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Dear David,

I have just read an article in this week's Doctor magazine which has left me with some qualms about the equanimity of the revalidation process.

As you know, non-principals welcome the concept of revalidation and have actively embraced its development. Indeed, you yourself commented at the last meeting of the Revalidation Liaison Group that non-principals were the most eager group of doctors to volunteer for the recent piloting exercise. However, when the article quotes you as saying, "the deal already in place for hospital doctors had satisfied the GMC that most doctors would only need to submit evidence of their appraisals, rather than a folder of evidence, for revalidation purposes." it caused disquiet amongst non-principals.

Regardless of what the merits of said appraisal system for hospital doctors are, general practitioners maintain that appraisal should be a formative process, not merely a managerial, performance indicator checklist. Indeed, I understand negotiations between the GPC and the DH faltered on this (amongst others) issue.

Though I feel strongly that Dr John Chisholm and his fellow GPC negotiators are aware of the problems appraising non-principals would involve, over and above those for principals and will strive to make any agreed appraisal system fully inclusive, I am saddened that the GMC now feels appraisal alone will be enough evidence for revalidation.

From the outset, the GMC made one of its original tenets for revalidation, "That no group of doctors will be advantaged or disadvantaged". I have repeatedly been reassured that the very real difficulties faced by non-principals in the collection of evidence (patient data, prescribing data, audit etc.), would be fully addressed by the final process. It now seems as though this is to go by the board.

Non-principals viewed revalidation as a means of not only proving their fitness to practise, but also a way into the systems (and funding, should it be forthcoming) of accessing CPD. Unless appraisal achieves this aim (amongst others), it could be viewed as a threat to a non-principal's livelihood. It would obviously be a travesty of justice were a non-principal to be appraised as unfit, without being given the support (educational and financial) to address their learning needs.

I feel very strongly that the GMC is backing down on this issue from the

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Government and the integrity of revalidation can only be weakened. The recent article by Sir Donald Irvine in the Journal of the Royal Society of Medicine¹, whilst making interesting reading, does nothing to change the views expressed in this letter on behalf of UK non-principals.

I will be present at Tuesday afternoon's meeting to put these views in person to the RLG.

Yours sincerely,

Tina Ambury
Deputy Chairman

copy to:
Professor M Pringle, Chair RCGP
Dr J Chisholm, Chair GPC

¹ Irvine DH. The changing relationship between the public and the medical profession. *JRSM* 2001;**94**:162-169.