

# NHS England All England Appraisal Network

# Medical Appraisal Position Statement

## Reference: MAPS S3

## The sharing of information to support medical appraisal.

### Relevance:

This statement is relevant to all designated bodies in England, including NHS England in its role as a designated body.

### Position statement:

1. Responsible officers have a need to ensure that the clinical governance framework has a focus of making relevant supporting information available to the doctor to support the appraisal and revalidation processes in all places where a doctor works.
2. For a doctor who works for more than one organisation, the [*Medical Practice Information Transfer*](http://www.england.nhs.uk/revalidation/ro/info-docs/mpit-form/) form (MPIT) should be used to ensure that relevant information about professional practice is both shared with the responsible officer and considered within the doctor’s medical appraisal.

### Rationale for position statement

#### Description and background

The purposes of medical appraisal are described in the NHS Revalidation Support Team (RST) *Medical Appraisal Guide* as being:

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document Good Medical Practice and thus to inform the responsible officer’s revalidation recommendation to the GMC.
2. To enable doctors to enhance the quality of their professional work by planning their professional development.
3. To enable doctors to consider their own needs in planning their professional development, and may also be used if they have the opportunity to consider all relevant supporting information from across all of their organisations in which they provide a professional role.

and may also be used

1. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

The achievement of these purposes is dependent on appropriate supporting information, about the doctor’s practice, and from all of the locations where the doctor is working. Specific information will need to be available to the responsible officer to enable them to monitor a doctor’s fitness to practise, take appropriate action in response to any concerns and to make revalidation recommendations taking all relevant information into account. Whilst this may be relatively straightforward in the main organisation where a doctor works, this information also needs to be made available by all the organisations in which the doctor works. Such information is described in the GMC guidance *Supporting information for appraisal and revalidation.* As well as more routine governance information it will also include:

* any fitness to practise concerns including relevant complaints, significant events and outlying performance or clinical outcomes
* all measures taken to address concerns, including investigations, formal action plans or remediation processes
* any local disciplinary procedures
* any conditions, restrictions or undertakings relating to the doctor’s practice.

There is therefore a need for the responsible officer to have a mechanism for obtaining information about other places where a doctor is or has been working since their last appraisal. To assist this, the RST developed a standardised form to support information transfer, called the *Medical Practice Information Transfer* (MPIT) form. This is an interactive pdf form to which text and attachments can be added. It allows information to be shared in three scenarios: between responsible officers when a doctor changes their prescribed connection, to a doctor’s responsible officer when new information of note arises, and from a doctor’s responsible officer to those with clinical governance responsibility in other places where the doctor works. Information about the doctor’s practice from performance review processes, including in-house appraisal, would constitute information of note under the second of these scenarios. The MPIT form allows such information to be shared in a standardised format, consistent with data protection and information governance rules.

#### Current approach and associated risks

For some doctors and across some organisations there continues to be variable understanding about the importance of a doctor’s scope of practice, with a persisting assumption in some cases that the appraisal should only focus on their core function within the designated body.

As a result, there is a variable effectiveness of sharing of information across organisations and by responsible officers.

Also not all responsible officers are currently utilising the MPIT form and this may also lead to an inconsistency of the comprehensiveness and quality of information shared.

Therefore whilst some doctors may have the relevant supporting information linked to their scope of practice to enable the purposes of medical appraisal to be achieved, this is not a consistent approach.

It is essential that a doctor’s whole scope of work and as appropriate the relevant accreditation is considered. The utilisation of the MPIT form is essential to facilitate this with a link to the organisation’s clinical governance framework.

The variable undertaking of this currently potentially raises clinical governance issues with regard to the competence of the doctor to provide certain services, as well as described above, limiting the doctor’s ability to reflect and develop these skills as appropriate through their medical appraisal.

Adoption of the position statement above will address these risks and help ensure that the supporting information available to doctors to present at appraisal meets the needs of the GMC and by being drawn from all places where a doctor is working.

### 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.* (Reference MAPS S11) (NHS England 2014) Available from [england.revalidation-pmo@nhs.net](mailto:england.revalidation-pmo@nhs.net)

*GMC protocol for making revalidation recommendations: Guidance for responsible officers and suitable persons* version 3 (GMC, March 2014) <http://www.gmc-uk.org/doctors/revalidation/13631.asp>

### 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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