

# NHS England All England Appraisal Network

# Medical Appraisal Position Statement

## Reference: MAPS L1

## Appraisal vehicles for doctors connected to NHS England

### Relevance

This statement is relevant to NHS England in its role as a designated body. It may be of interest to other designated bodies.

### Position statement

The position stated in the NHS England Medical Appraisal Policy in relation to acceptable formats continues to apply. In addition to, and clarification of, this:

1. NHS England will not procure an appraisal vehicle for doctors connected to it, nor will it seek to further extend existing contracts once they expire.
2. The NHS Revalidation Support Team *Medical Appraisal Guide Model Appraisal Form (MAG form)* illustrates the functional requirements for a medical appraisal vehicle, consistent with the NHS Revalidation Support Team *Medical Appraisal Guide*.
3. The *MAG* form also functions as a suitable no-cost option for an appraisal vehicle accepted and recognised by NHS England.
4. While NHS England recognises and accepts appraisals undertaken on a variety of other formats from a range of external providers, NHS England does not accept liability for the functioning of any appraisal vehicle provided by any external organisation.
5. NHS England does not accept appraisal outputs provided in paper format.
6. NHS England recognises that in several areas, the use of one appraisal vehicle predominates. This brings significant benefits for both NHS England and the doctors in question. NHS England advocates on-going local dialogue and agreement to maximise such consistency of approach in all parts of NHS England.
7. NHS England will continue to work to define the functional requirements of appraisal vehicle(s) in the future, whether pdf-based, on-line or in some other format, and in line with the requirements outlined in this position statement.
8. NHS England is happy to make the specification of the *MAG form* available to appraisal vehicle providers, to facilitate the design of their products as closely to this specification as possible. At such time as NHS England makes revision to the *MAG form* or the specification of its content, this will be shared with interested providers.
9. Where a NHS England responsible officer perceives there to be a significant risk in adopting this position and working within these principles they should raise the matter with their higher level responsible officer in the first instance. The Responsible Officer Calibration and Operational Network (ROCON), the Responsible Officer Network and the All-England Appraisal Network are other suitable fora for discussion and formulation of mitigation arrangements for such a risk.

This position is underpinned by the following principles:

1. NHS England is prepared to permit a reasonable degree of choice of appraisal vehicle for individual doctors. This applies particularly to doctors who do not have an employment relationship to NHS England.
2. Doctors choosing a specific appraisal vehicle do so in acceptance of the personal risks and responsibilities this brings.
3. NHS England expects reasonable cooperation from its doctors in terms of using a vehicle compatible with the responsible officers’ requirements in terms of discharging their regulatory duties.
4. It is reasonable for a NHS England responsible officer to seek to work with a managed number of providers so as to minimise difficulties for their appraisers in moving between appraisal vehicles. This should currently be achieved through local discussion and agreement.
5. Independent contractors should not receive separate funding for their use of an appraisal vehicle.
6. There is value in some plurality of provision of appraisal vehicles for doctors in NHS England, provided that there are appropriate tolerance limits in terms of differences between them, that such plurality does not impede NHS England in the discharge of its duties under the regulations, and that it does not generate additional costs.

NHS England is a single organisation. There is an important balance to be struck between local variation and national consistency; dialogue, using the conduit of existing networks, is the essential means to achieve this balance.

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### Rationale for position statement

#### Description and background

Responsible officers are required by the responsible officer regulations to ensure the provision of a suitable appraisal process. In many designated bodies a single appraisal vehicle is stipulated for use by all doctors with a prescribed connection to that body. In April 2013 NHS England inherited an environment from PCTs wherein appraisals were conducted on a variety of formats, ranging from on-line vehicles provided by RCGP or other providers, through the RST MAG form, to paper-based appraisals using the now obsolete Department of Health appraisal forms. In several areas one of the available vehicles became the locally predominant model, and in some cases this included the PCT funding the provision of the vehicle for their doctors.

The creation of NHS England as a single organisation and designated body under the regulations, combined with the on-going implementation of revalidation and the publication of a single NHS England Medical Appraisal Policy, has prompted a review of this situation.

NHS England Information Management Technology (IMT) working group is developing a Revalidation Management System (RMS). This is a database to support NHS England responsible officers in managing the revalidation cycle of the doctors connected to NHS England, and to which the information gathered at appraisal can be added. NHS England responsible officers need to receive appraisal information from the doctor in a format which they can pragmatically use to populate the RMS in as efficient a way as possible. Ultimately this should be by automatic electronic transfer from the appraisal vehicle of the appraisal outputs (the appraisal summary, the doctor’s new PDP and the appraiser’s statements). The full appraisal submission also needs to be available to the responsible officer, should the need arise.

Providers have invested heavily in developing appraisal vehicles and this has added value to the appraisal process in the early stages of revalidation. NHS England is aware that the development of the RMS has caused a degree of uncertainty amongst providers. The RMS is not an appraisal vehicle. However, with the roll out of the RMS, attention will turn to the matter of defining which appraisal vehicle(s) are suitable for use by doctors with a prescribed connection to NHS England, how and whether these are procured and how the transition to their implementation is achieved. Critical among the factors determining suitability of such appraisal vehicles will be the efficiency of the interface between a system and the NHS England RMS.

Funding for engagement in appraisal is provided to primary care as a component of the general practice global sum. Previously some Primary Care Trusts also decided to fund appraisal vehicles to promote engagement with appraisal. NHS England is sensitive to concern about disruption if there is a sudden shift away from the use of an appraisal provider, and if funding which has previously been provided is removed. Nevertheless, with the implementation of revalidation now firmly under way, participation in appraisal is now improving and such funding can no longer be justified. NHS England also notes that in some areas this transition has already been achieved. The cost to an individual doctor of commissioning an appraisal vehicle from one of the commonly available providers is not excessive. In addition there is a no-cost option for doctors to use, in the form of the *NHS Revalidation Support Team Medical Appraisal Guide Model Appraisal Form*, known as the ‘*MAG form’*. This is specifically recognised as the generically acceptable vehicle for appraisal in the *NHS England Medical Appraisal Policy*, and is free to download from the NHS England revalidation webpage. The *MAG form* was also originally developed to act as a template on which providers of appraisal vehicles could model their product.

With the publication of the MAG, the appraisal forms available on the Department of Health website became obsolete. No recognised non-electronic format for medical appraisal, compatible with the MAG, currently exists. It is not possible to integrate paper-based appraisal outputs with RMS. In keeping with the general trend towards the use of computer technology in healthcare, it is increasingly less tenable for appraisals to be conducted on paper.

NHS England perceives a risk to NHS England of endorsing any external provider, both in terms of jeopardising potential future procurement processes and of potential exposure to liability should a provider or their products subsequently be found to be deficient.

#### Current approach and associated risks

The *NHS England Medical Appraisal Policy* (October 2013) states the following in respect of appraisal vehicles for doctors whose prescribed connection is to NHS England:

Format of appraisal

There is a variety of appraisal formats in place across NHS England, based on previously established arrangements. NHS England will accept appraisals undertaken in any format, which have previously been agreed and properly procured, and where these are also agreed by the relevant NHS England responsible officer. Where no such arrangement has been made, medical appraisals for doctors with a prescribed connection to NHS England should be undertaken using the RST Medical Appraisal Guide Model Appraisal Form (MAG form). There is a link to this form in Annex J.

Where individual doctors have chosen their own vehicle, whether from a commercial provider or a college or other professional body, they must ensure that the information from this is presented in a format compatible with the required GMC Domains and Medical Appraisal Guide outputs, and which is agreed by their responsible officer. NHS England responsible officers may continue to accept medical appraisals carried out in a variety of formats provided they are satisfied that these are demonstrably in keeping with the RST Medical Appraisal Guide. In addition, doctors choosing to use a personally sourced vehicle (including from commercial providers, colleges and other professional bodies) do so at their own risk in terms of the security of their information.

NHS England will revise these arrangements as appropriate, pending the outcome of work on appraisal and revalidation information systems.

This policy currently allows a degree of local flexibility which means that the situation described paragraph 1 above persists. Thus in some areas the *MAG form* predominates, in some one of the main external providers predominate, and in some where one of these predominate, the vehicle continues to be funded by NHS England via the area team. In some of the latter, this funding is through contracts taken out with a PCT which has time still to run. We understand in at least one area a contract with a provider has been extended for 2014-15, and at least one other area is seeking to do the same.

Risks of continuing the current approach include:

* Inequity of approach across areas in NHS England where a vehicle is funded in one area but not another
* Risk of criticism of NHS England should one external provider be alleged to have benefitted from unfairly preferential treatment over another
* Risk of criticism of NHS England should a provider which has been procured or endorsed to a greater or lesser degree by an area or region be found to be deficient in functionality, security, reliability or other manner
* Risk of reputation loss for NHS England if there is perceived to be excessive local variation of approach due to inadequate cohesion within the organisation as a whole.

As the RMS becomes established, the NHS England IMT working group is starting to consider what mechanisms it might seek to establish to improve the interface between medical appraisal vehicles and revalidation management systems. This is likely to involve working with stakeholders and other organisations to agree a suitable specification. Setting out the needs as these are currently understood, the prime functional requirements from an appraisal vehicle are that it should:

1. Provide the appraisal outputs as described above;
2. Present the full appraisal record for secure storage by the responsible officer in keeping with their regulatory responsibilities;
3. Be sufficiently consistent in its layout with other appraisal vehicles that appraisers engaged by NHS England can use it in a straightforward manner.

A further preference by NHS England is that any appraisal vehicle designed for use by doctors connected to NHS England does not over-embellish the appraisal process as defined in the *Medical Appraisal Guide*, for example by the inclusion of unnecessary activities such as mapping of attributes and self-assessment of portfolio. NHS England’s preference in this respect is for providers to replicate the format of the *MAG form* as closely as possible, and in particular for the outputs and the full appraisal record to be presented in an identical format to the locked-down *MAG form*.

NHS England regards the inclusion of a facility to support patient and colleague feedback as a positive aspect of the service offered by an appraisal vehicle provider, and also the inclusion of a mechanism of seeking feedback from the doctor being appraised. The latter is especially so if based on the feedback format in the annex to the NHS Revalidation Support Team guidance *Quality Assurance of Medical Appraisers*.

Any appraisal vehicle needs to comply fully with all relevant information governance and data protection rules and regulations.

### References

*NHS England Medical Appraisal Policy* (NHS England, Oct 2013): <http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/04/med-app-policy-1013.pdf>

*NHS England Medical Appraisal Policy Annex H: Information Governance* (NHS England, 2013): <http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/map-annex-h.pdf>

*Confidentiality NHS Code of Practice* (Department of Health, 2003) <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253>.

*Information management for medical revalidation in England* (NHS Revalidation Support Team, 2014) <http://www.england.nhs.uk/revalidation/ro/info-docs/>

*Medical Appraisal Guide* (NHS Revalidation Support Team, 2013) <http://www.england.nhs.uk/revalidation/ro/info-docs/>

*Medical Appraisal Guide Model Appraisal Form* (NHS Revalidation Support Team, 2012) <http://www.england.nhs.uk/revalidation/ro/info-docs/>

*The Medical Profession (Responsible Officers) (Amendment) Regulations 2013* <http://www.legislation.gov.uk/uksi/2013/391/made>.

*The Medical Profession (Responsible Officer) Regulations 2010 (*Her Majesty’s Stationery Office, 2010) [www.legislation.gov.uk/id/ukdsi/2010/9780111500286](http://www.legislation.gov.uk/id/ukdsi/2010/9780111500286).

*Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2014) <http://www.england.nhs.uk/revalidation/ro/info-docs/>

*Good medical practice framework for appraisal and revalidation* (GMC, March 2013) <http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf>

*Supporting information for appraisal and revalidation* (GMC, March 2012) <http://www.gmc-uk.org/static/documents/content/RT_-_Supporting_information_for_appraisal_and_revalidation_-_DC5485.pdf>

*Medical Practice Information Transfer Form* (NHS Revalidation Support Team, 2013) <http://www.england.nhs.uk/revalidation/ro/info-docs/mpit-form/>

The National Health Service (Performers Lists) (England) Regulations 2013 <http://www.legislation.gov.uk/uksi/2013/335/contents/made>

*NHS England Medical Appraisal Position Statement: Supporting information for medical appraisal: the role of the designated body.* (NHS England, 2014) Available from england.revalidation-pmo@nhs.net

*The RCGP Guide to the Revalidation of General Practitioners. Version 9* (RCGP, September 2014) <http://www.rcgp.org.uk/revalidation-and-cpd/new-revalidation-guidance-for-gps.aspx>

*Specialty Guidance for Appraisal and Revalidation.* (Academy of Medical Royal Colleges, July 2014) <http://www.aomrc.org.uk/revalidation/specialty-advice.html>

### NHS England medical appraisal position statements

NHS England medical appraisal position statements are a means by which issues pertinent to consistency and quality are captured, discussed and developed, so as to develop an agreed approach across all relevant parties. Issues are passed to the All England Appraisal Network (National) group in the first instance. The network develops an initial position statement based on preliminary discussion. This statement is shared for wider discussion as appropriate, then re-drafted and re-circulated. Depending on the nature of the issue, formal approval may be obtained from various bodies or relevant individuals. The degree to which a position statement has been shared and/or approved is detailed in the governance table at the end of the document.

A position statement should be seen as a fluid document to facilitate discussion and debate. It aims to capture current thinking on an issue and describe the best agreed approach available at the time. Incremental levels of sign off and approval occur after appropriate consensus-building efforts have occurred. A position statement may therefore eventually be consolidated as policy, but while it remains a position statement it remains a vehicle for debate and discussion.

### NHS England medical appraisal position statement relevance

NHS England has a dual function in relation to revalidation and appraisal: firstly as a designated body in its own right, and secondly as Senior Responsible Owner for the revalidation programme in England as a whole. A NHS England medical appraisal position statement may therefore be relevant to NHS England only or to all designated bodies in England. The relevance of an individual position statement is indicated in the title of the statement. Position statements which are NHS England-only may still be of interest to other designated bodies.

**Governance table**

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