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*Dan Peter,*

### **Consultation on Medical Revalidation**

I am keenly aware of the commitment that the GMC, professional bodies, the NHS, independent sector, patient groups and devolved administrations have all shown to the task of developing, challenging and testing practical and effective approaches to the introduction of medical revalidation. I do, therefore, very much welcome your consultation, setting out the proposals that are the result of that commitment and collaboration. I look forward to seeing the outcome of the consultation and to understanding the way that it will help to shape the piloting and implementation of the policy.

Revalidation is something that the public expect their doctors to undertake and, if implemented sensitively and effectively, is something that will support all doctors in their innate professional desire to improve their practice still further. We need strong evidence on what works for both patients and the profession to ensure that this is the case.

For the NHS in England, having reviewed the current plans, I do not yet have sufficient confidence that there will be time properly to gather and evaluate evidence on all aspects of revalidation and to amend plans in the light of the current pilots in the NHS. I therefore intend to extend the piloting period for a further year to enable us to develop a clearer understanding of the costs, benefits and practicalities of implementation so that it can be paced in a way that is affordable, supports high quality care and makes effective use of doctors' time.

This extended period will also mean we can ensure that there has been full engagement with the profession, the service and the public before a decision to move to full implementation. I know that the service will be closely scrutinising the plans and will want to ensure that the benefits are robust and achievable and the costs affordable when decisions are being made about the speed of final rollout. In particular we will need to be able to assure doctors, employers and commissioners that the proposals for medical appraisal and the Royal College standards are proportionate ones.

Organisational readiness and, in particular, having Responsible Officers in place, are essential elements to ensuring the NHS is ready for revalidation. It is our intention to lay regulations on responsible officers before Parliament shortly. The role of the Responsible Officer goes beyond revalidation and I am keen to ensure that the service can quickly achieve the improvements to local clinical governance that their appointment will enable.

The Department does have some comments on some of the more technical issues you raise in your consultation and I will ask my officials to send a separate response covering these points.

I know we are meeting in the near future and look forward to developing a productive working relationship, us both having a keen interest in patient safety and public protection.

Yours etc,  
A handwritten signature in black ink, appearing to read 'Andrew Lansley', written in a cursive style.

**ANDREW LANSLEY CBE**

Following today's announcement from the Secretary of State, Andrew Lansley, regarding revalidation, Professor Peter Rubin, Chair of the General Medical Council, said:

"This is a positive move by the Secretary of State - the new government has shown real commitment to the introduction of regular checks for doctors throughout the United Kingdom. Like the Secretary of State, we believe patients expect this to happen and that, if implemented effectively, it will support all doctors in improving their practice. Revalidation, as the proposed scheme is called, will be vital in helping doctors deliver high quality care.

"Today the Secretary of State announced that the government will press ahead immediately with the introduction of Responsible Officers who will oversee the system of revalidation locally. He also made it clear that all this must be based on strong local arrangements for organising and monitoring clinical care both in hospitals and GP surgeries. The decision to extend piloting of revalidation in England will ensure that these systems are sufficiently robust without being burdensome or bureaucratic for doctors or employers. There is a major challenge here - making sure that hospitals, clinics and surgeries all have proper arrangements for monitoring and learning from the clinical care they provide. Nothing less should be expected from a modern healthcare system committed to safety and excellence."

"Our consultation on revalidation concludes this week and we have been heartened by the response from all quarters. We remain committed to amending the proposals in the light of those comments to ensure that revalidation contributes to the quality of care."