

Medical Revalidation – The Basics

- ✓ The legal basis of medical revalidation, which was fully “activated” on December 3rd, lies in *Statutory Instrument 2010 No. 2841, The Medical Profession (Responsible Officers) Regulations 2010*
- ✓ These regulations establish that revalidation will involve the renewal by the GMC of a doctor’s License to Practice
- ✓ The GMC will do this following their review of a recommendation made by the Responsible Officer of the Designated Body to which the doctor has a Prescribed Connection. The Trust RO will make a recommendation, but it is the GMC that will make the decision.
- ✓ The OUH, as an NHS Trust, is a Designated Body and Professor Ted Baker, the Medical Director, is its Responsible Officer. All doctors with a substantive or honorary contract with the OUH have a Prescribed Connection with the Trust, with the exception of trainees holding a National Training Number, a doctor on a Performer’s List, or a doctor with a substantive contract in another NHS Trust. Doctors in these groups are likely to have their prescribed connections with other organisations.
- ✓ The Trust has prescribed connections not only with NHS consultants but also with clinical academics (Universities are not Designated Bodies), as well as SAS doctors, Trust Fellows (clinical and research) and locums. The only requirement for a prescribed connection to exist is an appropriate contract of employment, substantive or honorary, with the Trust.
- ✓ In steady state, revalidation will take place on a five-yearly basis, but it is being introduced more rapidly so that all currently licensed doctors will initially revalidate over a three-year timescale between April 2013 and March 2016.
- ✓ The revalidation process will require a degree of increased care and effort over appraisal and clinical governance processes but should not pose a major problem for the vast majority of doctors in the OUH.
- ✓ Revalidation is based on the doctor’s current practice, but on the full scope of that practice; all roles must be reviewed in appraisal with appropriate supporting information.
- ✓ The revalidation process provides assurance on fitness to practice, but we expect almost all fitness to practice issues to be identified and dealt with in real time, not “saved up” to be detected in appraisal or at the time of the revalidation recommendation. Further evolution of clinical governance processes, in line with the Trust Quality Strategy, including better informatics to help underpin service improvement, will be important benefits of revalidation as we move forward.