

December 2015

Revalidation task & finish group - Summary report No. 2

From UKPHR 18c McLaren Building, 46, Priory Queensway, Birmingham B4 7LR

The second meeting of the task & finish group which is to help UKPHR devise a revalidation scheme took place in UKPHR's Birmingham office and by telephone conference call on Tuesday 08 December 2015.

Other regulators, General Medical Council and General Dental Council, were represented. We were also joined by a member of Public Health England's Revalidation Team and a Human Resources specialist.

UKPHR's Registrar, Professor Anne McMillan chaired the meeting and UKPHR's Executive Director, David Kidney, provided the secretariat.

The group studied a table, prepared by David Kidney, which compared UKPHR's existing 5-yearly re-registration requirements with the revalidation requirements operated by the General Medical Council and by the Nursing & Midwifery Council.

The group identified several elements which are common in all three systems and the retention of which in UKPHR's eventual revalidation scheme would appear to be uncontroversial. These are:

- Maintenance of a Personal Development Plan or similar.
- A CPD (Continuing Professional Development) requirement.
- An annual declaration in relation to health and conduct.
- Requirement for professional indemnity arrangements to be in place.

In addition, there are some elements of the three schemes which differ, including some elements of the other two schemes currently absent from UKPHR's re-registration arrangements. These include:

- GMC registrants are required to undergo annual professional appraisal; hence to what extent should UKPHR's specialist registrants be required to undergo professional appraisal? Should a requirement for professional appraisal extend to practitioner registrants?
- NMC registrants must provide NMC with confirmation of compliance with its revalidation requirements, from a line manager or other permitted confirmer.

- GMC and NMC have additional requirements in relation to feedback, reflection and quality improvement; the group wishes to consider whether any similar requirements should be included in UKPHR's revalidation scheme.

As in the first meeting, the group continues to consider the situation of independent registrants and in what ways a revalidation scheme needs to accommodate differences which arise because of their situation.

The Chair enabled a full discussion of the additional elements that had been identified. It was agreed that the group will return to these issues, with a view to drawing some firm conclusions, at its next meeting.

The group is also considering whether some of the tools already in use to support professional revalidation might be capable of use and/or adaptation in the context of UKPHR's revalidation scheme.

UKPHR has surveyed its registrants and stakeholders and the results of the survey were considered by the group at this meeting.

The timetable for the group's work remains that the group intends to be in a position to make recommendations to UKPHR by the middle of 2016. It is expected that UKPHR will consult on the revalidation scheme as proposed by the group.

If you want to give or receive further information about UKPHR's work on revalidation, please **CONTACT**:

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