

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE DEPUTY OF ST. JOHN
ANSWER TO BE TABLED ON TUESDAY 12th MAY 2009**

Question

Given the proposals to require doctors to be revalidated, what infrastructure, if any, is in place for this to happen; if none, how long will it take to put in place, at what cost and will it be the doctor or taxpayer who pays?

Would the Minister describe the proposed process of revalidation and indicate whether there would be any negative impact upon the services provided by GPs?

Answer

When we talk of ‘doctors’ in the context of Jersey’s health and social care services, we must talk firstly of those doctors employed by the Health and Social Services Department, and then secondly, of those doctors who are general practitioners (GPs).

As to the doctors employed by the Health and Social Services Department, work has been underway for a number of years now in anticipation of the revalidation process which is to be introduced later this year. These doctors are in supervisory relationships, they undertake continuous professional development, they participate in clinical audit and this year are to begin participating in appraisal (appraisal being seen as a crucial component of the revalidation process).

GPs in Jersey have been mindful of the development of the revalidation process, but for a number of years have – with some legitimacy – been unsure as to what form this revalidation process would take and how it would apply to them. This lack of surety has been largely as a result of the revalidation process itself being somewhat specifically attuned to GPs working within the English and Welsh National Health Service – a managerial regime which obviously is inapplicable here in Jersey.

With encouragement from my Department, GPs here in Jersey have latterly created a Jersey Primary Care Body (whose membership includes all GPs practising here in Jersey). One of the purposes of this body is to ensure that all GPs are fully able to understand the great significance of this revalidation process – and are then able to comply with it. This is important because if GPs in Jersey cannot comply, they will effectively be disbarred from clinical practice on the Island.

If members wish to explore in detail the revalidation process, then I would invite them to access <http://www.rcgp.org.uk/revalidation.aspx> (which is the website for The Royal College of General Practitioners), where the latest guidance is to be found.

The Jersey Primary Care Body has undertaken its own costing exercise to quantify what it believes are the additional costs required if its membership is to successfully comply with the revalidation process. GP’s in Jersey operate as private businesses and increases in their cost base must be either absorbed within their practices or passed on to their patients and customers. The question of increasing the level of medical benefit to patients from the Health Insurance Fund equivalent to a reasonable level of the unavoidable additional costs of revalidation, to enable them to meet the additional charges which they are likely to face, is to be considered by the Minister for Social Security. At this time there is no agreement between the States of Jersey and the Primary Care Body as to the precise costs involved in ensuring that GPs comply with the revalidation process.

I trust that my answer to the Deputy’s question is accurate in all respects, but I believe it is worthwhile describing the context and indeed defining revalidation itself a little further.

Revalidation is a process - very much like ‘re-licensing’- which is to be undertaken by the General Medical

Council (GMC). Both GPs and directly employed doctors will be required to submit themselves individually for revalidation. A doctor practising in Jersey must be registered with The Royal Court and for this registration to take place that doctor must be fully registered with the GMC or its equivalent. This is another way of saying that unless GPs are revalidated they cannot receive full GMC registration and if this occurs they cannot practise either in the United Kingdom, nor the Channel Islands.

The process of revalidation seeks to 'quality assure' doctors to ensure that their proficiency and practice remains up to date, skilled and safe. Revalidation itself finds its origins in numerous 'scandals' in the NHS throughout the 1990s and the early part of this century - with the case of Dr Harold Shipman being the most obvious and noteworthy of these scandals – and the need for governments to be in a position to maintain public confidence in the medical profession.