Assuring the Quality of Medical Appraisal for Revalidation

Strengthening Medical Appraisal

*A Report of the study in the Independent Sector (England)*
Report on the Independent Sector study of the impact of the Assuring the Quality of Medical Appraisal for Revalidation (AQMAR) tools and medical appraisal in the independent sector for medical revalidation

1. Executive Summary
The white paper “Trust, Assurance and Safety” has positioned medical appraisal as the cornerstone of revalidation which means appraisal must be delivered to a consistently high standard. The NHS Revalidation Support Team has developed the Assuring the Quality of Medical Appraisal (AQMA) document into the current guidance Assuring the Quality of Medical Appraisal for Revalidation (AQMAR). NHS organisations have undertaken assessments into its use and application however there had been no review of these assessment tools for quality assurance in the independent sector. The independent sector benefits from the GMC and IHAS Revalidation Working Group, chaired by Dr Andy Jones of Nuffield Health, which works to implement the revalidation agenda in the independent sector.

Independent Healthcare Advisory Services (IHAS) has carried out a short study into the impact and use of AQMAR and started to explore some of the issues for organisations and doctors working in the independent sector about current medical appraisal arrangements and those proposed in the “Strengthening NHS Medical Appraisal to Support Revalidation in England”. This report outlines the study and its key findings.

The organisations that completed the AQMAR self assessment tools showed they complied with the majority of the clinical governance section, reflecting established and effective clinical governance frameworks. The appraisal self assessment tool identified variable levels of compliance across the organisations, identifying possible areas for future development. Whilst the majority of the self assessment tools were acceptable not all aspects of the tools were appropriate to the independent sector organisations. The overwhelming message from organisations is that AQMAR must remain a flexible guidance tool and not be escalated into a mandatory compliance assessment framework.

Focus groups considered doctors’ current appraisal arrangements and the implications of the proposals of Strengthening Medical Appraisal (SMA). This
included doctors in managed care environments that worked under practising privileges that may or may not have an NHS contract. Other organisations included doctors that are employed, seconded or under service level agreements.

The Independent Doctors Federation (IDF) has an existing appraisal framework for doctors to access for a fee. The proposals of SMA will increase the cost of the framework and increase the resources needed to deliver on the SMA proposals. The IDF raised concern about the possible increases in the number of doctors wishing to access the IDF appraisal when some doctors may not meet the criteria to be appraised by the IDF which may create a gap in available appraisal systems for an independent doctor to access.

The focus group for doctors working in a managed care environment was hosted by HCA International with contributions from the Federation of Independent Practitioner Organisations (FIPO) and the London Consultants Association (LCA). Current appraisal arrangements for doctors with practising privileges were often carried out by a “friendly colleague” on a “buddy–buddy basis”. However the LCA have an established appraisal framework that doctors can access for a fee. In this example the hospitals did not carry out appraisals of doctors; doctors had an appraisal either through the NHS, a buddy system or the LCA.

The hospitals are able to produce relevant information for doctors to use in their appraisal but envisaged an increase in resource and activity in clinical governance teams for the future. A standardised approach is needed from the independent sector for the information flows with the NHS to support doctors’ medical appraisal systems.

The cosmetic focus group created challenges in engaging with doctors practising in this field. The study did include major cosmetic surgery and aesthetic procedure providers with later follow up with the British Academy of Cosmetic Doctors (BACD) and other individual doctors. All major providers except one did not currently carry out appraisal of doctors but were able to provide aspects of performance information. There is scope to have an agreement amongst these providers about the minimum data collected about and for doctors for appraisal but will need to take into account the commercially sensitive nature of the information. There may be significant, yet unknown, numbers of doctors working in unregulated
environments that are not engaged in the revalidation agenda with fewer options to access for appraisal.

The short study attempted to capture some of the diversity of provider relationships with doctors and the diversity of provider types. Organisations range from those that carry out no appraisal of doctors as they do not employ doctors to those with significant numbers of doctors directly employed. Doctors with practising privileges may be working across several organisations and hospitals adding a further consideration to the appraisal information and information flows. Other organisations may also have doctors seconded from the NHS or service level agreements. Resident Medical Officers (RMO)'s raise sector specific issues which need to be considered both for the RMO’s employing organisation for appraisal and the hospital that needs to manage information flows.

Whether the organisation is carrying out the appraisal or not there are implications in terms of increased resources needed for the SMA proposals and the need for increased capacity in appraisal frameworks available to doctors in the independent sector such as the IDF and LCA. All of this comes at a financial cost for organisations and doctors.