Healthcare Improvement Scotland is committed to equality. We have assessed the performance assessment function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). Our work on medical revalidation has been assessed as having a neutral impact. You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net.
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Medical revalidation in Scotland is a success story. Healthcare organisations reported that 10,560 doctors in total have received a positive recommendation to revalidate between December 2012 and 31 March 2016. Processes for medical revalidation now appear to be well embedded across Scotland and the data suggest that Scotland is on track to complete the first five-year cycle of medical revalidation by 31 March 2018.

Annual appraisal rates in Scotland have risen from 80% in 2011–2012 to 92% in 2015–2016. During 2015–2016, the percentage of completed appraisals amongst organisations ranged from 80% to 100%.

Links are established between NHS boards and hospices to provide Responsible Officer (RO) support and appraisal services. In response to recommendations in previous reports, we have also seen reciprocal arrangements being established to provide appraisal services in organisations that have one or very few appraisers and a small number of doctors with a prescribed connection.
Key Facts 2015-2016

4,320 doctors identified for revalidation

95% doctors received a positive recommendation*

5% doctors were deferred*

12,733 doctors with a prescribed connection

12,063 doctors eligible for appraisal

670 doctors were not eligible for appraisal

11,144 (92%) doctors completed appraisal

*Please note that the number of positive recommendations and the number of deferral requests may not add up to the total number of doctors identified for revalidation as it is possible for a doctor to have a deferral (or deferrals) and a positive recommendation within the same appraisal year. Some doctors’ revalidation may also be on hold pending the outcome of any investigations.
Medical revalidation has been a legal requirement in the UK since 2012. Medical revalidation is the process by which doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise. All licensed doctors are now legally required to be revalidated every five years to continue practising in the UK. Doctors must complete annual appraisals based on the GMC’s core guidance, *Good Medical Practice*. ROs will use the evidence from these appraisals to make a recommendation to the GMC on whether or not the doctor should be revalidated. The three options that are available to ROs are shown below.

- A positive recommendation that the doctor is up to date, fit to practise, and should be revalidated.
- A deferral request because the RO needs more information to make a recommendation about the doctor. This may happen if the doctor has taken a break from practice, such as maternity leave.
- Notification that the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation.

Doctors who do not engage with appraisal and revalidation may have their licence to practise revoked. Revalidation is not designed to be a ‘pass’ or ‘fail’ process, but one that will assure doctors’ fitness to practise and assist them to identify areas for improvement. Doctors whose practice is not up to standard should be identified by the annual appraisal process. They will be offered remediation and support.
Healthcare Improvement Scotland has developed and supported a national approach to providing assurance about the progress that organisations have made in preparing for and implementing medical revalidation in Scotland.

Since 2012, we have published an annual review of medical revalidation and annual appraisal arrangements in Scotland. The scope of our work includes any organisation registered in Scotland who employs medical doctors, such as the NHS, registered independent hospitals and hospices, and other organisations employing doctors, such as the Mental Welfare Commission for Scotland. Scottish Government is also included in this review as it is the designated body for its own employees as well as for the ROs in Scotland. For revalidation purposes, the Chief Medical Officer (CMO) is the RO for all ROs in the NHS and for a small number of additional organisations.

Full details on the organisations included in this year’s review are in the Data Tables available at: www.healthcareimprovementscotland.org/medicalrevalidation2016.aspx

The aim of our reviews is to find out how well organisations are progressing with revalidation. In particular, we report on:

- the number of doctors with a prescribed connection to the organisation and the percentage who have had an annual appraisal
- the number of NHS Education for Scotland (NES) trained appraisers, and
- governance arrangements for reporting and providing assurance on fitness to practise.

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A collaborative approach between key partners and stakeholders in Scotland has contributed to the success of medical revalidation. NES continues to provide high quality appraisal training and a further round of training is planned for 2017. NES is also the host of SOAR, which is the national database used to record appraisal for trainees and doctors in primary and secondary care, and is used by the majority of doctors in Scotland.

The GMC continues to oversee medical revalidation across the UK and provides advice and support to stakeholders. The GMC has been carrying out a comprehensive evaluation of the benefits and value of medical revalidation since the outset. This started in 2014 and the study is due to conclude in 2018.

The GMC has also commissioned a review which will draw on evidence of the operation and impact of revalidation since its introduction. This review is being undertaken by Sir Keith Pearson, who is the independent chair of the Revalidation Advisory Board. Sir Keith Pearson will report his findings and recommendations by the end of 2016.

Our continued involvement in national and UK-wide groups has provided Scotland with the opportunity to share and learn from experience. The Revalidation Delivery Board Scotland, on behalf of the CMO, has continued to provide valued direction and support and will continue to meet during 2017.
Review Methodology

Each year, we check and update the list of organisations to include in the review. Our list of designated and non-designated bodies is checked against those held by the GMC, Scottish Government and a list of registered independent healthcare providers. Our list includes NHS boards, independent hospitals and hospices, and regulated and non-regulated private organisations which are registered in Scotland. In March 2016, this amounted to 45 organisations. Marie Curie is a designated body which is not registered in Scotland, but as the Glasgow and Edinburgh hospices are linked to NHS Greater Glasgow and Clyde and NHS Lothian respectively, they are included within the 45 organisations.

Our evaluation panel members and representatives from the GMC and Scottish Government reviewed and updated the self-assessment documentation which was then sent to the 45 organisations to complete and return by May 2016. We also requested core evidence and asked organisations to provide an update on progress against any actions that were set by the evaluation panels last year.

Evaluation panels met in July 2016 to review the self-assessments and accompanying information. The panels were chaired by medical directors and included appraisal leads, clinical governance leads and public partners (see Appendix 1 for a list of panel members). The panels considered the completed self-assessments, reviewed the evidence presented, self-reported progress levels and also checked progress against actions identified by the panels from the previous year’s review. The data used in this report are self-reported information provided by each organisation. Each return was then validated by the evaluation panels. Panel members met to ensure a consistent approach across panels.

The work of the panels allowed us to assess progress at an organisational level and compare within healthcare sectors and on a national basis. Each organisation was sent a copy of their local report for factual accuracy checking.

The role of Public Partner is an integral part of Healthcare Improvement Scotland’s scrutiny ethos, creating the opportunity for members of the public to have a voice in the robust inspection and regulation of NHS facilities, ensuring that healthcare services are sensitive to the requirements and preferences of patients.
Recommendations

Progress against 2014–2015 recommendations

In the 2014–2015 review, the evaluation panels made four recommendations. The following is an update on progress.

We recommended that all organisations should report, at least annually, through formal governance arrangements. This includes organisations that have outsourced annual appraisal and/or RO support.

**Status: Ongoing**

A number of organisations (34/45) confirmed that they now report to their governing body or to a subcommittee of the governing body. Some organisations reported that they plan to in the coming year; others reported that they feedback informally. Organisations that outsourced RO support and/or appraisal referred us to their host organisation’s reporting arrangements.

We have made this a recommendation again this year as it is essential that assurance is provided to the organisation’s governing body that appraisal and revalidation arrangements are in place and that any issues are known about and are being addressed.

We recommended that all organisations check Form 4s (or relevant documentation) for new staff and for locums who are in post for more than three months and that appraisal is fully informed and covers all the professional activity in which a doctor is involved.

**Status: Ongoing**

A number of organisations (26/45) reported that they check Form 4s (or relevant documentation) for new staff and for locums who are in post for more than three months. However, (19/45) organisations still do not check Form 4s (or relevant documentation) and this presents a potential risk that relevant information is not shared between organisations.

All (45/45) organisations reported that doctors are aware of their responsibility to include items of supporting information that reflect the whole of their practice within their appraisal documentation.
We recommended that the Revalidation Delivery Board Scotland considered ways of providing a broader pool of appraisers to support small organisations employing 15 or fewer doctors.

**Status: Ongoing**

The Revalidation Delivery Board Scotland recommended that small organisations with fewer than 15 doctors with a prescribed connection should develop agreements with NHS boards for the provision of RO support and appraisal services. The majority (19/22) of small organisations with fewer than 15 doctors with a prescribed connection reported that they now have agreements in place with NHS boards to provide appraisal services.

We recommended that the Revalidation Delivery Board Scotland considered the challenges identified in the 2014–2015 review, and reports on their conclusions.

**Status: Achieved**

The Revalidation Delivery Board Scotland reviewed the 2014–2015 report and issued guidance through a Chief Medical Officer letter\(^4\) to ROs in Scotland about the areas to be strengthened in the coming year.

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2015–2016 recommendations

The evaluation panels made four recommendations following the 2015–2016 review.
All organisations which appraise and revalidate medical doctors should:

- continue to focus on improving annual appraisal rates. To support this, organisations should:
  - address the variation of appraisal rates amongst various groups of medical staff (for example, some organisations have low rates of appraisal for medical doctors connected to a university or secondary care locums)
  - ensure that appraisers have time within their job plan to undertake their role as appraiser
  - consider having appraisers undertake appraisals across disciplines and between primary and secondary care, and
  - ensure that there is a process in place to track missed or incomplete appraisals.

- report, at least annually, on progress with annual appraisal and medical revalidation, through formal governance arrangements. This includes organisations that outsource annual appraisal and/or RO support.

- ensure that they have robust systems in place for medical revalidation and appraisal which are not person dependent and take account of succession planning.

- have systems in place to share information where doctors are employed by more than one organisation or when doctors change the organisation with whom they have a prescribed connection.
Here we highlight themes across Scotland in relation to annual appraisal and medical revalidation.

The number of completed appraisals in Scotland during 2015–2016 was 11,144, which was 92% of the total number of doctors due for appraisal. There were 670 doctors who were not eligible for appraisal, for example, if they were on long term sick leave or maternity leave. Of the 4,320 doctors who were identified for revalidation in 2015–2016, 95% received a positive recommendation.

Annual appraisal rates in Scotland have risen from 80% in 2011–2012 to 92% in 2015–2016. Each year there has been an improvement in governance arrangements to support the appraisal and revalidation process. In particular, links have been developed between NHS boards and hospices to provide RO support and appraisal services. We have also seen reciprocal arrangements being established to provide appraisal services in organisations that have one or very few appraisers and a small number of doctors with a prescribed connection. However, while total appraisal rates have improved since 2011–2012, there is variation in appraisal rates for some groups of medical staff. Appraisal rates for 2015–2016 vary from 70% (range 40%-100%) for university-employed medical staff with a licence to practise, to 95% for GPs (range 88%-100%).
Our Findings

Figure 1 shows the percentage of staff appraised by staff group during 2015–2016

**Figure 1: Percentage of staff appraised by staff group 2015–2016**
Figure 2 shows the variation in the percentage of completed appraisals by staff groups from 2012–2013 to 2015–2016. It is because of the variation that we have recommended that organisations review their appraisal rates for each staff group and increase the appraisal rates for groups with low rates.

Figure 2: Percentage of staff appraised by staff group 2012–2013 to 2015–2016
“The standardised audit and sharing of data system was in place but has been extended. A standard list of evidence was developed jointly with the medical group and this allows appraisees and appraisers to gain an understanding of standard practice.

There is a review with doctors of any complaints and critical incident reviews during appraisal. These developments have encouraged a culture of information sharing and openness.”

The State Hospitals Board for Scotland
Healthcare organisations are progressing through the first five-year cycle of medical revalidation. It was reported that 10,560 doctors in total have received a positive recommendation to revalidate between December 2012 and 31 March 2016 (see Figure 3).

Scotland is well placed in the UK regarding appraisal and medical revalidation rates. Due to the support and commitment from designated bodies and key partners, Scotland is on track to ensure that all doctors identified for revalidation during the first five-year cycle will have received a recommendation decision by 31 March 2018.

*Figure 3: Numbers of doctors with an approved recommendation to revalidate from December 2012 to 31 March 2016*
Our Findings

Figure 4 shows the number of doctors with a prescribed connection in Scotland, the number of doctors identified for revalidation and the number of positive recommendations for 2013-2014, 2014-2015 and 2015-2016.

Figure 4: Revalidation numbers and positive recommendations 2013–2014 to 2015–2016

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<tbody>
<tr>
<td>Number of doctors with a prescribed connection on 31 March (each year)</td>
<td>12,101</td>
<td>12,367</td>
<td>12,733</td>
</tr>
<tr>
<td>Number of doctors identified for revalidation (each year)</td>
<td>2,446 (20%)</td>
<td>4,406 (36%)</td>
<td>4,320 (34%)</td>
</tr>
<tr>
<td>Number of positive recommendations (each year)</td>
<td>2,308 (94%)</td>
<td>4,080 (93%)</td>
<td>4,114 (95%)</td>
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Data Tables from the 2015–2016 review and a compendium including each organisation's local report are available at:
www.healthcareimprovementscotland.org/medicalrevalidation2016.aspx
“We have clearer practices in place regarding evidencing fitness to practise, performance practices and more focused personal development plans in place.”

Glasgow Memory Clinic
Our Findings

Challenges

Our findings confirm that Scotland is on track to complete the first five-year cycle of medical revalidation by 31 March 2018. As ever, there are areas where further improvement can be made and the following challenges were identified.

Sharing information for appraisal and revalidation remains a challenge for some organisations that employ doctors who work across different organisations. Sixty-eight per cent of organisations reported that they had a process in place for sharing information, but many stated that they had difficulties obtaining feedback on a doctor’s performance from other NHS boards despite sending a standard letter requesting this information.

Organisations reported difficulties in recruiting and retaining appraisers. Not all appraisers have time allocated in their job plans to accommodate appraisal activity. This was also highlighted as a reason why many appraisers in secondary care do not carry out the recommended minimum number of 10 appraisals each year.

Smaller organisations stated that they had particular difficulties with succession planning for appraisers and the rotation of appraiser/appraisee pairings.

NES continues to provide appraiser training sessions throughout Scotland and, while organisations reported that there were issues with availability, positive comments were also reported about the quality of the appraiser training and the appraiser refresher workshops.
Conclusion

Healthcare Improvement Scotland has monitored Scotland’s progress to meet revalidation requirements.

This included:

- providing individual organisations with feedback from the evaluation panels, and
- working with the RO Network and Scottish Government on embedding medical revalidation.
Appendix 1: Acknowledgements

Healthcare Improvement Scotland gratefully acknowledges the support provided for this work. Details of all the organisations that participated are provided on our website. In particular, we would like to record our thanks to the evaluation panel chairs and members for their time, commitment and attention to detail in the analysis of this review process.
### Evaluation panel members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Organization</th>
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<tr>
<td>Niall Cameron</td>
<td>National Appraiser Adviser, NHS Education for Scotland</td>
</tr>
<tr>
<td>Mike Winter</td>
<td>Evaluation Panel Chair, NHS National Services Scotland</td>
</tr>
<tr>
<td>Roger Diggle</td>
<td>Medical Director and Responsible Officer, NHS Shetland</td>
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<tr>
<td>Frances Dow</td>
<td>Lay Member</td>
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<tr>
<td>Edward Dunstan</td>
<td>Appraisal Lead, NHS Fife</td>
</tr>
<tr>
<td>Alison Graham</td>
<td>Medical Director and Responsible Officer, NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>(Evaluation Panel Chair)</td>
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<tr>
<td>Norman Gibb</td>
<td>Public Partner</td>
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<tr>
<td>Sue Gibbs</td>
<td>Quality and Safety Assurance Lead, NHS Lothian</td>
</tr>
<tr>
<td>Paul Knight</td>
<td>Director for Medical Education/Associate Medical Director, NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Elizabeth Tait</td>
<td>Professional Lead for Clinical Governance, NHS Grampian</td>
</tr>
<tr>
<td>Mike Winter</td>
<td>Medical Director and Deputy Responsible Officer, Procurement, Commissioning and Facilities, Strategic Business Unit, NHS National Services Scotland</td>
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<tr>
<td>(Evaluation Panel Chair)</td>
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## Appendix 2: Glossary

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Annual Appraisal</td>
<td>The process of preparing, collating and reflecting on information, followed by a discussion with an appraiser at a formal, confidential meeting. The appraisal meeting between the appraisee 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 have been signed off by the appraiser and appraisee, within 28 days of the appraisal meeting.</td>
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<tr>
<td>Designated Body</td>
<td>An organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officer) Regulations 2010, as amended by The Medical Profession (Responsible Officer) (Amendment) Regulations 2013. <a href="http://www.legislation.gov.uk/ukdsi/2010/97801111500286/contents">www.legislation.gov.uk/ukdsi/2010/97801111500286/contents</a></td>
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<tr>
<td>Form 4</td>
<td>This form sets out an agreed summary of the appraisal discussion and a description of the actions agreed, including those forming the appraisee’s personal development plan. This form is completed by the appraiser and agreed by the appraisee.</td>
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<td>General Medical Council (GMC)</td>
<td>A public body that maintains the official register of medical practitioners within the UK. Its chief responsibility is ‘to protect, promote and maintain the health and safety of the public’ by controlling entry to the register and suspending or removing members when necessary.</td>
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<tr>
<td>Good Medical Practice</td>
<td><em>Good Medical Practice,</em> published by the GMC, 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. <a href="http://www.gmc-uk.org/guidance/good_medical_practice.asp">www.gmc-uk.org/guidance/good_medical_practice.asp</a></td>
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<tr>
<td>Independent Healthcare Provider</td>
<td>An NHS term for a healthcare services provider (a term which, as used in the UK, refers to an organisation, not an individual healthcare professional) that operates independently of the NHS.</td>
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<td>Licence to Practise</td>
<td>To practise medicine in the UK, all doctors are required by law to be both registered and hold a licence to practise. This applies to practising full time, part time, as a locum, privately or in the NHS, or employed or self-employed. Licences are issued, renewed and withdrawn by the GMC.</td>
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<tr>
<td><strong>Multi-source Feedback</strong></td>
<td>At least 15 colleagues must provide anonymous feedback on each doctor’s behaviour and approach. This is required once in each five-year period.</td>
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| **Positive Recommendation** | A recommendation to revalidate is a formal declaration from an RO to the GMC that a licensed doctor remains up to date and fit to practise. The RO has to be assured that doctors have:  
- met the GMC’s requirements for revalidation  
- participated in systems and processes to support revalidation, and  
- collected the required supporting information for revalidation. |
| **Prescribed Connection** | The formal link between a doctor and their designated body. It is the route by which doctors are able to find their RO. 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 RO guidance. www.gov.uk/government/publications/closing-the-gap-in-medical-regulation-responsible-officer-guidance |
| **Remediation** | The overall process agreed with a practitioner to redress identified aspects of underperformance. Remediation is a broad concept varying from informal agreements to carrying out some re-skilling, to more formal supervised programmes of remediation or rehabilitation. |
| **Responsible Officer (RO)** | A licensed doctor with a least five years’ experience who has been nominated or appointed by a designated body. In Scotland, medical directors have been appointed as Responsible Officers and they have a key role in developing more effective liaison between organisations and the GMC as the regulatory body for all doctors. They 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 national database used to record appraisal for trainees and doctors in primary and secondary care. |