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Dear Dr Fieldhouse

GMC Approved Environment

I am writing to follow up an action from a meeting you had with Paul Buckley and myself at the GMC on 1 December 2005, to talk about the GMC risk based approach to regulation and sessional GPs. I understand that Mr Buckley said we would write to you, setting out the criteria for the GMC's approved environment so that you might consider these against the arrangements you have put in place to assure quality. I am sorry I have been unable to write to you before now.

It might be helpful if I first set out the background to this issue. The GMC has developed a concept of approved environments as part of developing proposals for registration and revalidation. Our model for revalidation contemplates that many registered and licensed doctors working in the UK, whether in the NHS or independent practice, will be based in GMC approved working environments. We expect that GMC approved working environments will be able to provide us with certification that the doctors they employ or whose services they engage have participated in an annual appraisal, based on the seven headings of *Good Medical Practice*, and that there are no significant unresolved local concerns about their fitness to practise. The GMC approved working environment will also have a greater application than revalidation. After limited registration is abolished, doctors seeking full registration for the first time (with the exception of those who are found eligible for entry to the Specialist or GP Registers) will be restricted to work in a GMC approved working environment for two years until their first revalidation.

The broad criteria for qualification as a GMC approved working environment was set out in the draft Licensing and Revalidation guidance published in September 2004. We have revised the requirements and I thought that it might be helpful to quote the current draft version. A GMC approved working environment is one that:

- a. Has in place an effective system of clinical governance, or, if outside the NHS, an effective quality assurance system analogous to NHS clinical governance.
- b. Has in place an effective annual appraisal system, based on Good Medical Practice.
- c. Is regulated or quality assured by an independent body or organisation.
- d. Has effective complaints handling procedures in place which meet relevant external standards, for example, in the case of organisations in England, those which in future may be set by the Healthcare Commission.

An effective system of clinical governance or quality assurance was defined as one which provides:

- a. Clear lines of responsibility and accountability for the overall quality of medical practice.
- b. Clear policies aimed at managing risks.
- c. Procedures for all professional groups to identify and remedy poor performance.
- d. Supervision arrangements for doctors where appropriate.
- e. A comprehensive programme of quality improvement activities including for example:
 - Clinical guidelines / evidence-based practice, or other medical practice guidelines
 - Continuing professional development / life long learning
 - Clinical or other medical practice audit
 - Effective monitoring of clinical care
 - Research and development
 - Security of patient information.

This is based on the definition of clinical governance as set out in the Department of Health for England's Health Service Circular on Clinical Governance (HSC 1999/065), 'Clinical Governance: Quality in the New NHS'.

I hope you will find this information helpful but please let me know if you need further assistance. As you requested, I am copying this letter to Julie Goodway at the Sessional GP Sub-Committee, BMA.

Yours sincerely



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