Healthcare Improvement Scotland

From readiness to revalidation: a report on medical revalidation progress in 2012–2013

NHSScotland local reports

October 2013

Scrutiny

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality and diversity. This publication reports on the state of readiness to support medical revalidation in Scotland and has been checked against the Equality Impact Assessment criteria.

First published October 2013

www.healthcareimprovementscotland.org

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1 Introduction

In Scotland, providing safe, effective and person-centred care is central to the *Scottish Government's Quality Strategy*[1]. Revalidation supports these aims and also complements the work of the Scottish Patient Safety Programme. In Scotland, there are more than 15,000 practising doctors, 95% of whom are employed by the NHS in secondary care (hospitals) or primary care (general practice).

The aim of revalidation is to give patients confidence that their doctors are performing well, and are aware of the latest developments in the area of medicine in which they practise. It will also help doctors to reflect on how they can improve their practice and the way they interact with their patients and colleagues. From December 2012, all doctors, including medical trainees, need to prove that they are up to date (complying with relevant professional standards) and fit to practise.

On behalf of the Scottish Government, Healthcare Improvement Scotland is responsible for the external quality assurance of the arrangements in place for the revalidation process. This report provides an update on the progress designated bodies (organisations that employ or contract with doctors) have made since last year and highlights areas where further work or support is required.

In Scotland, the initial phase of medical revalidation will take place between December 2012 and the end of March 2016 and doctors have been selected for revalidation by a strict randomisation process based on their General Medical Council (GMC) number. On this basis the GMC expects to revalidate:

- Responsible Officers (ROs) and other medical leaders by September 2013
- 20% of eligible doctors between April 2013 and the end of March 2014
- 60% of eligible doctors by the end of March 2015, and
- 100% by end of March 2016.

As at 1 September 2013, the GMC reported that in Scotland 1,299 doctors had been revalidated. About 190[2] had had their revalidation date rescheduled, known as 'deferral'. There were no reported cases of doctors failing to engage in the revalidation process. Any doctors, who are unable to complete this initial phase in the timescales outlined above, must make arrangements to renew their licence by the end of March 2018, if they wish to continue to practise in the UK.

This compendium of reports should be read in conjunction with *'From readiness to revalidation: a report on medical revalidation progress in 2012–2013'*.

1 Scottish Government. The healthcare quality strategy for NHSScotland. 2010 [cited 2013 Sept 19]; Available from: http://www.scotland gov.uk/Resource/0039/00398674.pdf

2 The GMC reported that doctors in training represent 67% of deferral decisions. This was due to the fact that their first revalidation date was scheduled to coincide with their planned certificate of completion of training date. Since revalidation started this has been addressed.

2 Findings

The analysis of the self-assessment focused on the following four key areas that support the revalidation process.

Organisational details:

- responsibilities associated with their designated body status
- revalidation action plan
- trained appraiser plan, and
- audit of missed or incomplete appraisals.

Responsible Officer arrangements:

- RO and specific training undertaken or planned
- deputy RO to support RO role to provide business continuity
- RO engagement with the RO Network, GMC liaison adviser, Medical Royal Colleges, and
- provision of resource to enable the RO to discharge their responsibilities.

The appraisal system:

- medical appraisal policy
- system for allocating appraisers to appraisees
- appraiser training
- management and number of appraisals undertaken across both primary and secondary care throughout each NHS board area for appraisal years 2010–2011, 2011–2012, 2012–2013, and
- support provided to appraisers including feedback on performance.

Governance and business continuity:

- clinical governance that supports revalidation and informs the appraisal process
- arrangements in place for obtaining information on all new doctors from their previous employing/contracting organisation
- a process for remediation, rehabilitation and targeted support, and
- systems and processes to support doctors continued professional development.

This section presents the findings of the evaluation panels against these four areas and includes actions points for the NHS boards and organisations to consider.

2.1 NHS Ayrshire & Arran

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
418 (58%)	**759**	**614 (81%)**	**147**	**8**	**139**	**139 (100%)**	**136 (98%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Ayrshire & Arran reported that it provides RO support to the Ayrshire Hospice. Doctors employed by the Ayrshire Hospice go through NHS Ayrshire & Arran's appraisal process and adhere to the NHS board's policies. The NHS board has made significant progress since 2011–2012 in terms of the percentage of doctors completing appraisal. The focus should now be on increasing the annual appraisal percentage. This is particularly important given that the number of doctors due for revalidation increases year on year. NHS Ayrshire & Arran submitted an action plan for revalidation which would benefit from being more strategic, so plans can be agreed for future years.
Section 2: **Responsible officer arrangements**	**On target** NHS Ayrshire & Arran has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity. The RO for the NHS board reported that the current resources are sufficient to carry out their responsibilities, but as the numbers increase, additional support will be required.
Section 3: **Appraisal system**	**On target** NHS Ayrshire & Arran has a standard operating procedure which details the NHS board's approach to appraisals. This includes the process for allocating appraisers to appraisees and the manner in which multi-source feedback is handled. For patient feedback, the CARE measure questionnaire is used. The NHS board does accept other tools that meet GMC or individual Royal College criteria. NHS Ayrshire & Arran has an appraisal policy in place, but does not have a trained appraisers plan. The NHS board is confident that it has sufficient numbers of appraisers for the current year. They are actively planning for future years by asking clinical directors to identify additional individuals, particularly in directorates with few appraisers.

	An audit of missed and incomplete appraisals has been carried out and the NHS board is contacting doctors individually to reschedule interview dates. All 'Form 4s' are reviewed by the appraisal lead before revalidation to ensure that there are no issues and that the core evidence required by the GMC is covered. NHS Ayrshire & Arran highlighted that the lack of protected resource for appraisal and quality assurance of appraisal processes is a potential barrier to progress in secondary care. The review panel commended the NHS board for providing individual and group feedback to appraisers.
Section 4: **Governance relevant to revalidation**	**On target** NHS Ayrshire & Arran has a capacity policy for all staff groups. This includes elements of remediation, rehabilitation and targeted support, but is not specific to doctors. Doctors are asked to provide information on all of the work that they do for different organisations. This is an area which is still in development. A few appraisees have a joint appraisal to ensure that all aspects of their work are covered. Most have one appraisal that covers all of their work. At the time of the review, the RO reported plans to provide an annual report to the Board based on this year's external quality assurance exercise for medical revalidation. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Ayrshire & Arran reported that it has well-developed systems and processes, and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Deputy RO to attend RO training and to engage with the RO Network to support them in their role and to promote business continuity.	•	
Finalise and implement the new standard operating procedure for appraisal of secondary care medical staff.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.
- Continue to monitor and increase annual appraisal rates and aim for at least 95% of completed appraisals.
- Ensure deputy RO attends RO training and Network events.

2.2 NHS Borders

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
63 (41%)	**290**	**272 (94%)**	**46**	**1**	**45**	**45 (100%)**	**45 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** The panel commended the progress made by NHS Borders which has resulted in 100% of the doctors due for revalidation in 2013–2014 having completed an appraisal, carried out by a NHS Education for Scotland (NES) trained appraiser. There is a system in place for accurately recording the number of primary and secondary care doctors who work between NHS Lothian and NHS Borders and require an appraisal. NHS Borders has an improvement plan, which provides timescales for completing a number of key actions relating to medical revalidation. This improvement plan indicates that NHS Borders is on track to complete revalidation targets, including the development of a process for managing patient questionnaires.
Section 2: **Responsible officer arrangements**	**On target** NHS Borders has a RO in place to provide clinical leadership for medical revalidation. The RO has attended training engages with the RO Network and the GMC. A deputy RO has also been appointed to support the RO and promote business continuity. NHS Borders has a robust appraisal system, with NES-trained appraisers spread across specialty areas.
Section 3: **Appraisal system**	**On target** NHS Borders reported sufficient numbers of NES-trained appraisers for 2013–2014. Doctors in primary care are appraised under a joint NHS Borders and NHS Lothian system, with a pool of appraisers shared between the two NHS boards. In secondary care, NHS Borders maintains its own pool of NES-trained appraisers. Appraisal leads advise which of NHS Borders or NHS Lothian appraisers each doctor should be appraised by. NHS Borders' appraisal lead ensures the quality of the appraisal system by monitoring the work of the appraisers, including the number of appraisals each individual administers annually. The NHS board will continue to identify suitable interested individuals to attend NES appraiser training courses to ensure sufficient capacity in forthcoming

	years. NHS Borders discusses areas of improvement and makes recommendations through a regularly convened Borders appraisal steering group. Communication between professionals is also well supported by the Board, with regular appraiser group meetings taking place for appraisers to share learning and best practice. NHS Borders submitted a policy for appraisal and medical revalidation, and completed an audit of all missed appraisals in primary care for the appraisal year 2012–2013. The clinical governance and quality department currently manages patient questionnaires. They collect patient feedback during the 3 months before a doctor's revalidation date, and they submit a report to the relevant appraiser with the completed questionnaires.
Section 4: **Governance relevant to revalidation**	**On target** In primary and secondary care, NHS Borders has systems in place to manage doctors identified as needing professional support and ensuring that multi-source feedback is discussed with each appraisee. In primary care, individual concerns raised through the appraisal system are shared with the local appraisal advisor. They are then submitted to either the clinical director, who has lead responsibility for doctors appraisal, or the associate medical director for primary care. Governance committees of NHS Borders are regularly updated on progress towards medical revalidation, including the Board, which received a written update from the medical director in May 2013 and will receive a further update in September 2013. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Borders reported that it has well-developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Appoint a deputy RO to support the RO role and promote business continuity.	•	
Amend the GP performers list to allow NHS Borders and NHS Lothian GPs to be counted accurately and separately. This is particularly important when reporting number of GPs appraised in each NHS board area.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	
Implement a clinical governance structure to support medical appraisal and revalidation.	•	

Action points from 2013 review

- Continue to maintain a well functioning appraisal system.

2.3 NHS Dumfries & Galloway

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
389 (73%)	**374**	**372 (99%)**	**48**	**1**	**47**	**47 (100%)**	**47 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Dumfries & Galloway reported that it did not provide RO support for any other organisation. We found that the consultant employed at Surehaven Glasgow Hospital regularly works as a locum in NHS Dumfries & Galloway and the RO in NHS Dumfries & Galloway informally agreed to provide appraisal support to Surehaven. An agreement for the provision of appraisal and external RO services to Surehaven should be put in place. NHS Dumfries & Galloway has assumed that doctors employed as locums are up to date with appraisal. The panel recommends that the NHS board establishes a plan to identify and appraise all doctors with a prescribed connection to the NHS board. NHS Dumfries & Galloway did not submit an action plan. The panel felt that whilst NHS Dumfries & Galloway is on target for revalidation with 99% of doctors appraised, the NHS board needs to implement some structure and planning. It was not evident from the submission from NHS Dumfries & Galloway if it had made significant progress in implementing a clinical governance structure to support medical appraisal and revalidation. This was an action point from last year's quality assurance exercise and was an area for concern for the panel.
Section 2: **Responsible officer arrangements**	**On target** NHS Dumfries & Galloway has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network. A deputy RO has also been appointed to support the RO and promote business continuity.
Section 3: **Appraisal system**	**On target** NHS Dumfries & Galloway has a medical appraisal policy in place. Although there is no trained appraiser plan, the NHS board has a waiting list of doctors who would like to become appraisers and arranges training when a vacancy arises. NHS Dumfries & Galloway uses the Scottish Online Appraisal Resource (SOAR) to implement and manage multi-source feedback. The NHS board reported the system works well and that locally it has encouraged the use of feedback questionnaires.

	No audit of missed or incomplete appraisals was reported as NHS Dumfries & Galloway have very small, each case is dealt with individually. NHS Dumfries & Galloway reported that it has 11 secondary care appraisers. The review panel felt that this was insufficient. NHS Dumfries & Galloway must monitor this to ensure it has sufficient numbers to appraise the additional number of doctors due for revalidation in 2014–2015. No barriers to progress were reported and the NHS board believes the system works well. They did highlight the benefit of having administrative support.
Section 4: **Governance relevant to revalidation**	**On target** NHS Dumfries & Galloway has a poorly performing doctor policy which supports the medical revalidation process and the NHS board reported that it seems to be working effectively. An annual report to the Board or governing body has not been produced and there was no indication that one will be produced. NHS Dumfries & Galloway reported that it has a system in place (Qlickview) which forms part of the appraisal process to share information. It also has a process to feed information on complaints into the appraisal systems but not complaints handled by practices as yet. The NHS board does not check Form 4 documents for new appointments, but reported this will be added to the appointment process. NHS Dumfries & Galloway still needs to develop a clinical governance system for revalidation and improve its systems for sharing information when doctors are employed by more than one organisation. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Dumfries & Galloway reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
RO training for deputy RO to support the RO role and promote business continuity.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	
Implement a clinical governance structure to support medical appraisal and revalidation.		•

Action points from 2013 review

- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.
- The NHS board should continue to maintain its appraisal system.

- Develop and implement a trained appraisers action plan.
- Implement a clinical governance structure to support medical appraisal and revalidation.
- Identify and appraise locums who have a prescribed connection to NHS Dumfries & Galloway.
- Ensure there are sufficient numbers of secondary care NES-trained appraisers.

2.4 NHS Fife

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
528 (83%)	**600**	**563 (94%)**	**117**	**4**	**113**	**107 (95%)**	**107 (95%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** The review panel agreed that NHS Fife's submission was comprehensive. The NHS board data showed that there are 117 doctors identified for revalidation in 2013–2014: 107 have been appraised and four were exempt. NHS Fife explained they are actively following up on the six doctors without a reported outcome. NHS Fife submitted an action plan for the year 2013.
Section 2: **Responsible officer arrangements**	**On target** NHS Fife has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity. The resources provided to support the RO are currently provided by the directorate manager which has become unsustainable as the workload is increasing. The RO has submitted a plan to the NHS board's senior management team to consider funding the recruitment of a co-ordinator aligned to medical appraisal and revalidation. The job description is currently being developed. NHS Fife acknowledges that it has taken time to reach national agreement on how to deal with some of the non-standard situations with the roles and responsibilities of the RO.
Section 3: **Appraisal system**	**On target** NHS Fife submitted its medical appraisal policy which shows there is a system in place to allocate appraisers to appraisees and allow for any objections. NHS Fife was unable to provide the panel with its plan to ensure there are sufficient numbers of NES-trained appraisers to provide appraisals for future years. It currently has 36 appraisers who have completed the NES training. NHS Fife regularly advertises for trained medical staff to undertake NES

	training as it continually has difficulty securing enough NES-trained appraisers to undertake 10 appraisals each year. This is largely due to lack of capacity within job plans. To rectify this, other NES-trained appraisers have volunteered to carry out more than 10 appraisals, but this is not sustainable. This matter is a standing item on the agenda of NHS Fife's medical appraisal and revalidation group where it is hoped a final decision will be reached. There are 11 secondary care appraisers who have not yet attended NES training. All 11 have been contacted and six have been scheduled for the next round of training. If the 11 doctors do attend that will provide NHS Fife with 46 NES-trained appraisers for approximately 336 members of trained medical staff. This will give the NES-trained appraisers a minimum of seven appraisals each to undertake. Within secondary care, the NHS board reported that feedback on the appraiser's performance in their role is not recorded. For the next round of appraisals, both appraisers and appraisees will be encouraged to complete the appropriate feedback forms on SOAR. NHS Fife has introduced into its local policy that multi-source feedback must be sought from both patients and colleagues. The NHS board uses FORMIC when dealing with patient questionnaires. To date, 79 primary care doctors and 46 secondary care doctors have had their questionnaires analysed. Although this system works, it is labour intensive. Following allocation of appraisees to appraiser, both the appraisee and the appraiser are sent regular communications (every 2–3 months) about the need to complete an annual appraisal. This continues until the appraisal has been completed. Completion is monitored on SOAR, where applicable. Three-monthly appraiser meetings take place in primary care to discuss current issues which are being experienced. A similar process is being developed for secondary care.
Section 4: **Governance relevant to revalidation**	**On target** Doctors in secondary care who require professional support are managed on a case by case basis by the appropriate medical director or clinical director who assesses and deals with any concerns. This is in conjunction with NHS Fife's human resources department, occupational health and safety advisory services and the Royal Colleges as required. NHS Fife also applies, as necessary, the relevant human resources policies on the management of capability. The panel acknowledged NHS Fife's plan for feeding information on complaints, compliments, concerns and clinical incidents into the appraisal system. As well as their support and commitment for continuing personal and professional development available for medical practitioners. NHS Fife did not provide an electronic copy its policy for remediation, rehabilitation and targets support. However, the NHS board explained that within primary care, it follows local protocol, Under Performance Procedures for GPs. A draft policy has been produced for secondary care and national guidance is also waiting to be finalised. During the self-assessment process, we asked organisations to reflect

	on their progress to meet medical revalidation requirements. NHS Fife reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Sign off and implement the revalidation and appraisal policy within primary and secondary care.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	
Implement a clinical governance structure to support medical appraisal and revalidation.	•	

Action points from 2013 review

- Continue to maintain a well functioning appraisal system.

2.5 NHS Forth Valley

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
414 (86%)	**537**	**517 (96%)**	**180**	**1**	**179**	**178 (99%)**	**178 (99%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Forth Valley provides RO support to Strathcarron Hospice in Denny. This arrangement should be formalised. The panel commended the progress made by the NHS board, particularly that all 43 staff, associate specialist and specialty doctors have completed appraisals. The NHS board submitted its local revalidation implementation action plan dated March 2013.
Section 2: **Responsible officer arrangements**	**On target** NHS Forth Valley has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. A deputy RO has been appointed who is due to attend RO training in October 2013 and will regularly attend GMC meetings. The NHS board is satisfied that the resource provided is sufficient for the RO to carry out their responsibilities. There is a clear sign-off process for both primary and secondary care doctors. The process recognises the links between enhanced appraisal, 'medical management' and RO sign-off. The associate medical directors have a central role and are responsible for maintaining the electronic 'doctors revalidation information file'. This file is used to store information from enhanced appraisal and a variety of other information sources relevant to revalidation. The associate medical directors receive a list of doctors scheduled for revalidation for the next 3 months. This prompts a review of information contained within the doctor's revalidation information file. In secondary care, the associate medical directors confirm the doctor's revalidation status with the RO directly before sign-off. In primary care, monthly direct or videoconferencing meetings are scheduled with the associate medical directors, primary care appraisal lead and the RO to confirm doctor's revalidation status before sign-off.
Section 3: **Appraisal system**	**On target** The review panel agreed that evidence presented confirmed the NHS

	board has a well-managed and well-organised system. NHS Forth Valley submitted its medical appraisal policy to show there is a system in place to allocate appraisers to appraisees and allow for any objections. NHS Forth Valley has nine NES-trained primary care appraisers who carry out two sessions each. This averages 32 appraisals each and the NHS board has no concerns about recruiting further appraisers if necessary. However the NHS board reported that the availability of the NES-approved training is sometimes limited. The NHS board reported it has sufficient NES-trained secondary care appraisers for the year 2013–2014 and has identified more. However, again availability of NES training is holding them back. Not all primary care appraisees are completing feedback on their appraisers. This may be because it is not a requirement. Within secondary care, the appraisal administrator will periodically send an email to all appraisees who have not returned Form 6A for their appraisal. The appraisal lead regularly reminds appraisers to encourage their appraisees to give feedback. All appraisees are asked after the interview to return a Form 6A, but relatively small numbers are completing these. NHS Forth Valley intends to send each appraiser a summary of responses from their appraisees, in time for them to reflect at their own appraisal. This process has not yet been implemented and should begin in the next few months. Secondary care doctors are all supplied with a 'patient feedback process – information pack' which provides guidance based on the GMC questionnaire. The doctors are also issued with 50 questionnaire packs comprising an information sheet, questionnaire and envelope. Questionnaires are given to 50 consecutive patients. Patients are encouraged wherever possible to complete their questionnaire in the waiting area or immediately after their appointment or consultation and return it in a sealed envelope to a deposit box in the clinic/clinical area. This process is repeated until 25 completed questionnaires have been returned. The appraisal lead and administrator maintain an ongoing audit of participation in appraisal of secondary care doctors. Appraisal administrative primary care staff regularly audit incomplete appraisals and follow these up to encourage completion of the process. The NHS board has developed a 'Local Quality Assurance of Enhanced Appraisal in Secondary Care' process which describes the steps to be taken to ensure that NHS Forth Valley is providing high quality appraisal which will form the basis for robust revalidation.
Section 4: **Governance relevant to revalidation**	**On target** The secondary care appraisal lead has written to all appraisees to inform them how to access their specialty guidance and links have been added to the revalidation intranet pages. Appraisees have been provided with an enhanced appraisal support pack which provides guidance on supporting information requirements. The NHS board is in the early stages of developing a 'consultant activity

	dashboard'. This will use existing monitoring and reporting tools to extract and present information at consultant level. This dashboard is also dependent on the capacity of NHS Forth Valley's information services staff to support this work. Where doctors are employed by more than one organisation, NHS Forth Valley will reach an agreement with the other organisation to share relevant information that may affect the doctor's ability to practise. Each doctor has a confidential revalidation file which is only accessible by the RO and the associate medical directors. A copy of NHS Forth Valley's policy for remediation, rehabilitation and targeted support was submitted as evidence. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Forth Valley reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
RO training for deputy RO role to support and promote business continuity.	•	
Continue to establish clinical governance procedures to support the appraisal and revalidation process.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action point from 2013 review

- Continue to maintain a well functioning appraisal system.
- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.

2.6 NHS Grampian

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
1,021 (90%)	**1,170**	**1,142 (98%)**	**233**	**5**	**228**	**220 (96%)**	**192 (84%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Grampian's initial submission did not fully explain the processes and systems in place, therefore we invited the NHS board to attend a meeting with panel members after the initial panel dates. Before this meeting, the NHS board submitted a second self-assessment with associated documentation which provided a clearer picture of the arrangements in place for appraisal and revalidation. The NHS board provides local appraisals advisor support to NHS Orkney and NHS Shetland who have their own ROs. This has been in place since 2003 within primary care and has been extended to cover secondary care support. This is not yet formally recognised through service level agreement arrangements between the NHS boards. NHS Grampian also provides RO and appraisal support to the University of Aberdeen. A copy of the NHS board's action plan was provided covering the period 2012–2013.
Section 2: **Responsible officer arrangements**	**On target** NHS Grampian has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. The NHS board has recently appointed a deputy RO to support the RO and promote business continuity and has an appraisal lead in place. As a result of NHS Grampian's participation in senior appraiser training events, NES has asked the RO to do a keynote presentation and workshop at the National Appraiser Conference in September 2013. There are some challenges in reconciling various IT sources of information, including GMC Connect with SOAR. Improved interfaces would improve usefulness for ROs. The introduction of SOAR to secondary care has helped NHS Grampian and it reported good uptake of the multi-source feedback. There are robust processes in place for supporting doctors in difficulty in NHS Grampian. A performance reference group, supported by the performance support officer includes membership from the RO, senior

	practitioners, British Medical Association, Occupational Health Service and human resources. The GMC has commended NHS Grampian on its approach.
Section 3: **Appraisal system**	**On target** NHS Grampian is still working on finalising its revalidation documentation including its action plan. Appraisal documentation is in place, but the NHS board acknowledged this does not yet fully reflect revalidation. All doctors due for revalidation had been appraised, although some of those had not had appraisal by a NES-trained appraiser. NHS Grampian acknowledged it had not proactively allocated NES-trained appraisers to doctors due for revalidation, but it is keen to make sure no doctor due for revalidation was disadvantaged due to appraisal scheduling. The NHS board confirmed that all doctors recommended for revalidation have had an appraisal by an experienced appraiser. NHS Grampian expressed concerns about the availability of the NES training. The appraisal lead for primary and secondary care provides comprehensive support and advice to appraisers in their role. Leadership training sessions have recently been provided to all appraisers and there are regular joint appraiser meetings for all appraisers in primary and secondary care where they can come together to discuss common concerns. This is particularly useful for peer support. SOAR is used in conjunction with a NES tool for implementing and managing multi-source feedback. Secondary care uses local systems to implement and manage patient questionnaires. Within primary care, doctors do this in their practice setting. An audit has been completed of missed or incomplete appraisals. A comprehensive local database has been set up giving the NHS board access to detailed real time data. The RO led review group, with membership including assistant RO, local appraisal leads and medical system manager, meets monthly to discuss issues and deal with any actions. Feedback is sought from appraisees and appraisers. There are regular joint appraiser meetings between primary and secondary care appraisal leads who share information with the RO at weekly meetings. There is a local action plan in place that underpins quality assurance aspects of the revalidation process. Appraisal leads check Form 4s for quality. The revalidation policy also defines the appropriate roles and responsibilities.
Section 4: **Governance relevant to revalidation**	**On target** The RO is due to submit an annual report to the NHS Grampian staff governance committee in August 2013 and an update to NHS Grampian clinical governance committee on 2 August 2013 and a full presentation in November 2013. Both committees report to the Board. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS

	Grampian reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Deputy RO to attend RO training to support and promote business continuity.		•
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- Finalise suite of appraisal and revalidation policies.
- Ensure deputy RO attends RO training and Network events.
- There should be a formal agreement for the provision of appraisal and/or RO support to other designated bodies (NHS Orkney and NHS Shetland).

2.7 NHS Greater Glasgow and Clyde

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
2,255 (83%)	**2,986**	**2,233 (75%)**	**608**	**21**	**587**	**563 (96%)**	**562 (96%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Greater Glasgow and Clyde provides NES-trained appraisers to the following independent healthcare organisations: • Princes & Princess of Wales Hospice • Marie Curie Hospice, Glasgow • Accord Hospice • Ardgowan Hospice • St Vincent's Hospice The figures reported by NHS Greater Glasgow and Clyde of completed appraisals during the appraisal period, 2012–2013 were lower than the previous year. However, NHS Greater Glasgow and Clyde reported that previous data were reliant on directorate teams to record this information locally and were not always 100% accurate. Last year NHS Greater Glasgow and Clyde implemented a database which is now managed centrally and populated using information from SOAR. As SOAR is not mandatory, the current system is still dependent on information on the number of Form 4s completed which have been fed back from the directorate teams. The NHS board confirmed it now has a reliable data collection system in place to manage this. NHS Greater Glasgow and Clyde submitted a copy of its medical revalidation action plan for secondary and primary care.
Section 2: **Responsible officer arrangements**	**On target** NHS Greater Glasgow and Clyde has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. The NHS board has appointed two deputy ROs, one for primary care and one for secondary care, to support the RO and promote business continuity.
Section 3: **Appraisal system**	**On target** NHS Greater Glasgow and Clyde submitted a copy of its secondary care appraisal policy. Within primary care, NES administration staff will

	allocate an appraiser to an appraisee. The appraisee is allowed one objection and the local appraisal advisers have the final say in allocating a second appraiser. NHS Greater Glasgow and Clyde reported sufficient numbers of NES-trained appraisers for 2013–2014. In secondary care, there are enough NES-trained appraisers to carry out 10 appraisals each. The NHS board is currently reviewing appraisees to appraiser pairings for 2014–2015. The NHS board is committed to continue increasing the pool of appraisers to make sure any future vacancies are filled. A further 44 appraisers are booked for NES training between June 2013 and June 2015. In August 2013, a session to support the development of all appraisers was arranged. This session provided an opportunity to discuss current issues arising from the appraisal process. The panel recommends more sessions are arranged in order to spread the learning to those who were unable to attend. In secondary care, NHS Greater Glasgow and Clyde maintains a central database which tracks all activity including information on maternity leave and sick leave. This information fits in to the NHS board's yearly audit of missed or incomplete appraisals. NHS Greater Glasgow and Clyde's quality assurance protocol details the information that must be collected from secondary care which will ensure quality assurance. The NHS board has made efforts to get secondary care doctors to use patient experience questionnaires. Any exemptions are discussion at the board wide revalidation group meeting. Although the NHS board has recommended the use of CARE throughout secondary care, appraisees are permitted to use other validated questionnaires with approval from the RO.
Section 4: **Governance relevant to revalidation**	**On target** In secondary care, the appraisee is provided with a certificate to show they have had no complaints made against them and raised at their appraisal. The appraiser also receives a copy of this information. Although the NHS board initially reported that no annual report was issued to the Board or governing body, an annual report for year 2011–2012 was later received. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Greater Glasgow and Clyde reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	
Implement a clinical governance structure to support medical	•	

appraisal and revalidation.		

Action points from 2013 review

- Continue to monitor and increase annual appraisal rates and aim for at least 95% of completed appraisals.
- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.

2.8 NHS Highland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
733 (98%)	**723**	**668 (92%)**	**183**	**2**	**181**	**181 (100%)**	**181 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Highland has reported that it provides appraisal and RO support to the Highland Hospice. The panel recommends that this arrangement is formalised. NHS Highland has made good progress with completed annual appraisals, especially given the extensive rural area the NHS board covers. It has achieved 100% appraisal for doctors due for revalidation in 2012–2013. No data were reported for secondary care locums employed by the NHS board. This is being addressed through the NHS board's appraisal and revalidation steering group. An appraisal tracking sheet has been developed to record the dates locums are employed from and to, the dates of their previous appraisals and the dates when next appraisals are due. An action plan was submitted for the year 2013–2014.
Section 2: **Responsible officer arrangements**	**On target** NHS Highland has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity.
Section 3: **Appraisal system**	**On target** NHS Highland submitted its consultant and non-consultant career grade enhanced appraisal (secondary care) policy and procedure. Primary care policies care can be found on SOAR. NHS Highland's trained appraisers plan was submitted as evidence to show how it would ensure the NHS board had enough NES-trained appraisers. An audit for appraisal completion in 2013 was submitted which confirms the NHS board has reviewed any appraisals that have been missed or are incomplete. NHS Highland uses the multi-source feedback application on SOAR

	which it believes is easily accessible and appears to be acceptable to doctors. Feedback received about the system has been positive so far. Patient questionnaires are usually handed out at outpatient clinics for completion. The process has worked well and resulted in a return of 97% for those doctors revalidating in 2012–2013. NHS Highland meets the challenge of supporting appraisers in secondary care over a large, rural NHS board area by holding meetings every 2 months. These are chaired by the secondary care appraisal lead. These meetings provide peer support and discussion of difficult areas of appraisal and significant events in a confidential environment. All appraisers are invited to attend and videoconferencing is available for appraisers who are based in remote and rural hospitals. Support is also provided in person, by telephone or email, from the medical staffing department which gives advice and support to appraisers on the appraisal process and SOAR. The medical staffing department has also visited the remote and rural hospitals to meet both appraisees and appraisers to discuss any queries and concerns about the appraisal and revalidation processes. Appraisers are also encouraged to contact the secondary care appraisal lead for any additional support or discussion on difficult appraisals. Primary care hold a 3-day meeting every year where the group can discuss practical difficulties that have arisen during appraisal interviews. In 2014, primary care will begin holding an annual meeting to appraise the appraisers. They will discuss any difficulties experienced, explore strengths and weaknesses, and consider any developmental needs. All appraisers are video recorded conducting an appraisal interview, once every 3 years, and reviewed in order to improve appraisal skills. The panel commended this approach. The primary care appraisal lead is currently working on a scoring system for Form 4s that can be used as part of the appraiser appraisal process. The NHS board submitted its policy for remediation, rehabilitation and support for doctors with a potential performance issue and roles and remits of our primary care and secondary care performance appraisal and revalidation groups.
Section 4: **Governance relevant to revalidation**	**On target** Governance in primary care is the responsibility of each doctor and is overseen by the relevant primary care medical directors. This includes doctors directly employed by NHS Highland. Any complaints are dealt with at a local level. Complaints or incidents in secondary care are reported through DATIX and sent to the appraisee and appraiser, usually 4 weeks before the appraisal date. Most clinicians collect their own activity data. However, the NHS board is developing a system to allow routine activity data to be available by individual doctor in the future. This was due to be available in November 2013, but it has been delayed for a further 10–12 months. At the moment, activity data are available for individual Raigmore Hospital consultants through the Health Information Portal. NHS Highland is also developing an outcome measures scorecard and activity dashboard for each division within NHS Highland.

	NHS Highland requests Form 4s from all new appointments and these are checked by either the RO or clinical director. For non-training grade appointments, Form 4s are a mandatory part of the application process. This was commended by the panel. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Highland reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully auctioned	Ongoing
Appoint a deputy RO to support the RO role and promote business continuity.	•	
Continue to establish clinical governance procedures throughout the appraisal and revalidation process.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- Continue to monitor and increase annual appraisal rates and aim for at least 95% of completed appraisals.
- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.
- Ensure deputy RO continues to attend RO training and Network events.

2.9 NHS Lanarkshire

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
865 (80%)	**1,004**	**932 (93%)**	**226**	**12**	**214**	**214 (100%)**	**214 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Lanarkshire's initial submission did not fully explain the processes and systems in place. The panel asked NHS Lanarkshire for further information which was provided and presented a clearer picture of the revalidation structure. NHS Lanarkshire reported there has previously been no central mechanism to routinely collate completion of appraisal at specialty doctor/staff grade/associate specialist as this has been managed at a departmental level. The figures reported are therefore estimated. This also applies to the figure for locums employed for more than 2 months. There is a variance for a small number of doctors in primary and secondary care and these are all known to the professional leads in these areas who are dealing with them appropriately. NHS Lanarkshire provides appraisal support to St Andrew's Hospice, Airdrie. The Hospice has its own RO who makes recommendations to the GMC about doctors working within the organisation and also provides outreach services to NHS Lanarkshire with the exception of doctors in training who are within the remit of the Postgraduate Dean. However, the hospice is not a large enough body to be able to support the development of its own appraisers in a way that would be sufficiently independent and sustainable in the longer term. The hospice is therefore aligned to NHS Lanarkshire's appraisal process, being allocated appraisers from the NHS board's pool of trained appraisers.
Section 2: **Responsible officer arrangements**	**On target** NHS Lanarkshire has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. Divisional medical directors are deputy ROs and will act as RO when required. One challenge within the NHS board is the current allocation of administrative support of 16 hours each week. The NHS board reported this is not sufficient to cover the collating of information, organising training, communicating events and collating patient questionnaires

	amongst other duties. Limited availability of training dates for NES appraiser training has restricted numbers presenting, although the NHS board is actively working on this.
Section 3: **Appraisal system**	**On target** NHS Lanarkshire has a draft medical appraisal policy which now needs to be approved. The NHS board has made good progress in introducing appraisal in secondary care and all doctors due for revalidation in 2013–2014 have been appraised by a NES-trained appraiser. Availability of NES training courses has been problematic with many not planned to take place until 2015. Current NES-trained appraisers averaged 5 or 6 appraisees for revalidation in 2012–2013 and are scheduled to undertake 10 or 11 in 2013–2014. Those who will complete NES training in 2013–2014 are scheduled to undertake 5 or 6 appraisals within the year. Further appraisers will be trained by the following year. NHS Lanarkshire reported that it made a clear decision not to request the GMC to allocate revalidation dates to doctors within the NHS board during the period 3 December 2012–31 March 2013. At that point in time when the GMC had requested allocation by quarter for doctors due to revalidate in the first year, there were outstanding issues that required to be addressed both nationally and locally. Nationally, the full integration of the NES based multi-source feedback was not complete and locally the NHS board had yet to finalise details on the choice of patient feedback questionnaire that would be used, how it would be distributed, collected and reports collated. All eligible doctors who have been identified by the GMC have either undertaken appraisal by a NES-trained appraiser in 2012–2013 or have been given a deferral. All doctors participate in appraisal. Support in both primary and secondary care is given through the appraisal lead and the leads in both settings. A peer network is also being developed with regular meetings to discuss current issues. As the associate medical directors all sit on the appraisal steering group, they are also well placed to offer support and guidance. Multi-source feedback is managed using the NES system through SOAR. NHS Lanarkshire recommends the use of CARE patient questionnaires. Those wishing to use any other format must agree in advance with their appraiser and be prepared to collate the feedback themselves. An increasing number are requesting to use individual college-based systems as CARE is not felt to be a helpful reflection in a number of secondary care specialties, especially those that are team based (for example anaesthetics), or where individual interaction is complex (for example paediatrics). No audits of missed or incomplete appraisals have been undertaken. NHS Lanarkshire encourages all staff to use SOAR, even if not having enhanced appraisal. There is no electronic audit information on this, although there is a database.

Section 4: **Governance relevant to revalidation**	**On target** The NHS Lanarkshire revalidation steering group has oversight of the revalidation process. This group is chaired by the RO, or deputy ROs if required. The group ensures both the primary and secondary care appraisal processes are functioning and that the information generated is sufficient to allow the RO to make robust judgements on recommendations to the GMC for relicensing. Where the appraisal process is suggesting that remedial action is required, that cannot be managed within the practice, department or clinical division that a doctor is currently working in, then the revalidation steering group is responsible for ensuring appropriate remedial action is organised. The secondary care appraisal group is responsible for ensuring the effective day to day running of the process outlined in this policy. The RO is an executive member of the Board. The Board is responsible for ensuring the process of revalidation and the enhanced appraisal processes that support it are completed in a timely fashion to the appropriate standards. The processes of revalidation, and the enhanced appraisal that supports it, sits within the remit of the clinical governance group. The clinical governance group will receive reports on the process and any issues on clinical performance that become apparent through enhanced appraisal. The enhanced appraisal will ensure there is greater scrutiny, in particular related to complaints and significant events. The clinical governance group also has a role in ensuring lessons learned are acted upon and disseminated. All significant events, complaints, or concerns about a doctor's practice should be disclosed by the appraisee to their appraiser in order to facilitate a meaningful and reflective discussion. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Lanarkshire reported that it has well developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Appoint a deputy RO to support RO role and promote business continuity.	•	
Implement new appraisal policy throughout NHS Lanarkshire.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- Continue to maintain a well functioning appraisal system.
- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.
- Finalise and implement the medical appraisal policy.

2.10 NHS Lothian

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
1,946 (92%)	**2,133**	**1,949 (91%)**	**423**	**19**	**404**	**369 (91%)**	**246 (61%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Lothian provides RO support for doctors working at the Marie Curie Hospice, Edinburgh and St Columba's Hospice, Edinburgh. NHS Lothian also provides appraisals for a small number of doctors mainly in primary care who are not directly employed by or contracted to the NHS board. All doctors with a prescribed connection to the NHS board follow NHS Lothian's appraisal processes. NHS Lothian's improvement plan states that the RO liaises closely with the GMC on this. The panel considered that the number of appraisals by a NES-trained appraiser was lower than expected. While only 63% of appraisals were carried out by a NES-trained appraiser, the remainder were carried out by appraisers trained in the previous NES system or another validated appraisal scheme. NHS Lothian states that a barrier to this progress has been access to NES appraisal training courses in secondary care.
Section 2: **Responsible officer arrangements**	**On target** NHS Lothian has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. The RO is supported by two deputy ROs, one is responsible for primary care and the other for secondary care. NHS Lothian's improvement plan acknowledges that their deputy ROs may have to undergo training once the specific responsibilities and expectations of the deputy RO are further defined by the GMC.
Section 3: **Appraisal system**	**On target** NHS Lothian has an appraisal policy in place. NHS Lothian submitted its audit of missed or incomplete appraisals for primary care and, at the time of the review its secondary care audit was in progress. The secondary care appraisal lead identifies all doctors who do not have a Form 4 and offers tailored support to clinical directors to support local implementation of the appraisal policy. The panel highlighted the importance of increasing the number of NES-trained appraisers. Whilst NHS Lothian is addressing this in its improvement plan, the panel noted this could be significant to NHS

	Lothian achieving revalidation targets. At the time of the review, NHS Lothian reported 71 NES-trained appraisers and 138 who had not completed NES national enhanced training. The improvement plan shows that further 16–18 appraisers will have been trained by August 2013. The NHS board needs to continue to increase this number to meet the 40% of doctors who are due for revalidation in 2014–2015 (approximately 850 doctors based on 2013–2014 figures). NHS Lothian uses NES multi-source feedback and reported that the main problems have been technical, but improvements have been embedded in SOAR. NHS Lothian also commented that support for giving negative feedback is needed.
Section 4: **Governance relevant to revalidation**	**On target** NHS Lothian has a comprehensive clinical governance system in place for both primary and secondary care. Previous Healthcare Improvement Scotland reports have been submitted to the healthcare governance and staff governance committees. Annual reports are also presented at staff governance committees. A copy of the NHS board's policy for remediation, rehabilitation and targeted support was submitted for primary care and the secondary care policy is currently being updated. NHS Lothian noted that where doctors are employed by more than one organisation, information is not currently shared in a systematic way. It highlighted the difficulties faced by doctors based in more than one location accessing information about their prescribing. If there are concerns over a doctor's performance, this would be shared immediately. There is a general obligation for all doctors under GMC Good Medical Practice to share information if they are aware of a colleague's poor performance affecting patient care. In future, NHS boards that provide RO support must make sure information is shared appropriately and that governance processes relevant to revalidation are standardised. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Lothian reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
RO to complete RO training.	•	
Deputy ROs to attend RO training to support and promote business continuity.	•	
Introduce a process to provide feedback to secondary care appraisers on their role.	•	
Amend the performers list to allow NHS Lothian & NHS Borders GP data to be counted & recorded separately. This is particularly important when reporting number of GPs appraised in each NHS board area.	•	
Establish a process as a matter of urgency to provide sufficient number of NES enhanced medical appraisal trained secondary care		•

medical appraisers to meet the NHS board's year 1 revalidation requirements.		
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate & continue to develop processes for the increasing number of doctors going forward in years 2 & 3.	•	
Establish a clinical governance structure to support medical appraisal and revalidation.	•	

Action points from 2013 review

- Continue to monitor and increase annual appraisal rates and aim for at least 95% of completed appraisals.
- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.

2.11 NHS Orkney

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
42 (59%)	**45**	**43 (96%)**	**13**	**0**	**13**	**12 (92%)**	**12 (92%)**

Section	Panel decision
Section 1: **Organisation details**	**On target subject to clarification** NHS Orkney submitted a copy of its appraisal and revalidation action plan. The panel acknowledged that although NHS Orkney has made good progress since last year, it requested further information on the level and quality of support provided from NHS Grampian.
Section 2: **Responsible officer arrangements**	**On target** NHS Orkney has a RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network and the GMC. NHS Orkney reported that it has not been possible to recruit a deputy RO, perhaps due to its size. The RO is confident that the NHS board will be able to manage most issues successfully. If an urgent problem should arise, NHS Orkney has a plan in place to seek advice, in the first instance, from the RO in NHS Grampian and thereafter other neighbouring NHS boards.
Section 3: **Appraisal system**	**On target** NHS Orkney submitted an appraisal and revalidation of doctors policy. The NHS board did not submit a trained appraisers plan as it reported having a 'robust system in place using contractual and ad-hoc appraisers'. NHS Orkney does not have enough contracted appraisers to appraise all the doctors in the NHS board area which could leave it vulnerable. The NHS board has an agreement in place with qualified appraisers from NHS Grampian to undertake appraisals in NHS Orkney if and when required. This provides the flexibility and sustainability that it could not have otherwise. Patient questionnaires are distributed to the surgery where the doctors are working, collected that day and then sent back to the RO. The data are then entered into a database which produces a report sent to the appraisee and appraiser. NHS Orkney has not carried out an audit of any missed or incomplete appraisals for the year 2012–2013 as there was only one missed. This

	was due to a missed appraisal date.
Section 4: **Governance relevant to revalidation**	**On target** NHS Orkney has established an appraisal steering group, with representation from different staff groups. There is also an appraisal work group that meets to do the various tasks required. An annual appraisal report has been submitted for discussion at the clinical governance committee (minutes of which go to the Board assurance quality and improvement committee) and area medical committee. NHS Orkney is aware that its overall approach to clinical governance could be strengthened and is working with NHS Tayside to support this. Any clinician can request data on their activity from the Health Intelligence Team. As NHS Orkney has limited software packages, this is being addressed through a new patient management system supported by NHS Grampian. NHS Orkney has an appraisal policy in place and also endorses the Academy of Royal Colleges return to work guidance. In case of difficulties, NHS Orkney has access to NHS Grampian's performance review group for advice and guidance on how to manage any difficult cases or issues. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Orkney reported that it has well-developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed it has systems in place, but that the arrangements with NHS Grampian needed to be clarified and had not been tested.

Action points from 2012 review	Fully actioned	Ongoing
Appoint a deputy RO to support the RO role and promote business continuity.		•
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	
Implement a clinical governance structure to support medical appraisal and revalidation.		•

Action points from 2013 review

- Strengthen clinical governance structure to support medical appraisal and revalidation.
- There should be a formal agreement for the provision of appraisal and RO support provided by NHS Grampian.

2.12 NHS Shetland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
45 (100%)	**48**	**47 (98%)**	**8**	**1**	**7**	**7 (100%)**	**6 (86%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Shetland are maintaining a high percentage of completed appraisals. NHS Shetland has a medical revalidation action plan, which provides timescales for completing a number of key milestones. This action plan indicates that the NHS board has an agreement with NHS Grampian for appraisals to take place outwith NHS Shetland if necessary.
Section 2: **Responsible officer arrangements**	**On target** NHS Shetland has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network and the GMC. A deputy RO has also been appointed to support the RO and promote business continuity. Communication between senior professionals is encouraged through the revalidation steering group meetings which take place on a regular basis. There are also regular meetings between the RO and appraisal leads. Technical issues have been identified by the NHS board that require resolution, including difficulties with SOAR connecting to GMC Connect.
Section 3: **Appraisal system**	**On target** NHS Shetland has a relatively low number of NES-trained appraisers, which will need to be addressed in future years. However, the NHS board has an agreement in place to use NHS Grampian appraisers when required. This would be delivered at a cost and must be approved by the chair of the appraisal steering group. NHS Shetland, through the appraisal steering group, allocates appraisers to appraisees, and has a process in place to allow an individual to object to their appraiser, by using NHS Grampian appraisers when necessary. In NHS Shetland, appraisees are assigned a new appraiser every 4–5 years. The NHS board ensures the quality of its appraisal system through the appraisal steering group, which reviews anonymised appraisals every 6 months with the RO and appraisal lead.

	NHS Shetland submitted a medical appraisal policy for primary care and is currently working on one for secondary care. Multi-source feedback is well established in primary care, having been used for a number of years. Therefore introducing this process to secondary care has been relatively straight forward for the NHS board.
Section 4: **Governance relevant to revalidation**	**On target** NHS Shetland aims to submit its first annual report to the governance Board by October 2013 regarding the progress made towards medical revalidation. The NHS board has systems in place to manage doctors identified as needing professional support, as well as a process for managing and apportioning complaints, compliments, concerns and critical incidents. However, there is an acceptance that the NHS board finds it difficult to make sure it is collecting all relevant governance data for appraisal. Information is shared on doctors employed by more than one organisation. The RO communicates with ROs of the other NHS boards, and liaises with relevant senior managers in the Deanery and locum agencies about a doctor's performance. NHS Shetland hosts fortnightly clinical governance sessions, led by different departments. These sessions are multidisciplinary, and include primary and secondary. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Shetland reported that it has well-developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Deputy RO to attend RO training to support and promote business continuity.	•	
Implement new appraisal policy throughout NHS Shetland.	•	
Formalise any new additional arrangements between the NHS board and NHS Grampian which support the appraisal and revalidation process.		•
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- Continue to maintain a well functioning appraisal system.
- There should be a formal agreement for the provision of appraisal and RO support provided by NHS Grampian.

2.13 NHS Tayside

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
440 (43%)	**944**	**730 (77%)**	**179**	**8**	**171**	**142 (83%)**	**137 (80%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Tayside provided information about the organisation's arrangements for revalidation including a current action plan. There were a number of queries raised by the panel about the submission and these are being addressed. The relevant organisational information has now been submitted by NHS Tayside.
Section 2: **Responsible officer arrangements**	**On target** NHS Tayside has a RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity.
Section 3: **Appraisal system**	**Not on target** The panel requested further information on appraisal rates, as while there has been progress compared with previous results, only 77% of doctors had an annual appraisal in 2012–2013. Most of these are in primary care. Of the doctors due for revalidation in 2013–2014, 83% had an appraisal in 2012–2013. It was difficult for the panel to make any assessment on how these remaining doctors were going to be appraised and revalidated. NHS Tayside did not submit a trained appraisers plan and did not report on any audit of missed and incomplete appraisals. As there was no medical appraisal policy in place, NHS Tayside reported how it managed the allocation of appraisers and appraisees. Previously this was done by specialty, but in the future each appraisee will change appraiser after 3 years. New doctors are allocated to an appraiser on the basis of the number of appraisees that appraiser already has allocated. To date, each appraiser carries out an average of 6 appraisals each year. NHS Tayside is working closely with NES to refer any interested doctors for appraisal training and plans to make sure there are sufficient NES-trained appraisers for future years. The appraisal lead meets with specialty leads to discuss appraisal and encourage doctors to take up

	the NES training. There is currently no system in place for appraisees to feedback on the appraiser's performance. The NHS board proposes to carry this out in 2013–2014. This function is available on SOAR, which is being used to manage multi-source feedback. Patient feedback is collated by clinics at a local level until 25 CARE questionnaires are collected. Once patient feedback is complete, the forms are scanned in and an Excel report is generated. This is then sent to individual doctors for inclusion in their appraisal portfolio. This has worked well for the NHS board so far. Any recommendations and improvements are taken to the revalidation steering group for further discussion and then implemented by the appraisal lead and the relevant team. The appraisal lead checks all Form 4s for quality of input from both appraiser and appraisee. The medical director reviews a random selection of Form 4s and will also see any brought to his attention by the team. The medical director and the appraisal lead mediate any disputes.
Section 4: **Governance relevant to revalidation**	**On target** NHS Tayside has had robust arrangements in place for primary care for some time. It has taken longer to implement these for secondary care and the pace of annual appraisal in secondary care needs to be accelerated if doctors in NHS Tayside are to meet the revalidation target. Within secondary care, complaints and compliments are managed by the complaints and advice team who maintain the DATIX database. This information is recorded and a report provided to each clinician on an annual basis. DATIX can make it difficult to provide further information to clinicians if they are not specifically named in the complaint. If a doctor is identified as requiring professional support during their appraisal, the appraiser informs the appraisal lead who in turn informs human resources. NHS Tayside is awaiting national guidance on remediation, rehabilitation and targeted support. A remediation steering group has been set up and first met in August 2013 where terms of reference and policies were agreed. Currently any doctor requiring training, re-training or rehabilitation is referred to human resources. A guide to appraisal in secondary care is being finalised which will provide a written description of the support available to doctors. There is also protected learning time of a minimum of 4 afternoon sessions each year. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Tayside reported that it is aware of the improvements that need to be made and has prioritised them, but is not yet able to demonstrate meaningful action. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Formalise arrangements for deputy RO(s) and arrange RO training for deputy RO to support and promote business continuity.	•	
Sign off and implement the appraisal guidance policy.		•
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation throughout year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.		•
Implement a clinical governance structure to support medical appraisal and revalidation.	•	

Action points from 2013 review

- Continue to monitor and increase annual appraisal rates and aim for at least 95% of completed appraisals.
- Develop and implement a trained appraisers action plan and medical revalidation plan.

2.14 NHS Western Isles

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
62 (89%)	**61**	**55 (90%)**	**15**	**0**	**15**	**14 (93%)**	**14 (93%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Western Isles provides RO support for doctors working at Bethesda Hospice, Stornoway. All doctors with a prescribed connection to the NHS board follow NHS Western Isles' appraisal processes. NHS Western Isles has a medical revalidation action plan. The action plan states that the NHS board's medical appraisal policy is under review and in circulation for comment. As this was an action point from last year's quality assurance exercise, it is important this policy be finalised and adopted by 2013–2014 to demonstrate the NHS board's commitment to revalidation. The NHS board has increased the number of completed appraisals from year 2011–2012 from 89% to 90% in 2012–2013, but will need to continue to monitor the number of appraisals to meet the additional number of doctors due for revalidation in 2014–2015. NHS Western Isles reports in its action plan that it has completed the identification of doctors on GMC Connect and has an ongoing process to ensure the register is regularly updated. However, at the time of review, secondary locums had not undergone an appraisal. Locums with a prescribed connection will require an appraisal and NHS Western Isles needs to ensure that these doctors are identified and appraised.
Section 2: **Responsible officer arrangements**	**On target** NHS Western Isles has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and the Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity. The NHS board notes no barriers to progress with the role and statutory responsibilities of the RO.
Section 3: **Appraisal system**	**On target** NHS Western Isles medical appraisal policy was due to go through the advisory committee structures in August 2013. The panel noted that this was an action point which NHS Western Isles took forward from the last review and the NHS board needs to make sure that this is adopted by

	2013–2014. The NHS board does not have a trained appraiser plan. It reported to have sufficient appraisers, but is planning to recruit more in the near future to cover staff leaving and to manage the increase in numbers of doctors being revalidated. NHS Western Isles reasoned that due to the small numbers of doctors employed relative to other NHS boards, it has not experienced any problems with multi-source feedback. Recommendations and improvement are discussed at an appraisal steering group, and appropriate remedial action agreed and implemented. NHS Western Isles reported no issues or barriers with revalidation.
Section 4: **Governance relevant to revalidation**	**On target** NHS Western Isles has no trained appraiser plan and no audit of missed and incomplete appraisals due to the small numbers of doctors employed. Any issues are addressed at the appraisal steering group. There is a new initiative for the RO to check Form 4 documentation and at the time of review this was being implemented. There was no policy for remediation, rehabilitation and targeted support and the panel recommends that NHS Western Isles develops one. NHS Western Isles confirmed that an annual report will be presented to the Board later in 2013. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Western Isles reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Deputy RO to attend RO training to provide support and promote business continuity.	•	
Finalise and implement new appraisal policy.		•
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- Continue to monitor and increase annual appraisal rates and aim for at least 95% of completed appraisals.
- There should be a formal Memorandum of Understanding for the provision of appraisal and RO support to hospices and any other designated bodies.
- Approve and implement the medical appraisal policy.
- Continue to monitor and identify locums who are to be appraised by NHS Western Isles.

2.15 Healthcare Improvement Scotland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
2 (100%)	**2**	**2 (100%)**	**1**	**0**	**1**	**1 (100%)**	**1 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** Healthcare Improvement Scotland is in the process of developing a medical revalidation action plan. This has been consulted on and will be implemented during 2013–2014.
Section 2: **Responsible officer arrangements**	**On target** Healthcare Improvement Scotland has appointed an RO to provide clinical leadership for medical revalidation. The RO has attended RO training although attendance at the RO Network has been limited this year. As the organisation currently has very few doctors with a prescribed connection, a deputy RO has not been appointed. Healthcare Improvement Scotland may wish to consider outsourcing appraisal support and some RO support if and when required.
Section 3: **Appraisal system**	**On target** Healthcare Improvement Scotland is developing an appraisal policy. In its self-assessment it was explained that this has been challenging as the organisation has sought to include doctors working with Healthcare Improvement Scotland on projects as well as those employed by the organisation. Arrangements for direct employees are in place. Arrangements for providing information on those working with the organisation can use for appraisal are still underway. The panel commended this approach. At present the two doctors with a prescribed connection to Healthcare Improvement Scotland have the following appraisal arrangements: one is appraised by the NHS board they are directly employed by on a sessional basis as a primary care doctor (two sessions each week) as well as a Medical Director/RO appraisal to cover both posts; the other is appraised by NHS National Services Scotland (NSS) Health Protection Scotland. The panel noted that this year the RO has had two appraisals to fulfil his RO responsibilities (one through NSS). They suggested the longer term appraisal arrangements are reviewed for both members of staff. Healthcare Improvement Scotland is currently setting up the Death Certification Review Programme and will be employing a number of

	doctors to work on this. They are actively planning appraisal arrangements to support these members of staff.
Section 4: **Governance relevant to revalidation**	**On target** The RO reports to the evidence, improvement and scrutiny committee of the Board. From the year covering 2013–2014, he will include an annual report on revalidation in his annual report to the Board. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. Healthcare Improvement Scotland reported that it has well developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel considered that the NHS board is aware of the improvements that need to be made and has prioritised them, but it is not yet able to demonstrate meaningful action.

Action points from 2012 review	Fully actioned	Ongoing
RO to attend RO training.	•	
Finalise and implement new medical appraisal policy.		•

Action points from 2013 review

- Ensure the RO appraisal is provided by the NSS appraisal pool (as it has been this year).
- Ensure RO engages with RO Network.
- Finalise and implement the medical appraisal policy.

2.16 Mental Welfare Commission for Scotland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
6 (100%)	**5**	**5 (100%)**	**0**	**n/a**	**n/a**	**n/a**	**n/a**

Section	Panel decision
Section 1: **Organisation details**	**On target** As of May 2013, the Mental Welfare Commission (MWC) for Scotland is a designated body. The MWC reported that it currently has 5 doctors with a prescribed connection to them. The MWC may wish to consider outsourcing appraisal support and some RO support if and when required. No action plan has been created as this is not a large organisation. It was reported that this is a core element of the RO's objectives. The panel agreed this was a constructive approach.
Section 2: **Responsible officer arrangements**	**On target** The MWC has recently appointed an RO to provide clinical leadership for medical revalidation. As a result its revalidation date will be 2014–2015. The RO has not yet attended RO training. The MWC have not appointed a deputy RO. The panel suggested the organisation could consider outsourcing appraisal and RO support as and when required.
Section 3: **Appraisal system**	**On target** The MWC has no medical appraisal policy in place as it only has five doctors to appraise. The panel suggested a proportionate policy would be useful, particularly as MWC officers change over time. There is no appraisal lead in place to provide access to leadership and advice. However, once the RO is trained, there will be a link into the RO Network. There is no system in place for implementing and managing multi-source feedback. However, the MWC plans to use the multi-source feedback resource on SOAR. Patient questionnaires are not applicable to the MWC. As there are only five doctors with a prescribed connection to the MWC, human resources record missed appraisals for the organisation.
Section 4: **Governance relevant to revalidation**	**On target** MWC reported that the RO does not check Form 4s for all new appointments, but this will be addressed in the future.

	If there are any issues that require the doctor to undergo training or retraining, this would be discussed individually with the doctor concerned. Continuous personal development is supported through peer group meetings and the personal development plan process which is embedded in the MWC appraisal process. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. MWC reported that is aware of the improvements that need to be made and has prioritised them, but it is not yet able to demonstrate meaningful action it. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
RO to attend RO training.		•
Finalise and implement new medical appraisal policy.		•

Action points from 2013 review

- Ensure the ROs appraisal is provided by the NSS appraisal pool.
- Ensure the RO attends RO training and Network events.
- Develop and implement a medical appraisal policy and action plans.

2.17 NHS 24

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
2 (100%)	**2**	**2 (100%)**	**2**	**0**	**2**	**2 (100%)**	**2 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS 24 has only two doctors with a prescribed connection who both also work for other organisations. NHS 24 may wish to consider outsourcing appraisal support and some RO support if and when required. An action plan was submitted.
Section 2: **Responsible officer arrangements**	**On target** NHS 24 has an RO in place to provide clinical leadership for medical revalidation. The RO has not attended RO training, but does engage with the RO Network and the GMC. There is no deputy RO in place due to the size of the organisation.
Section 3: **Appraisal system**	**On target** NHS 24 has no medical appraisal policy in place as there are only two doctors in the organisation. The medical director currently appraises the deputy medical director. As noted above NHS 24 may need to consider outsourcing appraisal. NHS 24 reported there is no system in place for implementing and managing multi-source feedback or patient questionnaires as this is not applicable to NHS 24. The panel questioned this and suggested the organisation reviews this position.
Section 4: **Governance relevant to revalidation**	**On target** NHS 24 does not have an organisational policy for remediation, rehabilitation and targeted support. However, it is reported that its policy offers rehabilitation services, addresses any issues with the organisation and ensures further monitoring of the doctor's conduct if necessary and offers further training. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS 24 reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action point from 2012 review	Fully actioned	Ongoing
RO to attend RO training and RO Network.		•

Action points for 2013 review

- Ensure the ROs appraisal is provided by the NSS appraisal pool (as it has been this year).
- Ensure RO attends RO training.

2.18 NHS Education for Scotland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
9 (100%)	**9**	**9 (100%)**	**1**	**0**	**1**	**1 (100%)**	**1 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Education for Scotland (NES) is responsible for all doctors in training (Foundation Years 1 & 2 and ST 1–8). It employs a small number of trained doctors to provide professional leadership. It was suggested that in future NES' submission should be shown in two parts: those trained doctors who are employed directly by NES; and doctors in training. The Scottish Association of Medical Directors has now agreed that all ROs will be appraised by the NSS appraisal pool and NES confirmed they are compliant with this. Trainees go through a process of Annual Review of Competence and Progression (ARCP) and this annual process provides appraisal for doctors in training. For the purposes of revalidation, trainees are not required to provide any additional evidence. The GMC has issued revalidation dates for doctors in training based on the projected date of Certificate of Completion of Training (CCT). As this can be subject to change this has resulted in some deferrals to reflect changed dates. NES submitted an action plan which showed that 100% of the 600 trainee doctors due for revalidation in 2013–2014 have been appraised.
Section 2: **Responsible officer arrangements**	**On target** NES has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and Medical Royal Colleges and Faculties Four Postgraduate Deans have been appointed as deputy ROs to support the RO and promote business continuity. The panel commended NES for successfully implementing SOAR and self-declaration for the trainee cohort.
Section 3: **Appraisal system**	**On target** NES has an appraisal policy in place. The ARCP which all trainees undergo is an extensive review, carried out by a panel rather than an appraisal by an appraiser. While the panel observed that doctors in training do not have the option to object to an appraiser, NES explained that the arrangements for these review panels are set out in national

	guidance by the four UK Departments of Health (The Gold Guide) and there is no provision to object due to the panel arrangements. There is a system in place for implementing and managing multi-source feedback and NES reported that patient questionnaires are not currently part of the assessment required of trainees through the ARCP unless mandated by the GMC in their approval of the curricular. At present the only relevant specialty is general practice during practice placements. No trained appraiser plan was submitted for the nine doctors employed directly as the numbers are small and no plan is necessary. Doctors in training are managed through the ARCP process and educational supervisors will be subject to the GMC Recognition of Trainers policy. For doctors employed by NES, the audit of missed or incomplete appraisals has been captured due to the small numbers. Data on trainees is captured in the ARCP process and reported as part of the annual Deanery return to GMC. This is subject to national audit and benchmarking of performance. The external quality assurance processes provided by the GMC and the Medical Royal Colleges, internally the appraisal process is reviewed by the NES quality management group and the educational governance committee to provide additional quality assurance.
Section 4: **Governance relevant to revalidation**	**On target** NES has a system in place to respond to concerns. The organisation uses its Doctors in Difficulty policy which guides the management of the specific needs of trainees. The support available to trainees is extensive. Trainees' progress is checked at annual performance review and appraisal. As trained doctors in NES have minimal or no contact with patients, NES is evolving a process whereby complaints, compliments, concerns and critical incidents are fed into the appraisal system. NES reported that when doctors are employed by more than one healthcare organisation, these organisations regularly feed into the ARCP process where reports from all clinical placements are reviewed and considered. An annual report for GMC as part of ARCP is scheduled to be submitted to the Board at the end of the first full year. In addition the Deans' reports on the ARCP are submitted to GMC twice each year and undergo extensive quality assurance by the GMC. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NES reported that it can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. NES highlighted the development of SOAR in partnership with the Scottish Government and the GMC and the robust ARCP processes existing, and external quality assurance by GMC to support this statement. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Appoint a deputy RO to support and promote business continuity.	•	
Implement a new appraisal policy.	•	
Contingency plan for the continuity of SOAR system.		•
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action points from 2013 review

- In future, report on 'trained' doctors and 'in-training' doctors separately.
- Develop contingency plan for SOAR.

2.19 NHS Health Scotland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
1 (50%)	**3**	**3 (100%)**	**3**	**0**	**3**	**3 (100%)**	**3 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS Health Scotland reported that it currently has 3 doctors with a prescribed connection to them.
Section 2: **Responsible officer arrangements**	**On target** NHS Health Scotland in place to provide clinical leadership for medical revalidation. The RO has not attended training but engages with the RO Network, the GMC and Medical Royal Colleges and Faculties. The panel recommended the RO attends a specific RO training session. As the NHS board has very few doctors with a prescribed connection, a deputy RO has not been appointed. The RO is confident that sufficient resources are provided to carry out their responsibilities under the regulations. NHS Health Scotland may wish to consider outsourcing appraisal support and some RO support if and when required.
Section 3: **Appraisal system**	**On target** NHS Health Scotland does not have a medical appraisal policy in place but aims to have this complete by October 2013. However it does have a structure in place for allocating appraisers to appraisees, and for allowing appraisees to object to being appraised by a particular individual. The NHS board delegates appraisal responsibility to NSS and has recently implemented a system for managing multi-source feedback. It was agreed patient experience questionnaires are not relevant to NHS Health Scotland as their doctors have no patient contact.
Section 4: **Governance relevant to revalidation**	**On target** Due to the small number of doctors, NHS Health Scotland does not have a specific system to manage doctors identified as needing professional support or a process for managing complaints, compliments and concerns. Instead, these are considered on a case by case basis. The RO intends to provide an annual report to NHS Health Scotland's Board in 2013.

	During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS Health Scotland reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
RO to attend RO training.		•
Finalise and implement new medical appraisal policy.		•

Action points from 2013 review

- Ensure the ROs appraisal is provided by the NSS appraisal pool (as it has been this year).
- Finalise and implement medical appraisal policy.
- Ensure RO attends RO training.

2.20 NHS National Services Scotland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
45 (98%)	**41**	**41 (100%)**	**7**	**0**	**7**	**7 (100%)**	**7 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** NHS National Services Scotland (NSS) submitted its medical revalidation action plan which is administered through a specially designed spreadsheet. This includes revalidation dates, planned multi-source feedback dates and appraisal records. The panel agreed that the organisation's submission was complete and comprehensive.
Section 2: **Responsible officer arrangements**	**On target** NSS has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity. NSS has appointed an appraisal lead. The organisation has also identified two members of staff who offer support for appraisals and revalidation in addition to their existing roles and duties. Both are members of the National Appraisal Administration Group. NSS reported a strong administration team with a well-designed spreadsheet which monitors the organisations revalidation progress.
Section 3: **Appraisal system**	**On target** There is a medical appraisal policy in place which is set out in the policy statement and procedure for checking professional registrations. A draft GMC revalidation and enhanced appraisal for medical staff was also submitted which will be incorporated into the policy at its scheduled review date. NSS has no documented trained appraiser plan as the number of trained appraisers is adequate and closely monitored. The current ratio for appraisers to appraisees is 8:40 with two additional appraisers who have NES training planned. One appraiser will retire in 2013. Appraisers from NSS have appraisees in other NHS boards and also use other NHS boards' appraisers to appraise some of the more remotely located staff. NSS appraisers meet twice each year to review activity, processes and

	any learning needs and they are able to provide additional one to one support as required. Only a limited number of NSS doctors have patient-facing roles and, where necessary, anonymised GMC questionnaires are administered centrally. There is no formal process in place to provide feedback from appraisees on appraisers. This is handled on a case by case basis. NSS has no missed appraisals. The status of appraisals is monitored using the in-house designed spreadsheet. SOAR is not used to track appraisal dates. If any recommendations or improvements are identified, the appraisal lead would engage with the appraisee and escalate to the RO if necessary.
Section 4: **Governance relevant to revalidation**	**On target** Any doctors who are identified as needing professional support are dealt with on a one to one basis. The appraisee brings any complaints to the appraisal. These are managed between the appraisee, medical line manager, the RO and the appraisal lead. Assurance that these are being addressed is achieved through the review of Form 4 documentation. An annual report covering the year 2011–2012 was submitted to the clinical governance committee. GMC registration, including revalidation status and participation in appraisal and personal development plans are checked at interview. NSS will consider to previous Form 4s as part of a pre-employment check. The organisation has that all doctors employed by a territorial NHS board as well as NSS will have their appraisals undertaken within the host NHS board and a copy of the Form 4 shared with the RO at NSS. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS National Services Scotland reported that it has well-developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Develop a medical appraisal policy.	•	
Continue to establish clinical governance procedures to support the appraisal and revalidation process.	•	
Finalise and implement policy for providing remediation and support for medical staff.	•	

Action points from 2013 review

- Continue to maintain a well functioning appraisal system.

2.21 NHS National Waiting Times Centre Board

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
58 (72%)	**83**	**83 (100%)**	**18**	**0**	**18**	**18 (100%)**	**13 (72%)**

Section	Panel decision
Section 1: **Organisation data**	**On target** An action plan for the year 2013–2014 was received from the NHS board which confirmed the appraisal and revalidation system was in place. NHS National Waiting Times Centre's initial submission did not fully explain the processes and systems in place. The review panel asked NHS National Waiting Times Centre for further information which was provided and presented a clearer picture of the structure with respect to revalidation.
Section 2: **Responsible officer**	**On target** NHS National Waiting Times Centre has an RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and Medical Royal Colleges and Faculties. A deputy RO has also been appointed to support the RO and promote business continuity. There is sufficient resource to cover year 1. The NHS board has reported that local costs for any ongoing additional costs of enhanced appraisal and revalidation will be minimal compared to the total budget and will be absorbed operationally.
Section 3: **Appraisal system**	**On target** NHS National Waiting Times Centre has an appraisal policy in place and a trained appraisers plan. The NHS board uses the multi-source feedback tool embedded in SOAR. An electronic version of the CARE questionnaires is currently being piloted. This has been set up so administration on tablets is linked to electronic databases. The NHS board has not carried out an audit of missed or incomplete appraisals as there are no missed appraisals. It is not anticipated that significant numbers of appraisals will be missed going forward. The current year's appraisals have been allocated. They are tracked every quarter to distribute throughout the year. Any irregular, missed appraisals which come to light would be dealt with on an individual basis. It is expected that if a doctor has missed an appraisal this would

	trigger an incident report from DATIX. Subsequent investigation and relevant improvement actions would follow. The NHS board has identified that it would benefit from a less person-dependent system to keep track of doctors with whom they have a prescribed connection. The NHS board felt that the need to provide an appraisal from a NES-trained appraiser is a limiting step in the development of securing appraisers. There is enough NES-trained appraisers for each to carry out approximately 10 appraisals each. However, it is important to maintain the engagement of the appraisers and enforcing an overly high workload on a smaller number of individuals would threaten this. Individual appraisers differed in their ability to commit to time depending on their other responsibilities. NHS National Waiting Times Centre is focused on completing high quality appraisals on SOAR using its current arrangements. It is necessary to train a further five individuals, who are all committed to attending the NES training, but were unable to obtain places in time due to oversubscription. All five have attended in-house training by the appraisal lead, who has undergone NES training. Some have also attended a one day workshop run with an external facilitator on 'appraisal for appraisees'. The plan is to move towards the 1:10 ratio over the next couple of years by redistributing appraisees and by removing some of the existing appraisers with smaller workloads. To retain flexibility, and to capitalise on the particular skills of the individuals concerned, the NHS board is keen to train more appraisers through NES as some appraisers from the trained pool over that time will move on. While some staff going forward for revalidation have not been appraised by a NES-trained appraiser, the panel agreed the NHS board had made throrough and robust contingency plans to cover this.
Section 4: **Governance relevant to revalidation**	**On target** NHS National Waiting Times Centre submitted its annual report to its Board or governing body. A policy for remediation, rehabilitation and targeted support is currently being developed. All current employees for whom the RO is responsible undergo an appraisal on SOAR and all Form 4s are available. NHS National Waiting Times Centre is a small organisation compared with most NHS boards and based in a single site. The appraisal history of all new employees is checked by the appraisal lead at the time of commencing work. The appraisal lead will either arrange access to previous Form 4s on SOAR, if previous appraisals have been done electronically, or arrange for the doctor to present paper copies. Having inspected the previous Form 4s, the appraisal lead will make appropriate arrangements in consultation with the RO if there are any gaps in the appraisal history, any quality issue with the Form 4s or any issues of substance in the content of the Form 4s which require further attention. Where doctors are employed by numerous organisations, the RO would communicate appropriately with senior medical management in the other organisations, if there were issues that it was appropriate to share. Similarly, if NHS National Waiting Times Centre had concerns making a recommendation for renewal as a result of reviewing Form 4s,

	this would be shared this with other employers. The panel commended these arrangements. It is expected that doctors who are appraised by NHS National Waiting Times Centre will provide evidence for all of their practice, if they work outwith the NHS board. This is one of the quality assurance checks of the Form 4s by the appraisal lead. Similarly, where it is available, clinical activity and outcome data will be provided as with any doctors who are fully employed by NHS National Waiting Times Centre. There is currently no automatic mechanism to share governance investigations and alerts across NHS boards. Human resources keep up-to-date records of doctors GMC status, current licence to practice and restrictions of all doctors who work in the NHS board. In future, that will include a record of every doctor's RO and associated institutional connection. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. NHS National Waiting Times Centre reported that it is developing plans and processes and can demonstrate sustainable improvement throughout the organisation. The panel agreed with this assessment.

Action points from 2012 review	Fully actioned	Ongoing
Introduce a plan to appraise fellowship doctors as a matter of urgency.	•	
Appoint a deputy RO to support RO role and promote business continuity.	•	
Develop a medical appraisal policy.	•	
Continue to establish clinical governance procedures to support the appraisal and revalidation process.	•	
Develop a process for medical appraisers to receive feedback on their performance.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in year 2 and 3.	•	

Action points from 2013 review

- Continue to maintain a well functioning appraisal system.

2.22 Scottish Government

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
Not reported	**5**	**5 (100%)**	**2**	**0**	**2**	**2 (100%)**	**2 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** The Scottish Government during the period of assessment employed five doctors. Due to the small numbers of doctors employed directly, the Scottish Government has not developed an action plan but has a clear policy in place. The Deputy Chief Medical Officer oversees these arrangements. The Scottish Government provides direction, co-ordination and support for a number of national revalidation groups, including the RO Network, the Revalidation Delivery Board Scotland and the National Revalidation Implementation Group, and is responsible for the development of national policies to support revalidation. The panel recognised the arrangements in place for the Scottish Government are unique in that the Deputy Chief Medical Officer is the Responsible Officer for all other Responsible Officer's in Scotland.
Section 2: **Responsible officer arrangements**	**On target** Scottish Government also reported that as of the date of review, all ROs working in Scotland will have their prescribed connection to the Scottish Government. With the agreement of the GMC, the Chief Medical Officer has delegated the duties of the RO, to the Deputy Chief Medical Officer. The Deputy Chief Medical Officer is also the RO for the doctors employed by (but not seconded to) the Scottish Government. The RO has attended the appropriate RO training and sponsors the Scottish RO Network and the RO training days. The Scottish Government reported that no specific barriers or areas of good practice with respect to the roles and responsibilities of the RO were reported.
Section 3: **Appraisal system**	**On target** All appraisals for doctors with a prescribed connection to the Scottish Government are arranged and processed by NSS. This includes the allocation of NES-trained appraisers. NSS reports the outcome of the appraisals to the Deputy Chief Medical Officer who makes the revalidation recommendations to the GMC. The Chief Medical Officer by agreement with the GMC does not have an RO but reports to a suitable person for the purposes of revalidation. The suitable person is the chair of the Academy of Medical Royal Colleges and Faculties in

	Scotland. The Chief Medical Officers appraisal is provided through the NSS appraisal pool. The Scottish Government reported compliance with the national guidance, *A Guide to Appraisal for Medical Revalidation*. This was produced by the National Appraisal Leads Group on behalf of the Scottish Government Health and Social Care Directorates and NHSScotland. The Scottish Government reported that feedback from appraisees on the appraisers' performance is reported through NSS. Multi-source feedback is undertaken and monitored by NSS. There is no system to manage patient questionnaires and the panel agreed this was not applicable to Scottish Government. Due to the small numbers involved, there has been no audit of missed or incomplete appraisals. The Scottish Government has internal monitoring systems in place to quality assure the revalidation process.
Section 4: **Governance relevant to revalidation**	**On target** The Scottish Government works in line with their internal civil service and Scottish Government processes. There was no RO annual report submitted on Scottish Government activity. The panel noted that the Scottish Government participates in the Healthcare Improvement Scotland external quality assurance process. Scrutiny of continuing professional development and supporting evidence is processed by NHS National Services Scotland. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. Scottish Government reported that it can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. The panel considered that the organisation is developing plans and processes and can demonstrate sustainable improvement throughout the organisation.

Action point from 2013 review

- Continue to provide clear central direction on the revalidation policy.

2.23 State Hospitals Board for Scotland

Appraisal results 2011–2012	Appraisal results 2012–2013		Revalidation results 2013–2014				
Number of completed appraisals (%)	Number of doctors due for appraisal	Number of completed appraisals (%)	Number identified for revalidation	Number exempt from appraisal	Number of doctors due for appraisal in 2012–2013	Number of doctors appraised in 2012–2013 (%)	Number of appraisals by NES-trained appraiser in 2012–2013 (%)
14 (100%)	**13**	**13 (100%)**	**2**	**0**	**2**	**2 (100%)**	**2 (100%)**

Section	Panel decision
Section 1: **Organisation details**	**On target** The State Hospital Board for Scotland has an appraisal plan in place and has achieved 100% of appraisals. The panel commended this.
Section 2: **Responsible officer arrangements**	**On target** The State Hospitals Board for Scotland has a RO in place to provide clinical leadership for medical revalidation. The RO has attended training and engages with the RO Network, the GMC and Medical Royal Colleges and Faculties. An action from the previous report was that the NHS board should either appoint a deputy RO or set up a mutual arrangement with another NHS board to access RO provision should the need arise. As yet, no deputy RO has been appointed.
Section 3: **Appraisal system**	**On target** The State Hospital Board for Scotland has a medical appraisal policy and a trained appraisers plan in place. The NHS board reported it has used a variety of multi-source feedback systems, however, going forward they will use the SOAR online system for this purpose. It was reported that the GMC proposed that the State Hospital Board for Scotland should be exempt from having to complete patient feedback and using patient questionnaires. This was reported at an RO Network meeting and declined. A full patient feedback system using an adapted CARE questionnaire is in place and works well. The panel commended this. Data submitted by the State Hospital Board for Scotland suggested that two recommendations made to the GMC, which were due between December 2012–March 2013, were not completed in time. They reported that this was due to awaiting appraisals.
Section 4: **Governance relevant to revalidation**	**On target** There is a clinical governance system in place as well as a process to manage complaints and compliments. The NHS board reported that the RO does not currently check Forms 4

	documentation for all new appointments. Links with other NHS boards and organisations have been established to source information on doctors employed by more than one organisation. Joint appraisal is offered. There is no policy for remediation, rehabilitation and targeted support. The NHS board is waiting for national guidance following advice from the RO Network. During the self-assessment process, we asked organisations to reflect on their progress to meet medical revalidation requirements. The State Hospital Board for Scotland reported that it has well-developed systems and processes and can demonstrate sustainable improvement throughout the organisation. The panel considered that, based on its submission, the NHS board is developing plans and processes and can demonstrate sustainable improvement throughout the organisation.

Action points from 2012 review	Fully actioned	Ongoing
Appoint a deputy RO to support and promote business continuity.		•
Implement the new appraisal policy throughout the NHS board as outlined on the NHS board's action plan.	•	
Continue to monitor appraisals to meet the criteria for the number of doctors going forward for revalidation in year 1. Plan, co-ordinate and continue to develop processes for the increasing number of doctors going forward in years 2 and 3.	•	

Action point from 2013 review

- Continue to maintain a well functioning appraisal system.
- The State Hospitals Board for Scotland employs less than 15 doctors and may want to consider making arrangements with another organisation to support appraisal and provide back-up RO support when and if required.

Appendix 1: Glossary

annual appraisal	The process of preparation, collation and reflection on information, followed by a discussion with an appraiser at a formal, confidential meeting. The appraisal meeting between the appraise and appraiser should take place every year. The appraisal year for both primary and secondary care has been aligned to the financial year (1 April–31 March). An appraisal is considered to be completed when the summary of the appraisal discussion and personal development plan (PDP) have been signed off by appraiser and appraise, within 28 days of the appraisal meeting.
Certificate of Completion of Training (CCT)	Certificate of Completion of Training confirms that a doctor has completed an approved training programme. It is awarded by the General Medical Council. www.gmc-uk.org
DATIX	A software system for risk management, incident and adverse events reporting.
Deanery	A Deanery, within healthcare in the UK, is responsible for the organisation and management of postgraduate medical and dental training.
designated body	An organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officer) Regulations 2010. www.legislation.gov.uk/ukdsi/2010/9780111500286/contents
eligible for appraisal	To be eligible for appraisal, doctors must be registered with the GMC, have a prescribed connection to a designated body and be an active member of the workforce.
Form 4	Form 4 is completed by the appraiser and sets out an agreed summary of the appraisal discussion and a description of the actions agreed. This includes actions that are part of the appraisee's personal development plan.
Form 6a	Form 6a is a form completed by the appraisee to reflect on their appraisal and feed their input into the medical appraisal team.
FORMIC	A tool that collates data received through paper based surveys/questionnaires.
Good Medical Practice	Good Medical Practice sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors. www.gmc-uk.org/guidance/goodmedicalpractice.asp

Memorandum of Understanding	An agreement between organisations to provide specific services or support.
multi-source feedback	At least 15 colleagues must provide anonymous feedback on each doctor's behaviour and approach. This is required once in each 5-year period.
prescribed connection	The formal link between a doctor and their designated body. It is the route by which doctors are able to find their Responsible Officer. Regulation 10 and 12 in The Medical Profession (Responsible Officer) Regulations 2010 set out the 'prescribed connection' between designated bodies and doctors and these are explained in more detail in the Responsible Officer guidance. www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH117861
remediation	The overall process agreed with a doctor to redress identified aspects of under performance. Remediation is a broad concept varying from informal agreements to carry out some re-skilling, to more formal supervised programmes of remediation or rehabilitation.
Responsible Officer (RO)	A licensed doctor with a least 5 years experience who has been nominated or appointed by a designated body. In Scotland, medical directors have been appointed as Responsible Officers and they will have a key role in the developing more effective liaison between organisations and the GMC as the regulatory body for all doctors. They will also oversee the arrangements for medical revalidation, including all methods of evaluating fitness to practise. The GMC will make the final decision on revalidation of any doctor.
Scottish Online Appraisal Resource (SOAR)	The Scottish Online Appraisal Resource is the national database used to record appraisal for trainees and doctors in primary and secondary care.
suitable person	This is a person whose responsibilities are similar to that of an RO, for example the chair of the Academy of Medical Royal Colleges and Faculties in Scotland. This includes making recommendations to the GMC about the revalidation of doctors.

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.

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