

Medical and Allied Branch



Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

**HSS(MD)14-2005**

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Your Ref:  
Our Ref:  
Date: 18 April 2005

Dear Colleague

**RE: UPDATE ON APPRAISAL AND REVALIDATION**

### **1.0 Introduction**

The purpose of this letter is to update you on a number of developments in relation to appraisal and the future of revalidation. Included in this letter is information on:-

- a. Review of medical revalidation, including information on a "Call for Ideas";
- b. Implementation and evaluation of HPSS appraisal systems; and
- c. Appraisal for HPSS doctors with a private practice and the new Minimum Standards for Independent Healthcare.

### **2.0 Review of Medical Revalidation**

All registered doctors in the United Kingdom have received a letter [4 March 2005] from Sir Graeme Catto, President of the GMC, outlining the current position regarding licensing and revalidation. This letter emphasised that revalidation is one element of a wider quality framework to promote both safety and quality. Although the date for revalidation has been postponed, the GMC envisages that any future revalidation proposals will include a requirement for doctors to present some or all of the evidence from their folders to the GMC. Whilst changes to the evidence - set may occur, the principle of systematic

collection of evidence by individual doctors is likely to remain. The role, structure, and functions of the General Medical Council, including an effective system for revalidation, will be influenced by a review, which is currently being undertaken by Sir Liam Donaldson, the Chief Medical Officer for England.

The Review will look at the further measures that are necessary to:

- Strengthen procedures for assuring the safety of patients in situations where a doctor's performance or conduct pose a risk to patient safety or the effective functioning of services;
- Ensure the operation of an effective system of revalidation; and
- Modify the role, structure and functions of the General Medical Council.

A "Call for Ideas" has been issued to seek views on a range of issues that the Review will cover. Specifically a number of questions are posed in relation to:

- a. Appraisal and assessment;
- b. Revalidation;
- c. Fitness to Practise; and
- d. Future design of medical regulation.

Further information on the questions is contained in Annex A. Responses should be returned to the relevant address by 13 May 2005.

### **3.0 Local participation in HPSS appraisal schemes**

Participation in local HPSS appraisal schemes needs to continue whilst this National Review is being undertaken. This has been emphasised in an e-mail from DCMO to Trust Medical Directors on 23 December (Annex B). Many local doctors working in HPSS organisations have gathered evidence on the categories contained in Good Medical Practice, through the annual appraisal processes. It is, however, disappointing to note that participation in appraisal in 2004/05, especially in GP appraisal, may not be as high as occurred in 2003/04. By way of this letter, the Department is providing advance notice to HPSS Trusts, Boards and doctors that it has commissioned an evaluation of all medical appraisal systems to determine how implementation is progressing and whether there is evidence that the outcomes of appraisal are being acted upon at local level. A questionnaire for completion will be sent to each HSS Board and Trust in the near future. Following this, there will be an external evaluation of the HPSS returns. Further details on what will be required by all HPSS organizations will be available within the next six weeks.

### **4.0 Appraisal in the Independent Healthcare Sector**

The Minimum Standards for Independent Healthcare, including hospital, clinics and hospices, have been laid in Regulations (The Independent Health Care Regulations (Northern Ireland) 2005). These came into effect on 1 April 2005. Within these minimum standards is a commitment to participation in annual appraisal and professional development. For practitioners who work in both the HPSS and an independent hospital/clinic, reference is made within the minimum standards (and associated criteria) to "whole practice appraisal" and the sharing of information between organisations. These standards will be used by the New HPSS Regulation and Improvement Authority for the

registration and inspection of establishments and agencies, including independent healthcare establishments and agencies. The standards will be available on the [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) in the near future.

For doctors working in the independent healthcare sector, the Independent Healthcare Forum (IHF) together with the British Medical Association have produced a suite of guidance and documentation to underpin appraisal for this group of doctors. The Department supports the principles of "whole practice appraisal" as outlined in these documents and the Minimum Standards for Independent Healthcare. It should be emphasised that doctors who work in both the private sector and the HPSS should use the HPSS consultant appraisal forms when completing whole practice appraisal.

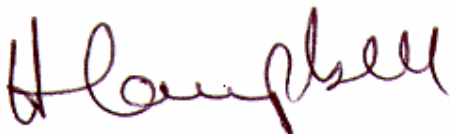
Further information on this, and other guidance for doctors solely employed in the private sector, is available both on the BMA and IHF websites – <http://www.bma.org.uk/ap.nsf/Content/HubTLprivatepracticedoctors>. This suite of guidance will be reviewed in 2005.

#### **4.0 Conclusion**

Doctors working in the HPSS should continue to participate in annual appraisal. In advance of the HPSS Regulation and Improvement Authority commencing its work on a phased basis from April 2005, the Department is commissioning an evaluation of all HPSS medical appraisal systems. The purpose of this evaluation will be to assess how implementation of appraisal is proceeding in the HPSS and to inform development of local appraisal systems in the future.

The Minimum Standards for Independent Healthcare have been laid in Regulations. These make participation in annual appraisal a requirement for doctors working in the private sector. The Department supports the concept of "whole practice appraisal" for doctors working in the HPSS and the private sector. This letter highlights where further guidance, agreed by the British Medical Association and the Independent Healthcare Forum can be accessed.

Yours sincerely



**DR HENRIETTA CAMPBELL**  
**Chief Medical Officer**

cc: Sir Graeme Catto – President GMC  
Professor Sir Liam Donaldson – CMO England  
Chairman - British Medical Association (NI)  
Sally Taber - Independent Healthcare Forum  
Christine McGowan – Beeches Management Centre

This letter is available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.



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## CMO Review of Medical Revalidation: A call for ideas

**Published:** 3 March, 2005

The Chief Medical Officer has been asked by ministers to carry out a review of the issues arising from the Shipman Inquiry's fifth report, which explores how the NHS systems of the time failed to prevent a doctor from murdering so many patients. This "Call for Ideas" aims to gather views on what the review should cover. The deadline for responses is 13 May, 2005.

The Chief Medical Officer writes:

Dame Janet Smith published her fifth report, "Safeguarding Patients: Lessons from the past - Proposals for the Future", in December 2004. The report concentrates on general practitioners and primary care and explores how the systems operating in the NHS at the time failed to prevent Shipman murdering up to 250 people. Dame Janet made 109 recommendations which cover:

- The constitution of the General Medical Council and its disciplinary procedures;
- Handling complaints and concerns, whistleblowing;
- Clinical governance, revalidation and appraisal;
- Monitoring of general practitioners and the role of primary care trusts (PCTs).

In her report, Dame Janet expressed concerns about whether the General Medical Council's revised "fitness to practise" and revalidation procedures went far enough to secure effective patient protection or safety. She particularly set this concern in the context of the council's culture, which she saw as showing some change of attitude and culture, although the change was by no means complete.

In December 2004, Lord Warner announced that the launch of the General Medical Council's revalidation scheme, which was due to start in April 2005, would be postponed. He said that it would be unfair to doctors and confusing for patients to start the new revalidation scheme until the question marks raised on the evidence doctors would be required to submit had been answered.

Ministers have now asked me, as the Chief Medical Officer for England, to conduct a review of the issues arising from the Shipman Inquiry's fifth report. An advisory group has been established. A list of the advisory group members appears below.

I have been asked to provide a report to ministers setting out my advice on further measures that are necessary to:

- Strengthen procedures for assuring the safety of patients in situations where a doctor's performance or conduct pose a risk to patient safety or the effective functioning of services;
- Ensure the operation of an effective system of revalidation;
- Modify the role, structure and functions of the General Medical Council.

I will seek where appropriate to build on the work that has already been undertaken in these fields, including the recent reforms to the GMC that resulted from much hard work and consultation, and to draw on the findings and recommendations of the Shipman Inquiry and the other relevant inquiries into instances of poor clinical performance.

This Call for Ideas is to seek views on the issues that my review will cover to help inform me and the advisory group in considering options for change. I will welcome ideas by email or in a hard copy form on the issues I have raised below or others that respondents may wish to raise by **13 May 2005**.

Submissions by email to: James.Vallance@dh.gsi.gov.uk

Submissions by post to:

The Chief Medical Officer  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

## Maintaining high standards of professional practice

A key component of being a professional is the responsibility for ensuring that the care the NHS provides is of an appropriately high standard and that the interests of the patient and the wider public are put before the practitioner's own interest. The public and patients need to have confidence that this remains a realistic expectation of the healthcare professions. Key issues for consideration are listed here, under subject headings:

### Appraisal and Assessment

I. Should doctors' performance be assessed in addition to, or as part of, the annual NHS appraisal? What purpose should appraisal of clinical practitioners have: should it be primarily for governance, with a mainly summative structure and handling, or should it be – as at present – primarily for developmental purposes, with a mainly formative structure and handling? Can it do both at the same time? How might small practices and departments be supported in this area? What form should assessment take?

II. What practical measures would assist with establishing that a doctor continues to be able to provide competent and safe services? Should 360° reporting be introduced by the NHS as part of appraisal? Should there be a confidential reporting system? Should doctors record their experience, learning or educational events in a log-book? Who should be involved in the assessment process?

III. How can patients and the public contribute to the maintenance of standards and competence? Should their views about their medical treatment be sought routinely? Or on a sample basis?

IV. How should lessons learnt from patient complaints be fed into the appraisal system? How can staff be encouraged to identify and report poor performance or unacceptable conduct?

### Revalidation

V. What should be the core purpose(s) of revalidation? Are the GMC correct when they say that the purposes are to contribute to raising standards by requiring doctors to demonstrate that they have reflected on their practice; and to protect patients by securing confirmation that doctors are up to date and fit to practise, by providing a backstop where local systems do not exist, or exist but are inadequate; and through robust quality assurance mechanisms?

An answer to this will be needed because it will influence data requirements, how 'success' and 'failure' are handled and how the process is presented to the public and to the profession. Should the emphasis be on securing public trust, on promoting Continuing Professional Development and the raising of standards, on detecting impairment, or on a combination of these aims?

VI. In the light of this, what should the broad structure of revalidation be? Should it be a screening ('assessment level 1') process aimed at identifying practitioners at risk of having a fitness to practise problem; aimed at actually identifying dysfunctional practitioners (case finding, or 'assessment level 2'); or, as the legislation currently provides, aimed at evaluating fitness to practise (diagnostic or 'assessment level 3')?

VII. What attributes (knowledge and skills), behaviours and attitudes should doctors have to

demonstrate to maintain their registration? Are there any other relevant attributes which should be assessed?

VIII. How should the required standards be set? Should there be objective criteria? How should these be identified and measured?

IX. Should there be a core evidence set for revalidation? How should it be defined?

X. How should 'failure to revalidate' be handled, in the light of topics I and II above? How can we avoid 'double jeopardy', with repeated assessments?

### **Fitness to Practise**

XI. When a doctor's fitness to practise has been called into question what arrangements should there be to protect the public? How should the GMC monitor the compliance of conditions it has imposed on a doctor? Are there any extra safeguards for a doctor being retrained above those required for a doctor in training?

XII. What arrangements are needed for doctors whose fitness to practise fails to meet the necessary standard? Is retraining a realistic option for all doctors? Who should pay for this? What arrangements should be for doctors to move to other duties and to provide exit strategies?

XIII. What else is needed to provide patients and the public with the assurance they need to maintain confidence in the competence and safety of medical practice?

XIV. How should information on practitioners' fitness to practise be held and made available, including information from appraisal, revalidation and fitness to practise (including local disciplinary procedures)? Should this be a single national database or a collation of local NHS and other databases (eg the GMC register)?

XV. Should the GMC continue to be a complaints-handling body which receives complaints directly from any source, or should it be a body to which complaints are normally only referred by healthcare organisations and other public bodies where they have passed a threshold indicating that the doctor may be unfit to practise?

XVI. Will the complaints portal recommended by Dame Janet, together with appropriate public information about the differing aims of complaints procedures and fitness to practise procedures, resolve current public uncertainty about how and where to make a complaint; or is better role-definition for the various organisations involved, expressed where necessary in legislation, essential?

### **Future design of medical regulation**

The medical profession is overseen by a range of bodies: the General Medical Council, the medical Royal Colleges, the Postgraduate Medical Education and Training Board (PMETB), NHS and other employers. The GMC is responsible for overseeing undergraduate medical education and for co-ordinating all stages of medical education; medical schools are responsible for delivering undergraduate medical education and the PMETB and postgraduate deans for the oversight of subsequent training. Taking into account your response to the above questions:

XVII. What should the regulation of the medical profession look like?

XVIII. What should be the role and structure of the General Medical Council in the future? What should the primary purpose of the council, currently composed of 35 members, be: governance and policy development, ie more like a publicly accountable board, or delivery, ie directly involved in exercising the GMC's powers and functions? In either of these settings, what should its size be and how should members be appointed? If its function is governance and policy development, who should carry out the work of the council on delivery? If its function is delivery, how should these powers be delivered? In fitness to practise, the following key components are currently delivered by the GMC: setting standards of conduct, policy and procedural rules, investigation of complaints, case presentation, adjudication. How should these elements be organised in the future?

XIX. Do we have the right balance between regulation and freedom to practise (including innovation)?

XX. What alternative models are there in other fields of endeavour in the UK or elsewhere? How could these be adapted for the medical profession in the UK?

XXI. Should the regulation system be made more accountable and intelligible to the public? What should be the relationship between the GMC and Council for Healthcare Regulatory Excellence (CHRE)? How should the effectiveness of that relationship be evaluated? Should the GMC be made directly accountable to Parliament, as Dame Janet has recommended?

### **Members of the Advisory Group**

Dr Sheila Adam, Director of Public Health of the North East London Strategic Health Authority;

Ms Janice Barber, Managing Partner at Hempsons Solicitors

Professor Carol Black, President of the Royal College of Physicians

Professor Sir Graeme Catto, President of the General Medical Council

Mr Harry Cayton, Director for the Patients and Public, Department of Health

Professor Angela Coulter, Chief Executive of the Picker Institute

Malcolm Dean, Journalist at the Guardian Newspaper

Niall Dickson, Director of the King's Fund

Mr James Johnson, Chairman of the British Medical Association

Professor Sir Ian Kennedy, Chairman of the Healthcare Commission

Professor Sir Bruce Keogh, President of the Society of Cardiothoracic Surgeons of Great Britain & Ireland

Dr Mayur Lakhani, Chairman of Council at the Royal College of General Practitioners

Dr Jock Lowe, (retired), Former Chief Pilot at British Airways

Clara Mackay, Director of Policy and Research at Breast Cancer Care

Ed Mayo, Chief Executive of the National Consumer Council

Mr Michael Morgan, Director of the Change Partnership; former HR Director of Northern Food

Jenny Simpson, Chief Executive of the British Association of Medical Managers

Mrs Karen Straughair, Chief Executive Sunderland Teaching PCT

Ms Jane Wesson, Chairman Council for Healthcare Regulatory Excellence

Dear colleagues,

As you are probably aware by now, Dame Janet Smith's 5th Shipman Report has raised a number of questions in regard to Appraisal & Revalidation of doctors. This has resulted in an early response from government by way of an announcement made last Friday (17th Dec) by Health Ministers of a review led by CMO (England) covering, among other things, the GMC's plans for revalidation of doctors. As a consequence of the review, the launch date for revalidation (which was planned for April 2005) has been postponed. The precise scope of the review (or how long it will take) is not yet known. I attach, for information, the press releases issued by DH and further communication from the GMC.

It is important that appraisal arrangements for all doctors should continue as planned for 2004/05 and into 2005/06, not least because it is still a contractual requirement. We will be formally communicating this to all doctors in the New Year, or as soon as the details of the review become known. Recognising the likely outcome of the review, in regard to the linkages between appraisal and the future requirements of revalidation, we should use the extra time to firm up the HPSS processes around appraisal. Although Dame Janet principally was directing her remarks towards GP arrangements for appraisal, it is easy to see that she has wider concerns about the robustness of the process, the verifiable information and the linkages to organisational governance that support revalidation.

Notwithstanding the outcome of the review, we should be doing everything that we can to strengthen arrangements in preparation for revalidation, in whatever form it may eventually take.

Yours sincerely,  
Ian Carson, DCMO