

The Royal College Of General Practitioners

In association with
The General Practitioners Committee
National Association Of Non-Principals
Overseas Doctors Association
JCPTGP
COGPED



Revalidation For Clinical General Practice

Statement to accompany the press conference held on Friday 17th September
by
Professor Mike Pringle, Chairman RCGP
Dr John Chisholm, Chairman GPC

1. Introduction

This press conference has been called to announce progress with proposals for revalidation for clinical general practice. A revalidation working party, convened by the RCGP, has been meeting through the first half of the year. Another working group has written a document interpreting Good Medical Practice (the GMC's document) for general practice - called Good Medical Practice for General Practitioners.

On September 9th a major meeting was held to refine the revalidation report and Good Medical Practice for General Practitioners to prepare them for wide consultation. This press conference is to provide the media with a progress report and an indication of the future timetable.

The key messages follow:

2. Who is involved?

The Good Medical Practice for General Practitioners working group was chaired by Professor Martin Roland of Manchester University. The Revalidation Working Group was chaired by Professor Mike Pringle.

Both working groups have wide representation from:

- The Royal College of General Practitioners
- The General Practitioners Committee
- The RCGP Patients' Liaison Group
- National Association of Non-Principals
- Overseas Doctors' Association
- JCPTGP
- COGPED
- The General Medical Council

Professor Mike Pringle and Dr John Chisholm have been working together on these proposals and their bipartisan nature is illustrated by the fact that they are giving this press conference together - the first time they have done so.

3. The scope of the proposals

This revalidation report is concerned with the principles and criteria for the revalidation of all doctors in clinical general practice, principals and non-principals, inside and outside the NHS. It is recognised that many general practitioners have clinical commitments in other fields and non-clinical responsibilities. While these will be subject to revalidation, they are not dealt with in this report.

4. The relationship between this work and the work of the General Medical Council

The General Medical Council is developing the process of revalidation throughout the medical profession. It will set the general framework, the timescale and the criteria by which any proposed system will be assessed. Any system for revalidation must satisfy the GMC before being implemented.

The GMC requested us to put Good Medical Practice into the general practice context. We have also been working with them to look at how revalidation might be done in general practice and our views are set out in the revalidation report. These views will be shared with the General Medical Council and will contribute to the development of a coherent system for revalidation.

5. How much work will be involved for a GP?

Wherever possible revalidation should use materials already in place for other processes such as continuing professional development and clinical governance. For revalidation, most general practitioners should be able to submit evidence already collected for other purposes with minimal extra effort.

Revalidation should be a continuous process with an episodic submission and assessment of fitness to continue in general practice. General practitioners should collect evidence throughout the intervals between submissions and may wish to confirm with colleagues that their performance exceeds that expected by revalidation. This will avoid intensive periods of data collection and reduce the chance a problem with a doctor's revalidation.

6. The six criteria to assess a system of revalidation

It is recommended that the following six criteria are used to assess proposals for revalidation:

- be understood by and be credible with the public
- identify unacceptable performance
- identify good performance
- be supported by the profession and be supportive of the profession
- be practical and feasible
- not put any particular group of doctors at an advantage or a disadvantage.

7. Role of "Good Medical Practice" and "Good Medical Practice for General Practitioners"

So what about this second document, Good Medical Practice for General Practitioners? Revalidation must be against explicit criteria that every GP knows and has signed up to. Good Medical Practice for General Practitioners looks at all the areas in Good Medical Practice, offers interpretations of those areas in the context of general practice and for each area describes the criteria for an "excellent GP" and an "unacceptable GP". If a GP meets the criteria for an unacceptable GP, questions will be raised concerning their revalidation.

8. Content of revalidation

The proposed content areas are:

The overall standards in Good Medical Practice for General Practitioners

Professional relationships with patients - maintaining trust

Communication skills are important for all aspects of a general practitioner's work. For revalidation however, the evidence expected will probably concern communication with patients during the consultation. It is likely, therefore, that general practitioners will be expected to offer evidence of how they assess their communication skills and keep them up to acceptable standards. A range of acceptable methodologies to use for assessing communication skills will be developed and made available.

Keeping up to date, and maintaining your performance

It is envisaged that the general practitioner will be expected to submit evidence of appropriate continuing professional development, including evidence of participation in clinical audit.

If things go wrong

For revalidation, it is likely that the general practitioner will submit their complaints procedure (possibly contained in the practice leaflet) and evidence that it is operating at an acceptable level.

Good clinical care

Certain areas in clinical care will be defined for which evidence will be required. For example, the possession of appropriate diagnostic and treatment equipment may be expected.

Keeping records and keeping your colleagues informed

The doctor may be asked to submit evidence, for example, that legible and thorough records are kept in date order.

Access

For this area, the doctor may, for example, be asked to supply a copy of the patient information leaflet including surgery opening times, consultation times, telephone access etc. For non-principals other equivalent evidence would be required.

Working with colleagues and working in teams

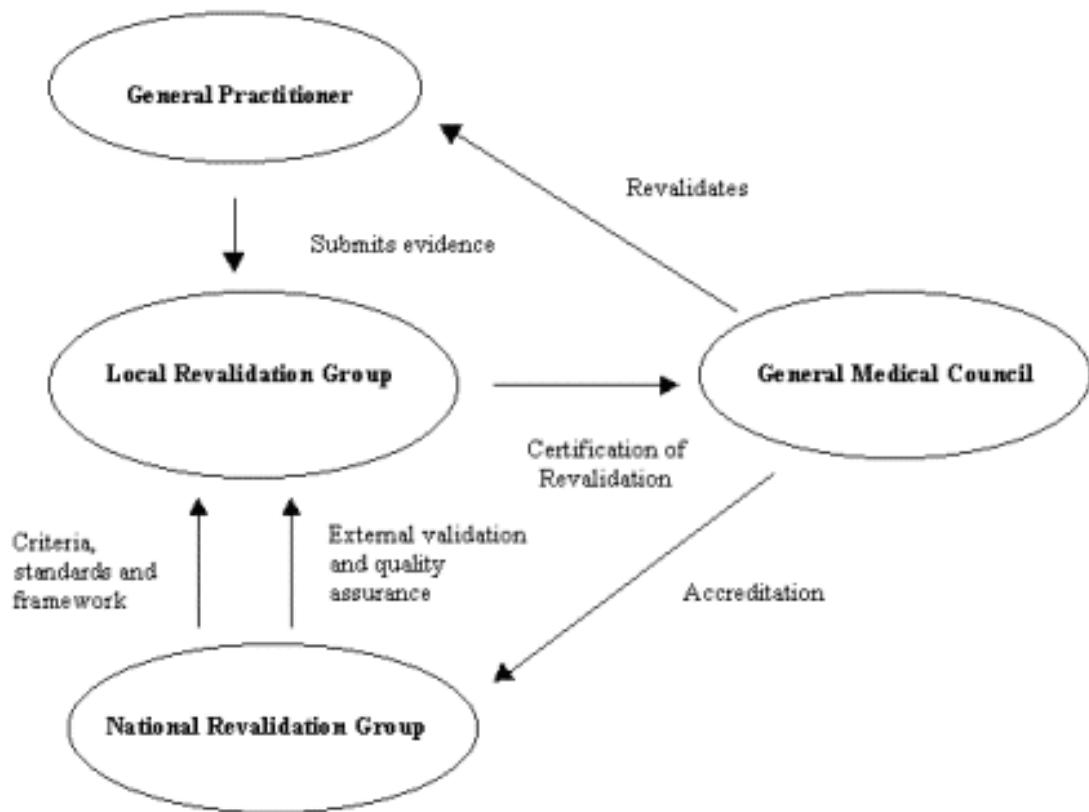
In this area, each general practitioner might, for example, be expected to provide an account of primary health care team communication.

Effective use of resources

Evidence that the general practitioner does not regularly prescribe unnecessary or ineffective treatment might, for example, be required.

9. Organisation of Revalidation

For revalidation to be acceptable, there must be representation of service, academic, and educational general practice, and of lay interests, at local and national levels of its administration. While the precise structures will be determined by GMC decisions and the availability of resources, the structures may be similar to these:



10. Who will pay?

This is a crucial question. The process of revalidation cannot go ahead in the absence of adequate resources. There will be considerable costs for the general practitioner and the practice in preparation; for the local administration of revalidation; and for the assessment and support of poorly performing general practitioners. The resources available will determine the content and organisation of revalidation. The profession will negotiate resources and further development of revalidation will depend on the outcome of those negotiations.

11. How will under-performance be handled?

Although the great majority of general practitioners will satisfy the criteria for revalidation, some will not. These doctors will need to be visited and assessed in the context of their practice. In the light of such a visit, many more will be deemed to meet the requirements of revalidation. Inevitably, however, some general practitioners will not be considered acceptable for revalidation. These doctors will be offered an assessment and remedial support to improve their performance to the acceptable. If any general practitioners are under-performing to a significant degree or do not respond to remedial support, the General Medical Council will be notified. At this point the General Medical Council may invoke its fitness to practise procedures which can ultimately result in the withdrawal of a doctor's registration.

12. Next steps

The revalidation report and Good Medical Practice for General Practitioners, with a covering letter from Mike Pringle and John Chisholm, will be circulated for comment in November or December to

- All GPs in the UK
- Professional bodies
- Patient groups
- NHS organisations

We will work closely with the GMC and others to develop a workable and effective system

for revalidation that is adequately resourced. Further reports on progress will be published from time to time.

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