



Review of HSC Trust Readiness for

Medical Revalidation

Summary Report

For Northern Ireland

December 2010

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1. The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. In its work RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

In 2005, RQIA was established as a non departmental public body (NDPB) under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- **Improving Care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.
- **Influencing Policy:** we influence policy and standards in health and social care.

2. Context for the review

On 16 November 2009, the General Medical Council (GMC) introduced arrangements through which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practice. In the future, all doctors will be required to undergo a process of revalidation if they wish to retain their licence to practice. Final decisions on the nature and timing of the introduction of revalidation have not yet been taken. A GMC consultation on the way ahead closed on 4 June 2010.

The process of revalidation will involve each doctor collecting a portfolio of evidence over a five year cycle. This will be reviewed at annual appraisal, against standards set out by the GMC and relevant Royal Colleges. Participation in medical appraisal is a contractual obligation for every doctor working in HSC organisations.

Revalidation, as an integral component of effective governance and management arrangements, is the means by which organisations should be able to provide assurance for the public that all doctors are up to date and fit to practice. The introduction of revalidation strengthens the mechanisms for assuring quality and safety of clinical care, and provides organisations with a challenge which requires active clinical and managerial leadership.

In future, every doctor will be required to have a named responsible officer. The responsible officer will be a statutory position. Responsible officers will make revalidation recommendations to the GMC concerning doctors linked to their organisation.

On 23 June 2010, the Northern Ireland Assembly enacted legislation entitled The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010. The regulations come into operation on 1 October 2010 and require each designated body, including health and social care (HSC) trusts, to nominate or appoint a responsible officer.

To underpin the revalidation recommendations of responsible officers, each organisation will need robust systems of clinical governance and delivery of medical appraisal. The NHS revalidation support team (RST) has been developing guidance and tools to assist organisations in meeting the requirements of revalidation. To review the quality of the processes supporting revalidation, a specific tool, Assuring the Quality of Medical Appraisal for Revalidation (AQMAR) has been developed. This tool contains two sections: one to assess governance processes, and another to assess appraisal systems. RST recommends the use of evidence based self-assessment by organisations, with external review every three years.

RQIA has been working with the GMC, RST, Quality Improvement Scotland (QIS) and Healthcare Inspectorate Wales (HIW) to pilot an

approach to carrying out an independent external review of medical revalidation. The pilot in Northern Ireland includes the completion of self-assessment AQMAR tools by the HSC trusts, submission of evidence and validation visits to each trust. The pilot will also be subject to external evaluation by HIW to inform the future design of quality assurance processes.

Individual reports with recommendations have been prepared for each HSC trust. This report summarises the findings of the review across Northern Ireland. The report makes recommendations which the review team considers would be usefully taken forward collaboratively, at a Northern Ireland level.

3. Methodology

The methodology for the review comprised the following stages.

1. Completion by each HSC trust of the AQMAR self-assessment questionnaires developed by the NHS revalidation support team:
 - clinical governance self-assessment tool
 - medical appraisal self-assessment tool
2. Submission of completed questionnaires, together with supporting evidence, to RQIA.
3. Validation visits to trusts involving:
 - meetings with trust teams responsible for governance and appraisal systems
 - meetings with focus groups of appraisers
 - meetings with focus groups of appraisees
4. Sample audit of a small number of anonymised Part 4 appraisal forms and personal development plans (PDPs).
5. Preparation of feedback reports for each trust.
6. Preparation of a report of the review findings across Northern Ireland.
7. Evaluation of the process by HIW.

4. Membership of the Review Team

The review team which took part in the validation visits to the HSC trusts from 7 - 11 June 2010 included:

Ms Claire Hosie	Safety Governance and Risk Facilitator, NHS Tayside
Dr Martin Shelly	Clinical Lead, NHS Revalidation Support Team
Mr Niall McSperrin	Lay representative
Mrs Mandy Collins	Deputy Chief Executive, Healthcare Inspectorate Wales
Dr David Stewart	Medical Director / Head of Service Improvement, RQIA
Mr Hall Graham	Head of Primary Care, RQIA

Project Support

Mrs Angela Belshaw	Project Manager, RQIA
Mrs Jacqui Murphy	Senior Project Manager, RQIA
Mr Jim McIlroy	Project Manager, RQIA
Mrs Louise Curran	Administration Support, RQIA

5. Review of Clinical Governance Systems

5.1 Organisational Clinical Governance Systems

The review team found that the five HSC trusts have developed an integrated approach to governance, which includes clinical and social care governance.

The review team considered that all trust structures have clearly documented lines of accountability. Trusts have recently reviewed their governance arrangements or were in the process of doing so at the time of the review. Committee structures and assurance frameworks have been, or will be, revised as a result of these reviews.

Each trust has clearly defined reporting arrangements for doctors, through clinical directors, to the medical director. The review team found that all trusts recognise that effective appraisal and revalidation systems for doctors are core components of governance for the organisation.

Trusts carry out annual internal scrutiny of their governance arrangements through a controls assurance system. There is external evaluation of governance arrangements by RQIA. Junior doctor training is subject to review by the GMC.

Each trust is required to nominate or appoint a responsible officer by 1 October 2010, following the enactment of The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010. The review team has recommended that each trust reviews its governance arrangements and documentation to reflect the role of the responsible officer.

5.2 Information Management Systems

The review team found that all trusts recognise the need to make accurate information available to provide doctors with the evidence they need to bring to the appraisal discussion. Trusts have also identified the need to establish information system support for the responsible officer in the delivery of appraisal and revalidation systems.

Trust information systems hold significant amounts of data, although relevant information is not always easily extracted to provide a report for an individual doctor. Some trusts have contracted for the provision of consultant-specific extracts of activity information reports from patient administration systems. Doctors advised the review team that this information was useful.

Trusts are implementing approaches to making information available to doctors on complaints and incidents, which are core components of the set of information each doctor should bring to appraisal. All trusts use the same information system to record incidents and complaints. The data may not always be linked to an individual doctor and therefore it can be difficult to provide individualised reports.

The review team found that trusts have identified the need to define an agreed set of core information, which should be made available from trust systems to both appraisers and appraisees, to inform appraisal discussions. The review team has recommended that each trust develops a protocol setting out the information which will be made available.

The management of an effective appraisal system across a large trust requires information support for planning and monitoring. All trusts have recognised this requirement and are considering or already implementing local solutions.

The review team welcomed the approach adopted in the Western HSC Trust, which has invested in a locally developed system to manage planning and record keeping for appraisal. This is already showing significant benefits in the completion of appraisal documentation and in facilitating individual feedback to doctors.

5.3. Clinical Risk Management/Patient Safety Systems

The review team found that trusts have prioritised risk management and patient safety, with active leadership at board and senior management level.

All trusts have risk management strategies and/or policies. Risks are assessed using standardised approaches and considered at appropriate levels in the organisation. Risk registers are in place at corporate and operational levels.

All trusts have established systems for incident reporting and recording. Trusts have put in place a range of local mechanisms to disseminate learning from incidents, for example through newsletters, or establishment of patient safety working groups to lead and coordinate action in specific areas.

Trusts have been taking forward specific patient safety initiatives, including locally determined initiatives and also as part of regional approaches.

Systems have been established to track progress on implementation of patient safety alerts and ensure action is taken.

The review team found that several trusts do not have formal systems in place to provide information for individual doctors on significant events, which can then be brought to the appraisal discussion. In some cases the onus is on the doctor to request the information. It can be difficult to generate information relating to individual doctors as the doctor's name may not be recorded on the database.

The review team was advised that, in general, there are no systems in place for the local collation of information which has been provided by staff in the trusts to national registries such as the drug reaction reporting system. There can also be limited feedback from these national systems to trusts. The review team has recommended that each trust should carry out an audit of the reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.

5.4. Clinical Audit Systems

The review team found that there was clear evidence of commitment within trusts to the promotion of clinical audit. The arrangements for planning, coordinating and promoting clinical audit varied across the five trusts participating in the review.

The Belfast HSC Trust has integrated the clinical audit support arrangements from six legacy trust departments into a single audit department, and has developed a rolling audit programme. The Northern HSC Trust has established a clinical and social care audit and effectiveness strategy and prepares a comprehensive audit and effectiveness quality improvement plan. The South Eastern HSC Trust has established a multi-professional audit steering committee which monitors audit delivery across the trust. The Southern HSC Trust has a formal approval pathway for inclusion of possible clinical and social care audits in an annual effectiveness and evaluation work plan. The Western HSC Trust has a professional audit strategy in place and has established an audit steering group which organises an annual audit symposium.

In discussion, the review team found that there was, in general, a lack of clarity about the nature and extent of information derived from clinical audit which was required to support appraisal. Trust appraisal policies require doctors to bring information about their involvement in audit to appraisal, but systems are not sufficiently established to support this requirement. Audits are frequently carried out at team level and it can be difficult to gauge involvement by individual doctors.

The review team considers that guidelines should be developed regarding the provision of appropriate information about clinical audit which doctors should bring to appraisal. This would benefit appraisees, appraisers and responsible officers.

Recommendations

1. DHSSPS should establish a process to develop guidelines as to the provision of appropriate clinical audit information which doctors should bring to annual appraisal discussions.

5.5. Reporting and Managing Performance Concerns.

All trusts advised the review team that they follow regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, November 2005) in relation to the reporting and management of performance concerns about doctors.

Trusts have established mechanisms to manage cases where concerns about doctors have arisen. All trusts have experience of using referral systems in relation to doctors in difficulty, including referral to GMC and use of the National Clinical Assessment Service (NCAS).

Trust appraisal policies set out procedures which appraisers should follow if performance, conduct or health issues arise during the appraisal discussion. Whistle-blowing policies and systems have been developed. There is limited assurance available on the effectiveness of application of whistle - blowing systems.

The review team has identified that there are no documented arrangements in some trusts, as to how the appraisal process is used to support doctors who are the subject of performance or disciplinary concerns. The review team has recommended that this is set out in trust appraisal policies.

5.6. Complaints Management Systems.

The review team found that all trusts have comprehensive policies and procedures in place for the management of complaints, which have been reviewed to reflect revised DHSSPS guidance on complaints.

All trusts have developed local initiatives to improve the management of, and learning from, complaints. For example, the Belfast HSC Trust is undertaking a one year pilot of the operation of a complaints final review group, to provide assurance to the trust board that every effort has been made to resolve complaints. The Northern HSC Trust has established a user feedback and involvement committee which reviews complaints to identify learning. The South Eastern HSC Trust has set up a lessons learned committee to replace the former complaints committee, as part of the trust drive to embed a culture of learning from complaints and incidents. The Southern HSC Trust has created a patient and user experience committee, to seek and provide assurance that the trust has effective mechanisms to capture the views and experiences of service users. The Western HSC Trust has carried out a survey of staff knowledge and attitudes to the complaints process, which revealed generally good awareness of arrangements for handling complaints.

The review team found that a significant challenge facing trusts was the provision of information about complaints to individual doctors to support appraisal, as the name of a specific doctor is frequently not referred to in a complaint. The Northern HSC Trust is rolling out a programme providing an annual summary of complaints to support appraisal. The review team has recommended that all trusts review their systems to determine the information which can be made available to individual doctors. In establishing systems, it is important to include statements of absence of complaints, where appropriate.

5.7. Continuing Professional Development (CPD) Systems.

A core component of the appraisal process is for the appraiser and appraisee to discuss engagement in continuing professional development, and to consider the doctor's personal development plan for the following year.

The review team found that trusts have, or are developing, policies or strategies which are relevant to the delivery of CPD for doctors.

For example, the Belfast HSC Trust has a learning and development strategy which specifically references support for appraisal and 360 degree feedback for doctors. The South Eastern HSC Trust has a consultant professional and study leave policy and is planning to develop a specific strategy for CPD. The Northern HSC Trust has a research and development policy and each clinical director is required to prepare a directorate report on appraisal and development needs. The Southern HSC Trust is in the process of developing a study leave/CPD policy for consultants and career grade doctors. The Western HSC Trust appraisal policy requires all doctors to provide evidence at appraisal that they have met relevant college or faculty criteria for CPD.

The review team found that, in general, there are no systems in place to assure the quality of the CPD which is being received by doctors, or that identified needs for development in the provision of CPD are systematically addressed.

Recommendations

- 2.** DHSSPS should establish a review of the arrangements for delivery of CPD for career grade doctors in secondary care across Northern Ireland. This should also identify if CPD could be more appropriately targeted to meet the needs of doctors, as identified through the appraisal process.

5.8. Service Development, Workforce Development, Human Resource Management.

The review team found that all trusts have human resource strategies in place or in development. Human resource procedures are subject to annual assessment through controls assurance arrangements.

All trusts have systems in place to agree job plans for individual consultants. The review team was advised that in some trusts, job planning and appraisal discussion can take place at the same meeting. The review team considers that this may be difficult to sustain as appraisal is enhanced and becomes part of a five year process to build evidence towards revalidation. Job planning and appraisal are related but are different processes with different objectives. It is important that there is clarity regarding the different roles, and, if occurring at the same meeting that they are managed as separate processes.

In future, responsible officers will need to obtain information from previous employers about the involvement of doctors in appraisal, to inform recommendations to the GMC in relation to revalidation. The review team found that although trusts have recognised this issue, as yet there are no robust systems in place for this information to be captured.

The review team asked trusts to describe their arrangements for the recruitment and appraisal of locum doctors and the provision of exit reports when they leave the trust.

In relation to the appraisal of locums, interim guidance was issued by DHSSPS on 27 October 2006 (Circular HSS (TC8) 8/2006). In keeping with this guidance all trusts make arrangements for the appraisal of locums. In some trusts locums are appraised if employed for a minimum of three months, which is an enhancement over the six months set out in the guidance.

Arrangements for exit reports vary between trusts. Trusts do not always receive end of placement reports from locum agencies or previous employers and not all trusts have systems in place to provide exit reports for all locum doctors. The review team considers that it would be useful to standardise arrangements across Northern Ireland.

Recommendations

- 3.** DHSSPS should review current systems for gathering and sharing information in relation to locum doctors, to ensure that these can support their future revalidation.
- 4.** DHSSPS should review the interim guidance for the appraisal of locum doctors, issued in 2006, in the context of the appointment of responsible officers, and the future introduction of revalidation.

6. Review of Appraisal Systems

6.1 Organisational Ethos

There is unequivocal commitment from the highest levels of the responsible organisation to deliver a quality assured system of appraisal, in support of revalidation, that is fully integrated with local clinical governance systems.

The review team found that in all trusts there is evidence of strong commitment at senior level to the delivery of effective systems of appraisal, to underpin revalidation. The introduction of revalidation has been clearly identified as a priority for each organisation.

In each trust, the appraisal system is led by the medical director, supported by associate medical directors and clinical directors as appropriate. Doctors in management roles have their responsibilities in relation to appraisal set out in job descriptions.

In 2009 all trusts participated in a Northern Ireland pilot relating to revalidation in secondary care, which included testing of multi source feedback and collection of information to support appraisal.

The review team found that trusts recognised the need to effectively link systems for appraisal and revalidation with their integrated governance arrangements. For example, the Belfast HSC Trust has recently established a revalidation steering group, which has been tasked with consideration of linkages.

Each trust has a written appraisal policy and procedure. Medical directors have prepared or were in the process of preparing reports on appraisal for presentation to their trust boards. The review team considers that, in future, it would be helpful for medical directors to share their reports with medical directors of other trusts. These are a useful source of information on actions being taken, and may highlight common issues on which joint approaches could be adopted between trusts.

All trusts have invested in the development of their appraisal systems, but there is a general recognition that there will be a need for further investment to support the role of the responsible officer, to deliver enhanced appraisal to support revalidation.

6.2 Appraiser Selection, Skills And Training

The responsible organisation has a process for selection of appraisers. Appraisers undertake initial training and their skills are reviewed and developed.

The review team found that experienced groups of appraisers are present in all trusts. All trusts have also included responsibilities for appraisal in the job descriptions of medical managers.

The arrangements for recruitment and selection of appraisers did vary somewhat between trusts. Most trusts have developed, or were in the process of developing, person specifications and job descriptions for appraisers. The South Eastern HSC Trust has carried out an audit of all current appraisers in the trust, to determine if they meet the criteria set out in the person specification. The Southern HSC Trust has carried out a validation exercise of its list of appraisers as part of a review of the appraisal system.

Initial and update training is provided for appraisers either through the Beeches Management Centre or in-house. Appraisees advised the review team that they considered the training to be valuable, but it was suggested that an increased focus on developing the skills of the appraiser would be helpful. The Western HSC Trust maintains a database of all appraisers which sets out when full or refresher training was last provided.

Trusts provide access to training for appraisees about appraisal but the uptake can be poor. Some appraisees advised that they were not aware of this training opportunity and would have welcomed it.

Training is subject to evaluation and the content of training is refreshed. For example, a medical manager in the Northern HSC Trust has reviewed the content of the programme and it is to be updated to support enhanced appraisal.

Trusts are establishing initiatives which will support appraisers in their role. The Belfast HSC Trust has commenced a programme of appraiser workshops and the South Eastern HSC Trust is setting up a medical professional forum to include clinical managers and delegated appraisers.

The review team found that, in general, there are no systems in place to provide feedback to appraisers on their performance in the role, or to evaluate their skills. Appraisers advised that they would welcome this, in particular with the evolving role of appraisal in relation to revalidation.

Recommendations

- 5.** The DHSSPS and trusts should consider establishing a collaborative initiative to enhance and evaluate the skills of appraisers to support revalidation.

6.3. Appraisal Discussion

The appraisal is informed by a portfolio of verifiable supporting information that reflects the whole breadth of the doctor's practice and informs objective evaluation of its quality. The discussion includes challenge, encourages reflection and generates a personal development plan (PDP) for the year ahead.

The review team found that all trusts have carried out audits of documentation relating to appraisal, or are planning to do so. The Belfast HSC Trust carries out an annual quality assurance audit, across a number of appraisals, to test the conformity of core documentation and evidence provided. The trust is planning to introduce an evaluation checklist for evidence to support revalidation. The Northern HSC Trust is carrying out an audit of Form 4s. The South Eastern HSC Trust has carried out an anonymous sampling exercise of appraisal forms and PDPs, and, as a result has developed guidance for appraisers. The Southern HSC Trust has carried out audits of appraisal forms, PDPs and appraisal folders. The Western HSC Trust carried out an audit of Form 4s in 2009 which led to a series of recommendations for improvement.

Appraisers and appraisees raised a number of concerns about the current arrangements including:

- There is a lack of clarity as to what information doctors should now bring to appraisal, as part of a portfolio to support future revalidation.
- The present documentation for the appraisal process is out of date and does not reflect the GMC domains of good medical practice or the building of evidence to support revalidation.
- It can be difficult to develop a meaningful personal development plan which meets both personal and trust objectives, during a period when resources are significantly constrained.
- There is no clarity as to what information should be brought from private practice or non-trust work as part of the evidence base to support whole practice appraisal.

All trusts provided the review team with a sample of anonymous Form 4s and PDPs to inform the review process. In general, all sections of the forms were completed but the quality of the submitted forms was variable and not all had actions agreed. All appraisals had been signed off appropriately and nearly all had a PDP attached. There was evidence that some doctors had completed 360 degree appraisal. These findings are in keeping with audits which have been undertaken by trusts. The review team recognises that the sample was small and not provided on a randomised basis. Nevertheless the team noted that the forms provided by the South Eastern HSC Trust, which has provided written guidance on documentation, were all comprehensively completed by both parties.

Recommendations

- 6.** As a priority the DHSSPS should continue to progress the regional review of appraisal documentation, as part of the regional action plan on revalidation.
- 7.** The DHSSPS should consider developing guidance on the provision of information from private practice and other non-trust work, which should be brought to the appraisal discussion in the context of revalidation.

6.4. Systems and Infrastructure

The management of the appraisal system is effective and ensures that all doctors linked to the responsible organisation are appraised annually

The review team found that mechanisms are in place in all trusts to strengthen the management of their appraisal systems. There are clear lines of accountability for the delivery of appraisal.

Trusts provided details of the number of doctors recorded as having completed an appraisal in the last appraisal period. The timing of the appraisal year differs between trusts. The information supplied is not strictly comparable as, at the time of the review visits, not all trusts had completed collecting data from the last round of appraisals. In some trusts, information was not available in relation to the appraisal of non consultant grades, including locums.

RQIA carried out a desktop review of consultant appraisal in 2008 and reported that, at that time, there was a significant shortfall in some trusts in the number of consultants who had been appraised.

From the information provided for this review there has been considerable progress in the engagement of consultants in appraisal. In the Western HSC Trust 53 per cent of consultants were recorded as having had an appraisal in 2007, but this had risen to 88 per cent in 2008. In the South Eastern HSC Trust, it was estimated that 50 to 60 per cent of consultants had been appraised at the time of the previous review, but the estimated position at the time of this review was that 82 per cent of appraisals had been completed, or were in progress. Eighty-one per cent of consultants in the Southern HSC Trust were recorded as completing appraisal in 2008-09. Seventy-one per cent of consultants in the Belfast HSC Trust were recorded as having had an appraisal in 2008-09, but from information supplied to the review team this may be an underestimate. In the 2008-09 period, the Northern HSC Trust performed well with 173 out of 179 consultants having completed an appraisal and with documented reasons for the six consultants who had not.

The benefits of having an information system to support the appraisal process were clearly demonstrated to the review team in the Western HSC Trust, as this gives a clear picture of the current position of each doctor in relation to appraisal.

The review team recognises the progress which has been made since the last review, but there are still a number of consultants who do not appear to be having appraisals and there is limited information in some trusts in relation to appraisal of locums and non consultant grades.

The review team has recommended that trusts carry out an audit, where this has not already been done, to identify the reasons why appraisals were not completed by individual doctors.

7. Conclusions

The aim of this review was to carry out an assessment of the current state of readiness of HSC trusts in Northern Ireland, in relation to the future introduction of revalidation of doctors. The review focused on the systems of governance and appraisal, which will be essential to support responsible officers in making recommendations to the GMC, on the revalidation of individual doctors.

The members of the review team consider that the processes of appraisal and, in future, revalidation, are important in reinforcing and maintaining public confidence in the medical profession.

In Northern Ireland, legislation has been enacted for the appointment of responsible officers in relevant organisations by 1 October 2010. At the time of the review visits, decisions as to the timing of introduction of revalidation had not been taken, and the outcome of the GMC consultation on the structure of revalidation was not known.

The review team found that all trusts have developed robust, integrated approaches to governance and has recommended that these governance arrangements should, in future, reflect the role of the responsible officer.

The review team found that there is strong commitment in all HSC trusts in Northern Ireland to ensuring they have effective systems of appraisal, and have made good progress towards preparing for revalidation. Since the last RQIA review of consultant appraisal across HSC Trusts (August 2008), in those trusts where uptake was low, there has been a significant increase in the number of doctors who have undertaken an annual appraisal. Trusts have introduced a number of innovative developments to enhance the management and delivery of their appraisal systems.

The review team has identified the need to standardise the provision of information to doctors to support the appraisal process. There is also a need to establish information systems to support responsible officers in the delivery and oversight of appraisal and revalidation.

The review team has made a number of recommendations for each individual trust. The team's recommendations for coordinated action at regional level include actions relating to audit, continuing professional development, appraisal of locum doctors, appraiser evaluation, appraisal documentation and information relating to practice of doctors outside the trust processes.

The review team considers that all trusts in Northern Ireland have action plans in place regarding revalidation which, when completed, will enable them to consider application for early adopter status. This is dependent on decisions having been taken on the timing of introduction of revalidation by the General Medical Council.

8 Summary of Recommendations

- 1.** DHSSPS should establish a process to develop guidelines as to the provision of appropriate clinical audit information which doctors should bring to annual appraisal discussions.
- 2.** DHSSPS should establish a review of the arrangements for delivery of CPD for career grade doctors in secondary care across Northern Ireland. This should also identify if CPD could be more appropriately targeted to meet the needs of doctors, as identified through the appraisal process.
- 3.** DHSSPS should review current systems for gathering and sharing information in relation to locum doctors, to ensure that these can support their future revalidation.
- 4.** DHSSPS should review the interim guidance for the appraisal of locum doctors, issued in 2006, in the context of the appointment of responsible officers, and the future introduction of revalidation.
- 5.** The DHSSPS and trusts should consider establishing a collaborative initiative to enhance and evaluate the skills of appraisers to support revalidation.
- 6.** As a priority the DHSSPS should continue to progress the regional review of appraisal documentation, as part of the regional action plan on revalidation.
- 7.** The DHSSPS should consider developing guidance on the provision of information from private practice and other non-trust work, which should be brought to the appraisal discussion in the context of revalidation.