

## GOVERNMENT HEALTH DIRECTORATES

# WHITE PAPER – TRUST ASSURANCE AND SAFETY – THE REGULATION OF HEALTH PROFESSIONALS IN THE 21<sup>ST</sup> CENTURY

## IMPLEMENTATION IN SCOTLAND

### CROSS PROFESSIONAL FITNESS TO PRACTISE GROUP

#### National implementation of doctors appraisal

#### **Aim of paper:**

To seek support for a) the terms of reference and b) the task group membership, for a national workstream that will identify operational measures for implementing appraisal *for the purposes of revalidation* for doctors in NHS Scotland

#### **Introduction**

1. Arising from the 2007 White Paper, [Trust, Assurance and Safety - the Regulation of Health Professionals in the 21st Century](#), the English Department of Health published the final report of the Medical Revalidation Working Group on 23<sup>rd</sup> July, 2008: [Medical revalidation – principles and next steps](#). This document clearly lays out the principles which will underpin re-licensure, recertification and revalidation requirements for doctors. Annual appraisal will continue to be a core component of the revalidation process.
2. Annual appraisal is a requirement for all doctors in NHS Scotland.
  - It has been a requirement for consultants since 1<sup>st</sup> April 2001 (PCS(DD)2001/2).
  - It was extended to all doctors working in secondary and community care, including locums in post for more than 2 months (but not those in substantive training posts), on 25<sup>th</sup> October 2002 (PCS(DD)2002/7).
  - Annual appraisal became a contractual requirement for all general practitioners on 1<sup>st</sup> April 2004.
  - Doctors in substantive training posts are managed under different arrangements under the auspices of the Postgraduate Medical Education and Training Board and NHS Education Scotland.Nevertheless, for the purposes of revalidation, it will be increasingly important for NHS Boards to ensure that appraisal is well managed, and that staff involved are well-trained. Both internal and external quality assurance measures need to be in place.
3. The General Medical Council (GMC) has produced a [framework](#) for appraisal consisting of 4 domains and 12 attributes which map closely to [Good Medical Practice](#). There is ongoing work to establish the types of evidence that would objectively demonstrate adequate performance against those domains. In collaboration with the GMC, and using the same

ny of Medical Royal Colleges (AoMRC) is also  
ish the types of evidence which could be used

4. There is a pressing need to ensure that management processes and quality assurance of appraisal are well-established in NHS Scotland, and that the quality of appraisal is uniformly high across specialties and across geographical areas. It will also be important that a similar approach is taken to the types of evidence utilised. Furthermore, those who will be charged with delivering appraisal require a forum to share experience and best practice, and which will facilitate communication between the service and the Scottish Government, the GMC and the AoMRC. This workstream will help deliver this.

#### Action Required

5. To support the establishment of the Appraisal Implementation Workstream.
6. To agree the terms of reference.
7. To agree the proposed membership of the Workstream's associated task group.

#### Terms of Reference

8. The primary function of this workstream is to ensure that appraisal of doctors is **implemented** to a high and uniform standard for all doctors who are subject to revalidation in Scotland, ie those who require / choose to have a license to practise. The underlying purpose of appraisal being to enhance patient safety and to support a continuous quality improvement environment.
9. The workstream will ensure implementation of agreed Scottish Government policy on appraisal and revalidation (and where appropriate, Westminster Government policy interpreted in the Scottish context). If guidance on policy is required, it will be sought from the Co-Chairs of the Cross-Professional Fitness to Practise Group. *This workstream is not a policy-making group* but a task group focused on implementation across NHS Scotland.
10. Guidance will be produced on appropriate standardised management structures of appraisal schemes across each of the 14 Health Boards in Scotland, whilst allowing some flexibility for local circumstances. Guidance on the resources required to support implementation of appraisal should also be provided.
11. Guidance will be produced on appropriate internal quality assurance of appraisal, and the resources required to support this. This would include annual reporting on appraisal.
12. Guidance on appropriate evidence to support appraisal and revalidation is being produced by the GMC and the AoMRC. This task group will maintain awareness of national guidance, and produce interim guidance to organisations on the type of information they should be collating for appraisers and appraisees. This guidance must be realistic in terms of using data which is available in practice. *It is not the role of this workstream to develop new evidence or content for appraisal, but to guide implementation of evidence for appraisal agreed in other fora.*

...e would be useful to facilitate appraisal may be

- ... will be identified which are best dealt with by one of the Special Health Boards such as NHS Education for Scotland or NHS Quality Improvement Scotland. Recommendations on these matters will be sent to the Cross-Professional Fitness to Practise Group for consideration.
15. The workstream will foster sharing of information about appraisal between Boards and across geographical boundaries, specialties and sectors. The goal is to harmonise processes where possible and to ensure high and equal standards across the profession.
  16. The workstream task group members will be responsible for dissemination of information about appraisal within their own organisations. In particular, members will ensure that their Responsible Officer and appraisers are aware of the workstream's outputs.
  17. This workstream will report to the Cross-Professional Fitness to Practise Group via the workstream lead who is also a Co-Chair. The Co-Chairs will provide a written update at least one week prior to each meeting of the Cross-Professional Fitness to Practise Group. These reports will also be shared with the Revalidation Delivery Board and the Responsible Officers Network.
  18. All guidance issued as a result of the workstream will be submitted in draft to the to the Co-Chairs of the Cross-Professional Fitness to Practise Group for initial approval, and will remain in draft until sanctioned by the Co-Chairs of the Overarching Implementation Steering Group.
  19. This workstream will be discontinued when the Overarching Implementation Steering Group determines that appraisal has been adequately initiated for the purposes of revalidation across Scotland. This is expected to be complete by the final quarter of 2010. At that point it may be appropriate for the NHS to establish a standing National Appraisal Management Group with a similar membership.

**Proposed Task Group Membership** *[this comprises a large group but it is anticipated that the wider group will divide into smaller working groups to deliver against the terms of reference]*

20. The workstream will be called the National implementation of doctors appraisal+workstream and the task group will comprise:
  - Co-Chair (NHS): Prof Paul Padfield, Associate Medical Director, NHS Lothian
  - Co-Chair (SGHD): Dr Mark MacGregor, Senior Medical Officer
  - Appraisal Leads from the 14 territorial NHS Boards, representing primary and secondary care (up to 28 individuals in total, including deputising arrangements for 14).
  - Representation from the Chair of the Scottish Revalidation Delivery Board, or nominated deputy.
  - Lay representation . Dr Frances Dow.
  - Appraisal Leads from each of the Special Health Boards and other national organisations which employ doctors and therefore may manage appraisal of those doctors. *[Organisations which may wish to be represented in this capacity (number of doctors employed in*

ation Scotland (13), NHS Health Scotland (2),  
ment Scotland (2), State Hospitals Board for  
l Waiting Times Centre Board (24), National  
Services Scotland (75)].

- Representative from NHS Education Scotland (NES). NES has extensive experience in facilitating the primary care appraisal programme.
- Representative from NHS Quality Improvement Scotland (QIS). QIS has a key role in the national audit programmes, and in external quality assurance.
- Representative from Information Services Division (ISD). This will be important because of the core role of routinely collected data in appraisal.

The members will be nominated by the organisation which they are representing, but are expected to be senior individuals with a major role in the organisation of medical appraisal. It is for the individual organisation to determine the duration of their representatives' tenure within the confines of planned duration of the workstream.

### Resources

21. It is anticipated that venue costs can be avoided by using free NHS facilities for meetings.
22. It is also anticipated that members of the workstream task group will have their expenses reimbursed by their parent organisations. Any request for financial assistance cannot be guaranteed to be honoured and will require the agreement in advance of the Co-Chairs of the Cross-Professional Fitness to Practise Group.

**-END-**

---

<sup>1</sup> Data from ISD: Headcount as of 30<sup>th</sup> September 2007.