

7c (enc 13)

Medical revalidation: a statement of support from UK patient organisations

16 July 2012

1. Patients and the public need to be sure that the doctor they consult or the doctor who is treating them is up to date and fit to practise. We support the revalidation of doctors and the additional assurance it will provide patients about the doctors who treat them. Many patients believe this happens already and are surprised to learn that this is not yet the case across the UK.

2. We support the concept of doctors being regularly assessed against the standards defined by *Good Medical Practice*, with evidence of clinical and technical competence and patient feedback, to make sure they are safe and up to date. Revalidation will be an important statement that a doctor is competent in their area of practice. We recognise the contribution that revalidation can make over time to the quality and safety of care that patients receive.

3. Patients are a key resource in helping to improve medical practice. The scope and frequency of patient feedback in the initial revalidation model is, in our view, too limited, but it does establish the principle of patient feedback in the process. We know that many doctors already collect feedback from patients for their appraisals and we expect that all doctors will utilise this resource to help them improve their own practice.

4. We recognise the GMC's responsibility as a regulator to be supportive and fair to the medical profession, while undertaking its primary role to protect patients by ensuring that the doctors that it registers and licenses are competent and fit to practise. We also understand the pressures currently facing health organisations and doctors. While we understand the need to take a pragmatic approach to patient involvement in its initial delivery, we want revalidation to be as effective as possible.

5. We welcome the GMC's commitment to keep revalidation under review once it has been introduced and explore how it can be developed in the future. We also welcome the GMC's commitment that there will be active and constructive engagement with patient organisations in all aspects of ongoing and future revalidation developments. In response we will work with the GMC to ensure that the patient perspective plays a prominent and meaningful role in the development of future revalidation policy and practice, and to review the initial limitations of feedback in the model and identify opportunities for strengthening the involvement of patients in the various stages and levels of the revalidation process.

6. We welcome the introduction of revalidation at the end of 2012 and sincerely hope that the Secretary of State for Health will confirm in the autumn

that revalidation will go ahead, based on the progress which employers across the UK have made with strengthening their systems of appraisal and clinical governance. We trust that the Secretary of State for Health will make this decision with the views and interests of patients paramount by ensuring there is no further delay in revalidating doctors' licences.



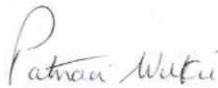
Jeremy Taylor
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Katherine Murphy
Chief Executive
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Malcolm Alexander
Chair
National Association of
LINKs Members



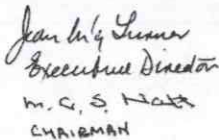
Dr Patricia Wilkie
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Sol Mead
Chair
Patient/Lay Group
Academy of Medical
Royal Colleges



Peter Walsh
Chief Executive
Action against Medical
Accidents (AvMA)

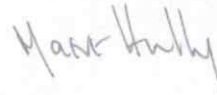


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