply would not understand if doctors refused to show that they are up to date in their areas of practice. I have had feedback from several patients and colleagues over the last few years and they have been helpful, partly in reaffirming all the things I do well and in identifying what I can do better; none of us is perfect.

This is not about 'scoring' practitioners and rating them against each other. Nor is it a question of pass

or fail. It is about doctors showing the GMC that they believe in the values and principles of their profession, that they follow the guidance we set in their practice, and that they also reflect on this practice. It is a way of helping them to find out where their strengths are, and where they may need to focus on improvement, and in doing so, not just maintain standards, but improve them.

Revalidation was a long time in development, with discussions beginning as far back as the 1990s. However, this is a UK-wide programme, affecting over 235,000 licensed doctors and hundreds of organisations. Considering the scale of what is involved, it was inevitable that this was not going to be an overnight process. Progress is already promising, with almost 25,000 doctors revalidated in the first year [2], but we are only at the beginning of what is, effectively, the biggest change to medical regulation for 150 years, and the first system of its kind anywhere in the world. No other country has introduced such a comprehensive scheme for regularly checking the competence of its medical profession, so we do not underestimate the challenge that this poses to either ourselves at the GMC, or to doctors.

We are working to make revalidation as straightforward as possible for doctors. Because *Good Medical Practice* is at the heart of assessment and appraisal, we have republished it in a new layout that aligns with the four areas in which doctors must prove their competence. We are also clear that doctors will only be put forward for their first revalidation when they are ready, and we are encouraging employers to support them in every way they can.

We recognise that financial and time constraints weigh heavily throughout the health system, but revalidation is an investment that will benefit both patients and doctors themselves in the long term. We are also, in effect, only requiring the health system to do what it should have been doing for many years, and what most patients I have spoken to believed was already happening. Annual appraisal has been included in most doctors' contracts since the early 2000s, yet until now the UK National Health Service record in carrying out these assessments has been patchy at best. Revalidation has already begun to remedy this situation.

Revalidation is not a 'cure-all'. It will not produce instant results, and while a significant amount of testing and piloting has been carried out to make sure our proposals work in practice, I have no doubt that there will be problems, lessons to be learned, and changes to be made over time.

However, even in these early days we know that revalidation has already had a positive effect. Almost every enquiry into poor standards of care in the UK has revealed institutions where clinical governance was weak. Revalidation has acted as a driver to ensure that

employers and those who contract with doctors have robust systems of appraisal in place [3].

Over the coming months and years I believe we will see tangible evidence of further improvement, including changes that will benefit patients, underpinning their trust in the medical profession, and changes that will benefit doctors, helping them to improve the quality of their practice. As I noted above, the world is watching. I hope that the benefits of revalidation will be shared widely, as this new system of checks in the UK potentially becomes the first of many around the globe.

Conflict of interest

None declared.

Source of Funding

None

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