

Proposals for revalidation of medical managers

The General Medical Council is developing revalidation proposals that will require all doctors to demonstrate their fitness to practise on a regular basis. Doctors will be required to collect information about their performance based on the key headings of *Good Medical Practice* and to submit that information once every five years to a local revalidation group. The information doctors collect must cover the full range of their practice. This means that where doctors engage in professional management activity they must include that aspect of their work in their revalidation folders. The GMC publication *Management in Health Care: the Role of Doctors* gives further clarification of the standards expected: the guidance below is based on this and is designed to explain how this aspect of revalidation should work in practice.

General principles

It is recognised that the responsibilities of individual medical managers vary significantly: there is no generic job description for, say, a medical director or a clinical director, although previous BMM publications have attempted to describe the scope of these particular roles.

Medical managers will generally have clear lines of accountability within their organisation's management framework, and many are already subject to regular appraisal and performance review within that framework. We believe, however, that being a medical manager brings special responsibilities related to being a doctor, and it is this aspect which is relevant to revalidation by the GMC.

Most, if not all, medical managers will have particular responsibility for co-ordinating and managing clinical services within their department or practice. The GMC believes that medical managers should contribute to providing an environment in which all their colleagues--including colleagues from other disciplines--are able to fulfil their professional duties so that standards of practice and care are maintained and improved. Pages 7-8 of *Management in Health Care: the Role of Doctor* set out nine generic standards for medical management practice. The proposals here are based on those standards and make recommendations regarding the information which should allow medical managers to demonstrate their fitness to practise.

The information that will need to be provided by medical managers will depend upon their actual role. The basic data should be easy for the medical manager to provide directly. The first piece of information that will need to be provided in many of the categories, therefore, will be a description of the individual's management roles and responsibilities within the organization, together with the relevant documentation relating to management appraisals. The precise nature of this is presently under discussion, but it is likely to include any agreed summary of the appraisal together with evidence of continuing professional development.

Several of the standards are general organizational standards and as such may well have been assessed by external accrediting bodies, for example the Clinical Negligence Scheme for Trusts (CNST) or the Commission for Health Improvement (CHI). Such evidence will in many instances suffice for revalidation. Examples are given for each standard.

Where a medical manager, for example a clinical director, has responsibilities for managing the provision of a particular clinical service, the standards should be taken to refer to all staff concerned, not just doctors.

Finally, this document deals only with the requirements for revalidation of the medical management part of an individual's job. Those who also have clinical responsibilities will need in addition to provide evidence of fitness to practise clinically.

Good management practice

Care provided by appropriate staff

All doctors who have management roles should ensure that, for the teams for which they are responsible, care is provided and supervised only by staff who have appropriate skills, experience and training.

Medical managers should therefore be able to demonstrate that there are suitable policies and procedures for selection, appointment and induction of staff, including locums in the areas for which they are responsible. They should also be able to demonstrate how the continuing competence of existing staff can be assured, for example through regular appraisal and review of professional development and continuing education. This should include evidence of revalidation where applicable. A special consideration is the introduction of new skills and techniques, for example laparoscopy. The organization should have agreed processes for ensuring that those introducing new procedures have the necessary skills.

Information for revalidation

1. Description of responsibilities.
2. Appointments procedure policy documentation, including job descriptions.
3. Evidence that all professional staff are appropriately registered and revalidated (e.g. by a statement to that effect from the personnel department).
3. Policy for induction of all staff involved in the delivery of care on first appointment and when new techniques and new equipment are introduced.

Verification

1. Results of the medical managers' appraisal.
2. Documentation of relevant external accreditation, where available.

Safe working practices

All doctors who have management roles should ensure that, for the teams for which they are responsible, safe working practices are followed, that working methods and the working environment conform to health and safety legislation, and that staff are appropriately trained in the use of any equipment required for their job..

This aspect should be covered by Controls Assurance. NHS organizations are required to demonstrate that they have in place a comprehensive set of policies, procedures and processes to assure standards for health and safety and risk

management. These are audited independently and a Controls assurance statement issued annually. Medical managers should be able to demonstrate that such policies apply to their area of responsibility.

A review of complaints, incident reports and concerns raised by individuals or groups within the organization may indicate where and when this standard is not being achieved. Medical managers should be able to demonstrate that they receive such information and act on it appropriately.

Information for revalidation

1. Description of responsibilities.
2. Policies in place for ensuring safe working practices and training in use of equipment.

Verification

1. Results of medical manager's appraisal.
2. Evidence of satisfactory controls assurance: relevant Board reports and statutory statements.
3. Annual Clinical Governance report.

Education and training of staff

All doctors who have management roles should ensure that, for the teams for which they are responsible, mechanisms are in place to identify the education and training needs of staff, including locums, so that the best use is made of the time and resources available for keeping knowledge and skills up to date. All doctors must also participate regularly in educational activities and in systematic audit.

A good appraisal system should identify education and training needs of staff, although locum staff would probably not be covered, unless they were hired through an employment agency that took responsibility for development of its staff. This may soon change with the proposals in the NHS Plan which aim to improve both the level of CPD and the control of the requirements for locum medical staff.

Medical managers should be able to provide documentation of staff appraisal systems and of arrangements for study leave, continuing education and professional development of staff.

This standard also extends to medical managers themselves, who should be able to demonstrate how they are keeping their relevant management skills up-to-date, and how their own management practice is reviewed or audited, for example through appraisal.

All doctors are expected to participate in national audits relevant to their specialty. Medical managers should be able to provide evidence of collaboration in or facilitation of such audits within their area of responsibility, and that the results of such audits have been acted upon. Medical managers must also participate regularly in management or organisational audit.

Information for revalidation

1. Description of responsibilities.

2. Staff appraisal policy (covering educational and developmental needs).
3. Programme of audits that are conducted within the organisation, evidence of benchmarks and appropriate action being taken if audit results are unsatisfactory.

Verification

1. Results of medical manager's appraisal.
2. External quality assurance of appraisal policies (such as those to be run by CHI).
3. Outcome of audits that have been conducted in the organisation.

Dissemination and implementation of guidelines

All doctors who have management roles should ensure that, for the teams for which they are responsible, information on clinical effectiveness is disseminated and implemented appropriately.

Medical managers should be able to demonstrate how guidance from the National Institute for Clinical Excellence (NICE), specialty associations and Royal Colleges are disseminated and adopted within their organization. These are likely to be areas covered by the Commission for Health Improvement visits which may provide further evidence for this standard.

Information for revalidation

1. Description of responsibilities.
2. Policy on implementation of NICE guidelines within the organisation.
3. Policy on implementation of Royal College/Faculty guidelines within the organisation.
4. Policy on the implementation of the organisation's own protocols and guidance and evidence that these are regularly reviewed and updated.

Verification

1. Results of medical manager's appraisal.
2. Results of audits to show that all guidance and protocols used by the organisation are implemented.

Supervision of colleagues

All doctors who have management roles should ensure that, for the teams for which they are responsible, colleagues have appropriate supervision.

Medical managers are responsible for ensuring that there are explicit standards for supervision, on-call cover and availability to junior doctors and other relevant staff, and should be able to provide evidence of relevant policies and directives.

Information for revalidation

1. Description of responsibilities.
2. Policy for on-call, taking leave and cover.
3. Staff job descriptions.

Verification

1. Results of medical manager's appraisal.
2. Results of quality assurance to check that policy is implemented.

Maintaining good medical practice

Medical managers must demonstrate that they keep themselves up to date on management issues.

Information for revalidation

1. CPD records.

Verification

1. Results of medical manager's appraisal (covering educational and development needs).
2. Evidence that these needs have been met (courses attended, further training completed).

Relationships with patients

Complaint systems

All doctors who have management roles should ensure that, for the teams for which they are responsible, systems are in place for investigating complaints promptly, fairly and thoroughly. Doctors should seek advice from an experienced colleague if they are setting up procedures for the first time.

Trusts are required to have formal procedures for addressing written complaints, and Trust Boards should receive quarterly reports on complaints. Medical managers should be able to provide evidence of these and also how issues raised by complaints in their area have been tackled.

Information for revalidation

1. Description of responsibilities.
2. Policy on how complaints are dealt with, acted upon and monitored.

Verification

1. Results of medical manager's appraisal.
2. Board reports on complaints.

Maintaining trust

All doctors who have management roles should ensure that they and the staff for which they are responsible maintain the trust of their patients and colleagues.

Medical managers should therefore be able to demonstrate satisfactory policies for confidentiality, obtaining consent, and access to medical records, and that patients are provided with adequate information regarding their condition and treatment.

Information for revalidation

1. Description of responsibilities.
2. Policies relating to confidentiality, consent and access to records.
3. Results of customer satisfaction surveys.
4. Patient and carer information leaflets.
5. Existence of a comments/suggestions system and evidence that comments are acted upon appropriately.
6. Evidence of formal patient/public consultation.

Verification of data

1. Results of medical manager's appraisal.
2. Audit of information.
3. Results of surveys.

Working with colleagues

Disseminating GMC and other professional guidance

All doctors who have management roles should ensure that, for the teams for which they are responsible, their fellow registered medical practitioners are aware of, and follow, the guidance in 'Good Medical Practice' and other guidance from the GMC. They should also ensure that colleagues in other professions are aware of the codes of conduct and guidance issued by their professional or regulatory bodies and are encouraged to meet the standards of conduct they establish.

Although the GMC sends copies of Good Medical Practice to all registered practitioners there is evidence that not all practitioners have read this or are even aware of its existence. Organizations might therefore consider making copies available to all medical staff either directly or via the Internet.

Medical managers should be able to provide evidence that the relevant GMC guidance is covered in medical staff induction, and that there are mechanisms for disseminating new guidance and protocols issued by the GMC.

Information for revalidation

1. Description of responsibilities.
2. Evidence that staff induction programmes cover Good Medical Practice and/or all other relevant guidance and protocols issued by the GMC or other relevant professional bodies.
3. Evidence that staff have induction in new guidance as it is issued.

Appraisal systems

All doctors who have management roles should ensure that, for the teams for which they are responsible, suitable appraisal systems for doctors and other staff are established and maintained and mechanisms are in place for dealing with any problems which appraisals bring to light.

This standard underpins most of the other standards for medical management practice. Medical managers should be able to demonstrate not only the outcome of their own appraisals, but that there are systems of appraisal for all the staff for which they are responsible.

Information for revalidation

1. Description of responsibilities.
2. Documentation that appraisal systems are in place.
3. Evidence that there is a process to allow doctors and other staff to report concerns about colleagues who are not practising in accordance with professional regulations or guidance.

Verification

1. Results of medical manager's appraisal.

Teaching and training in management

All doctors have a responsibility to share their expertise and to teach and train others. Medical managers should therefore participate in the training of other managers—medical and non-medical. They may also have an important role in teaching relevant aspects of medicine to non-medical managers.

Information for revalidation

1. Description of responsibilities.
2. Details of teaching and training given.

Health & probity

These standards will be assessed uniformly across the profession.

BAMM/GMC Revalidation Group

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