Revalidation Committee

TERMS OF REFERENCE

Date of this version: 24th May 2011
Version 3.0

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Terms of Reference Approval by Clinical Governance Committee: Approved – 10/06/11

Date of first meeting: 3rd February 2010
1. Purpose

The Committee will:-

- advise and inform the Trust on all revalidation issues including the practical implications of implementing revalidation.

- consider partnerships or alliances with other organisations to develop common approaches where appropriate.

- be accountable to the Trust Board. Reports will be provided to the Clinical Governance Committee for monitoring purposes.

- refer to the MSC to disseminate information and action required to the committee members and other relevant steering groups and individuals.

1. Establishment of the Revalidation Steering Group Committee

The Revalidation Committee has been established to take forward all aspects of the development and implementation of processes and procedures in relation to the Trust’s preparation for Revalidation.

3. Authority and Accountability

The Revalidation Committee will be chaired by Prof Tim Briggs having been delegated responsibility by the Trust Board to ensure that revalidation is implemented as per national guidance issued by the Department of Health and General Medical Council.

4. Duties

The Revalidation Committee will support the Trust and its doctors by:

a. Developing and facilitating the process of revalidation for doctors.

b. Reviewing the current mechanisms for maintaining continuing professional development, setting standards for revalidation and establishing links to revalidation.

c. Establishing the revalidation process for the Trust through liaison with a variety of external bodies and stakeholders, in particular the Royal Colleges and the GMC.

d. Communicating effectively with members and external organisations about the development and implementation of the Trust’s processes for revalidation.
5. **Membership**

**Project Team**
- Prof Tim Briggs: Responsible Officer (Medical Director) – Project Lead
- Dr Mary Fennelly: Co-Chair of MSC
- Mr Mike Fox: Consultant Orthopaedic Surgeon, PNI Unit
- Dr Jonathan Berman: Consultant Anaesthetist
- Mr Jan Lehovsky: Consultant Orthopaedic Surgeon, Spinal Deformity Unit
- Dr Helen Cohen: Consultant Rheumatologist
- Dr Saroj Patel: Director of IM&T and Acting Director of Workforce & Corporate Affairs
- Nerina Bee: Head of Academic Business Developments – Project Manager
- Stuart Coalwood: Clinical Governance & Risk Manager
- Michelle Davis: Medical Staffing Manager

**Clinical Directors (to attend as and when required)**
- Dr Michael Cooper: Clinical Support Division
- Mr Aresh Hashemi-Nejad: Direct Care Division
- Dr Geraldine Edge: Clinical Governance
- Dr Joseph Cowan: Lead Physician

6. **Frequency of meetings**

The frequency of meetings shall be determined by the Committee, but is expected to be at least 6 times per year.

7. **Quorum**

- Responsible Officer
- Director of HR
- Project Manager
- 2 x Clinicians
- Clinical Governance representative

8. **Reporting arrangements**

The Revalidation Committee is a sub-committee of the Clinical Governance Committee. Please see the Appendix 1 for the Trusts reporting structure.

After each meeting, the Revalidation Committee will report on its progress to the Clinical Governance Committee and the Trust Board.

9. **Required frequency of attendance by members**

Members to attend all meetings or send a representative in their absence.
10. **Process for monitoring effectiveness of the above**

The Committee will monitor progress against actions as per the project timetable.

Progress reports will be submitted to Trust Board after each meeting.

11. **Administration**

The committee will be supported administratively by Nerina Bee, in consultation with the chair of the committee. Duties will include:

- Setting up meetings & circulation of papers
- Monitoring attendance

12. **Review**

These terms of reference will be reviewed annually or sooner if necessary.
Appendix 1 - Clinical Governance Directorate – Committee/Sub-committee Structure

Areas covered by the Clinical Governance Committee:
- Patient safety/clinical risk
- Clinical standards
- Clinical policies
- NSF
- Patient feedback (complaints)
- Infection control
- Standards of health records
- Pandemic Flu
- Nutrition
- Major Incident Planning
- Medical Ethics and Research
- Health & Safety
- **Doctors: licence to operate**