

MEDICAL REVALIDATION

QUALITY ASSURANCE REVIEW 2017-2018



**CONTENTS**

KEY MESSAGES

1

The overall Appraisal rate for Scotland during 2017-2018 is 92%, continuing the trend of the last 5 years (including 2017-2018) of Annual Appraisal rates in Scotland exceeding 90%

2

Appraisal rates in staff groups

The breakdown of appraisal rates by professional staff grouping for 2017-2018 is:

Staff Groupings across Scotland	% age
General practitioner (doctors on a General practitioner Performers List)	97%
Consultant, including honorary contract holders	89%
Staff, Associate Specialists, and Specialty Doctors	87%
University employed staff with a licence to practice	85%
Other (doctors in leadership roles, the civil service, doctors in wholly independent practice, and doctors not directly employed)	91%
Secondary Care Locums, employed for 2 months or more, in the 12 months up to 31 March	88%
Independent healthcare providers only - doctors with practicing privileges. All doctors with practising privileges who have a prescribed connection to the organisation	100%

Total =
92%

KEY MESSAGES

Whilst all doctors are expected to participate in Appraisal on an annual basis, there are many legitimate reasons why this cannot be accomplished, and their appraisal is deferred. Deferral is not an indication of a problem for that doctor, however if the lack of an appraisal is established as being a result of the doctor not engaging in the process then they would not gain a recommendation for revalidation, resulting in their losing their licence to practice.

Some Boards reported front-line service delivery pressures as a factor that caused some planned appraisals to be delayed in order to redirect resources to meet increased patient demand. Where this has been the case we have sought assurance that plans are in place to address the delayed appraisals so that any doctors affected in this way are “back on track” as quickly as possible.

3

Number of positive recommendations for revalidation in 2017-2018 = **432** (84% of 515)

4

The annual enhanced appraisal and five yearly revalidation processes have been successfully embedded across all designated bodies in Scotland. The consistent high levels of appraisal rates year-on-year demonstrate that organisations and professionals are fully engaged in the process. The number of clinicians identified for revalidation in 2017-2018 was smaller, at 515 or 4% of those with a prescribed connection. This reflects that 2017-2018 was the last year of the first five-year cycle of Revalidation and the GMC segmentation of doctors into each of the five years factored in a smaller number due to revalidate in year 5

5

The annual quality assurance survey is now a mature process and continues to demonstrate evidence of good practices, innovative approaches, and support of the appraisal process within the various organisations asked to make a return for the survey

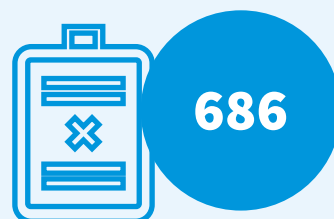


KEY FACTS 2017-2018

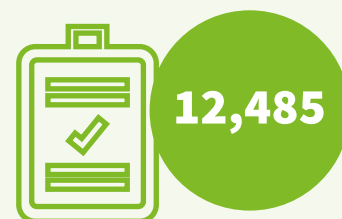
NUMBER OF DOCTORS
WITH A PRESCRIBED
CONNECTION



NUMBER OF DOCTORS
WHO WERE NOT ELIGIBLE
FOR AN APPRAISAL



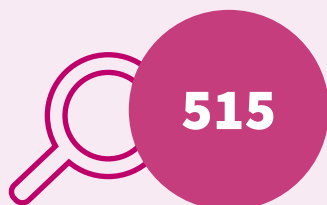
NUMBER OF DOCTORS
ELIGIBLE FOR AN APPRAISAL



NUMBER OF DOCTORS
WHO COMPLETED AN
APPRAISAL



NUMBER OF DOCTORS
IDENTIFIED FOR
REVALIDATION



NUMBER OF DOCTORS
RECEIVING A POSITIVE
RECOMMENDATION



NUMBER OF DOCTORS
WHO WERE DEFERRED



NUMBER OF NOTIFICATIONS
OF NON-ENGAGEMENT



KEY FACTS 2017-2018

Comparison of Key Facts data for 2017-2018 with 2016-2017	2017-2018		2016-2017		2017-2018 Variance
Number of doctors with a prescribed connection	13,171		12,978		1%
Number of doctors who were not eligible for an appraisal	686	5%	970	7%	-2%
Number of doctors eligible for an appraisal	12,485		12,008		4%
Number of doctors who completed an appraisal	11,508	92%	11,286	94%	-2%
Number of doctors identified for revalidation	515		511		4
Number of doctors receiving a positive recommendation	432	84%	432	85%	-1%
Number of doctors who were deferred	82	16%	81	16%	0%
Number of notifications of non-engagement	1				
Qualifying statement that total of positive recommendations and deferrals can exceed the number identified for revalidation (as was case in 2016-2017)					

The data for 2017-2018 shows a 1% increase in the total number of doctors with a prescribed connection, and positive trends in numbers of doctors not eligible for appraisal (-2%) and those eligible for appraisal, up 4%. The number reported as having completed an appraisal has fallen by 2% on the previous year, showing as 92%, although the actual number of doctors that this represents is 11,508, up 222 on the previous year.

INTRODUCTION

Medical revalidation was introduced as a legal requirement in the UK in 2012.

Below is a link to the GMC website pages regarding Medical Revalidation:

Revalidation is the process by which medical doctors are legally required to demonstrate that they are maintaining their skills, are up to date and fit to practice in order to maintain their licence and continue working in the UK.

All licensed doctors are required to be revalidated every 5 years to renew their licence to Practise and to continue to work as a registered doctor.

This process includes an annual appraisal based on the General Medical Council's core guidance for doctors, Good Medical Practice:

Deferral of revalidation is a neutral act and can arise for a number of reasons – most doctors can be recommended for revalidation at the end of the period of deferment. Doctors who do not actively engage with appraisal and revalidation may have their licence to practice revoked.

Revalidation is not designed to be a pass or fail process, but one that will assure doctors' fitness to practice and assist them to identify areas for improvement.

INTRODUCTION

Ownership of the annual Quality Assurance Survey

Following the 2016-2017 Review conducted by Healthcare Improvement Scotland (HIS), it was agreed that ownership of the annual survey would move to the Medical Appraisal team within NES, as they also maintained the Scottish Online Appraisal Resource (SOAR) system.

SOAR is the secure online platform that supports the appraisal process and where doctors undertaking appraisal maintain their appraisal details and upload relevant information and evidence for their appraisals and revalidation.

By making this change it was anticipated that the data validation of returns would be streamlined through NES being able to check relevant statistical details, for example, the number of active appraisers a Health Board has, and that HIS could then take up any supportive actions with organisations if the annual returns indicated that there may be some areas of appraisal and revalidation that might require further investigation and supportive intervention.

For the first year of this transitional process of ownership, it was decided to maintain as much of the existing process and survey question set as possible, and the only change made was in relation to the question regarding the use of NES trained appraisers. The decision was made to ask for this only for the year 2017-2018.



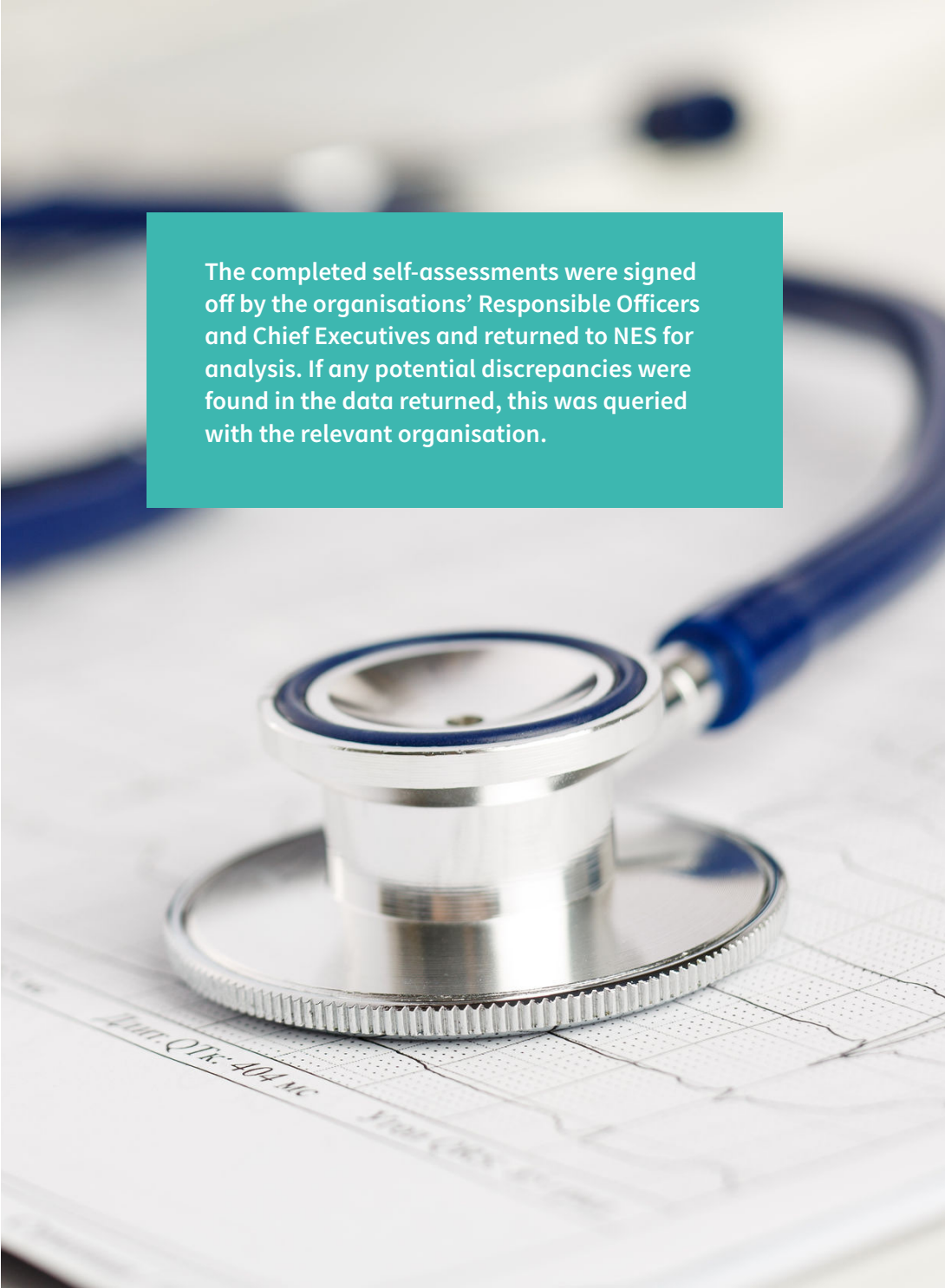
REVIEW METHODOLOGY

Any organisation registered in Scotland who employs medical doctors, known as a Designated Body, is required to be part of our annual self-assessment review. In March 2018, this amounted to 44 organisations (see Appendix 2).

Self-assessment returns were issued to all 44 organisations in May 2018. The self-assessment is made up of two sections: a governance section and a data section.

In previous years, organisations were required to complete both sections. However, the survey experience of HIS in the last two years had been that organisations' governance arrangements had not, in general, changed over the years. Therefore, we asked those organisations that had previously been involved in our review to complete the data section and only to report any *significant* changes in governance arrangements.

Three new designated bodies were involved in the review process for the first time this year and they were asked to complete both governance and data sections.



The completed self-assessments were signed off by the organisations' Responsible Officers and Chief Executives and returned to NES for analysis. If any potential discrepancies were found in the data returned, this was queried with the relevant organisation.



REVIEW METHODOLOGY

NES then facilitated a Review Panel event at the end of July 2018 to review each organisation's return and the overall data that had been collated for organisations across Scotland. This process involved the majority of Panel members from previous years which enabled consistency and continuity of knowledge around particular organisations and the roles that they play. The outputs from the event were the ratification of the data findings and also agreed follow up actions for all organisations in relation to the information that they provided.

- For thirty four organisations this was in the form of acknowledgement of their return and recognition of the processes evidenced to support continuing successful delivery of appraisal and revalidation.
- Three organisations indicated good practice in their 2017-2018 return were asked if they would supply further details of their process or supporting infrastructure to allow sharing with other organisations.
- Seven organisations were asked to provide further details for the Review to provide assurance that plans were in place or actions being taken to address any issues, for example where the overall appraisal rate had fallen below 90%, or that the 2017-2018 Return showed categories where the attainment in 2017-2018 had fallen below that of previous years. Dependant on the nature of the additional details requested and supplied, HIS may offer supportive intervention where this is deemed appropriate

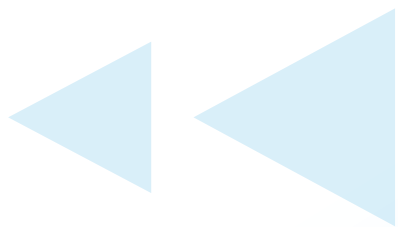
OUR FINDINGS

Commitment to, and the delivery of, appraisal and revalidation remains very high and is evidenced again in 2017-2018 by the pan-Scotland data. It remains essential for all organisations to maintain high appraisal rates. The appraisal and revalidation process is now embedded across Scotland and, in terms of revalidation, the level of Positive Recommendations has remained consistent at 84% for each revalidation cohort in 2016-2017 and 2017-2018.

The number of doctors with a prescribed connection has increased by 1.49% in 2017-2018 and the returns indicated that the number of doctors exempt from appraisal due to circumstances, for example maternity or sabbatical leave, had fallen by 2.27% on the 2016-2017 figure. This has meant that a larger number of doctors were eligible for appraisal in 2017-2018 whilst the number of NES trained appraisers has remained relatively constant in terms of new appraisers being trained compared to retirees or changes to role resulting in individuals no longer being an appraiser.

Recommendation 1

Organisations have to ensure they have sufficient numbers of appraisers in place to provide appraisal services for all doctors with whom there is a prescribed connection, and all are encouraged to review their existing appraiser cohorts to ensure that they have adequate resources and also to factor in succession planning for known or anticipated departures from the cohort.



NES is the Scottish Government mandated trainer of appraisers in Scotland, and can work with Designated Bodies to deliver suitable training in the form of a two day course for new appraisers or a one day course for experienced appraisers.

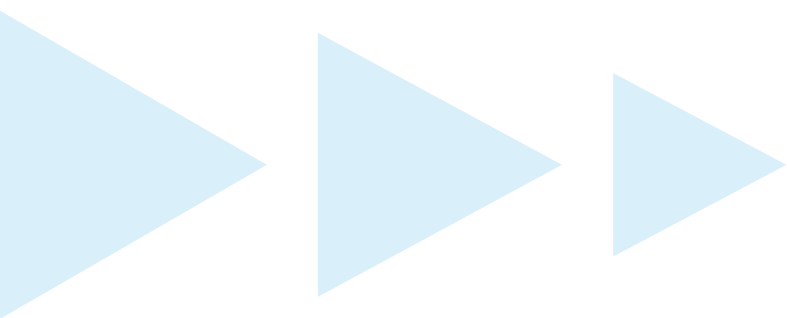
Appraisal resources combined with wider Service Delivery pressures has caused some Health Boards to experience slippage in appraisal delivery rates particularly when SOAR indicates that a high proportion of secondary care appraisals tend to be scheduled for February / March each year, when demand for services can also be at a very high level.

One Board reflected that their drop in appraisal rate was due to appraisal interviews and / or subsequent formal documentation sign-off slipping beyond the end of March, so at the census point of the survey their figures were lower than they would have otherwise expected based on previous years experiences.

Slippage of appraisals beyond March was also reflected by other Boards with lower rates and they have been asked to provide details and action plans to demonstrate how they are aiming to avoid this happening in 2018-2019.

One of the potential benefits of having a mature Quality Assurance review process of appraisal rates and governance practices is that this allows better differentiation between circumstances that may be a one-off and can be addressed fairly easily to avoid repeat, and those that may indicate a more serious underlying issue or trend developing that will require more significant actions or re-design of existing processes so that the desired targets can be achieved.

Doctors in training are monitored by NES through the Annual Review of Competence Progression (ARCP) system. The GMC has confirmed this meets the requirements for revalidating trainees. For 2017-2018 from a total of 4616 doctors in training, 691 trainee doctors were identified for revalidation and all 691 were successfully revalidated under this process. Appendix C shows trainee doctor revalidation data for the five year period 2013-2014 to 2017-2018 inclusive.



CONCLUSION AND NEXT STEPS

The findings in this report reflect the ongoing commitment from all stakeholders to support and complete appraisal and revalidation obligations for all doctors with a prescribed connection.

The first five year cycle of revalidation has been completed and the data for 2017-2018 shows that the success achieved during the first cycle is continuing, with 84% of those identified for revalidation being given a positive recommendation.

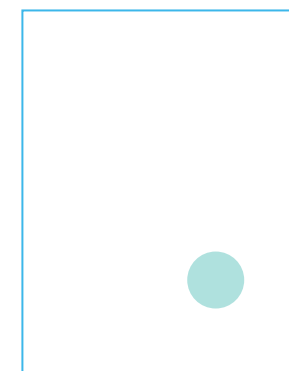
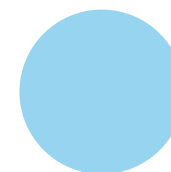
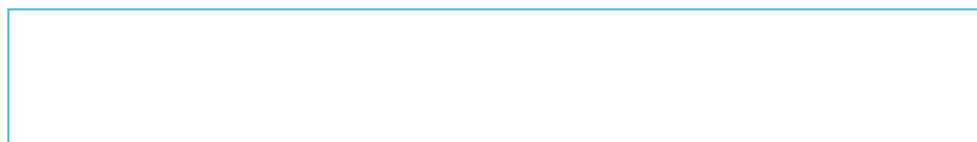
The survey has also sought reassurance that all appraisals are being conducted by NES trained appraisers, thus ensuring a high degree of consistency of process for those being appraised.

It is noted that some organisations in the Healthcare Service category align their appraisal and revalidation processes with other parts of the UK, usually England, and in this context we have sought assurance that the doctors involved are still being appraised in line with the GMC requirements.

It is important that organisations have systems in place to continue to improve their annual appraisal rates.

Recommendation 2

All organisations should report annually, on progress with annual appraisal and medical revalidation, through formal local governance arrangements and ensure they have robust systems in place which are not person-dependant which could present a significant risk to their appraisal and revalidation processes.





Recommendation 3

Organisations should continue to share information between organisations where doctors have more than one employer.

The 2017-2018 Review and Report is the first under the ownership of NES and the first year experience has been positive, which can be attributed to the support of HIS staff and the decision to retain as much continuity of process and review panel personnel as possible.

The original objective when the Review process started in 2012 was to establish that appraisal and revalidation was being accepted and embedded into the medical environment for those doctors working in Scotland and with a prescribed connection to an organisation.

The year-on-year results over the last five years demonstrate that for Designated bodies in Scotland this is now effectively business-as-usual with acceptance and engagement by all stakeholders in the process. With this as a background it may be an opportunity to review and develop the annual survey to look at other aspects of the appraisal and revalidation process, whilst still retaining one of the primary objectives of ensuring that satisfactory levels of appraisal are being delivered across all of the sub-groups of staff who require appraisal.

REPORT RECOMMENDATIONS

Recommendation 1

Organisations have to ensure they have sufficient numbers of appraisers in place to provide appraisal services for all doctors with whom there is a prescribed connection, and all are encouraged to review their existing appraiser cohorts to ensure that they have adequate resources and also to factor in succession planning for known or anticipated departures from the cohort.

Recommendation 2

All organisations should report annually, on progress with annual appraisal and medical revalidation, through formal local governance arrangements and ensure they have robust systems in place which are not person-dependant which could present a significant risk to their appraisal and revalidation processes.

Recommendation 3

Organisations should continue to share information between organisations where doctors have more than one employer.



APPENDIX 1 | ACKNOWLEDGEMENTS

2018 Medical Revalidation Advisory Panel

Mike Winter

NSS Responsible Officer and PCF Medical Director

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National Lead for appraisal and revalidation

Paul Knight

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Lay Member

Elizabeth Tait

Professional Lead for Clinical Governance, NHS Grampian

Norman Gibb

Public Partner

Sue Robertson

Specialty and Associate Specialist (SAS) Doctor,
NHS Dumfries and Galloway

Elizabeth Muir

Clinical Effectiveness Co-Ordinator, NHS Fife

Leslie Marr

Senior Reviewer, Healthcare Improvement Scotland

Sharon Baillie

Programme Manager, Healthcare Improvement Scotland

Harry Peat

Medical Appraisal Training Manager, NES

APPENDIX 2 | ORGANISATIONS INVOLVED IN THE 2018 REVIEW

Health Boards

- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles
- Health Improvement Scotland
- NHS 24
- NES
- Health Scotland
- National Services Scotland
- National Waiting Times Centre
- Scottish Ambulance Service
- State Hospitals Board

Hospices

- Accord Hospice
- Ardgowan Hospice
- Ayrshire Hospice
- Bethesda Hospice
- Children's Hospice Association Scotland (Rachel House and Robin House)
- Highland hospice
- Marie Curie Edinburgh
- Marie Curie Glasgow
- St Andrews hospice
- St Columba's Hospice
- St Margaret of Scotland Hospice
- St Vincents hospice
- Strathcarron Hospice
- Prince and Princess of Wales Hospice

Regulated Independent healthcare service

- AbleMed health Limited
- Castle Craig Hospital limited
- Glasgow Memory Clinic

Non-Regulated healthcare service

- MP Locums Healthcare limited
- TauRx Pharmaceuticals
- Loudon Surgical Consulting Ltd

Other organisations

- Scottish Government
- Mental Welfare Commission

Total = 44

APPENDIX 3.1 | KEY FACTS

Comparison of Key Facts data for 2017-2018 with 2016-2017	2017-2018		2016-2017		2017-2018 Variance
Number of doctors with a prescribed connection	13,171		12,978		1%
Number of doctors who were not eligible for an appraisal	686	5%	970	7%	-2%
Number of doctors eligible for an appraisal	12,485		12,008		4%
Number of doctors who completed an appraisal	11,508	92%	11,286	94%	-2%
Number of doctors identified for revalidation	515		511		4
Number of doctors receiving a positive recommendation	432	84%	432	85%	-1%
Number of doctors who were deferred	82	16%	81	16%	0%
Number of notifications of non-engagement	1				
Qualifying statement that total of positive recommendations and deferrals can exceed the number identified for revalidation (as was case in 2016-2017)					

APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

The data used in these tables reflect doctors in Primary and Secondary Care Health Boards

Completed Appraisals 2013-2014 to 2017-2018 Inclusive	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Ayrshire and Arran	648	92%	699	96%	727	99%	712	96%	729	94%
Borders	228	90%	244	87%	235	89%	271	95%	273	95%
Dumfries and Galloway	351	96%	300	92%	258	80%	296	89%	256	86%
Fife	580	92%	562	92%	551	84%	557	94%	547	87%
Forth Valley	506	98%	492	95%	516	92%	537	99%	562	98%
Grampian	1067	95%	1114	98%	1175	98%	1207	98%	1236	98%
Greater Glasgow and Clyde	2726	88%	2735	92%	2778	94%	2854	95%	2908	94%
Highland	682	92%	699	91%	670	90%	687	94%	633	87%
Lanarkshire	829	82%	916	89%	934	93%	893	92%	956	92%
Lothian	1955	95%	1992	92%	2021	92%	2099	95%	2203	95%
Orkney	47	90%	59	98%	51	94%	47	100%	49	89%
Shetland	31	70%	38	84%	42	95%	43	96%	37	95%
Tayside	761	82%	925	94%	852	89%	732	81%	761	74%
Western Isles	45	74%	53	95%	49	82%	49	98%	51	96%
HIS	1	100%	3	100%	8	100%	8	100%	8	100%
NHS 24	2	100%	2	100%	2	100%	2	100%	1	100%
NES	9	100%	7	70%	8	100%	7	100%	4	67%
Health Scotland	3	100%	4	100%	4	100%	3	75%	2	67%
National Services Scotland	41	100%	37	100%	39	100%	44	100%	46	100%
National Waiting Times Centre	65	93%	77	85%	95	95%	97	93%	108	100%
Scottish Ambulance Service	1	100%	0	0%	0	0%	0	0%	0	0%
State Hospitals Board	10	71%	14	100%	14	82%	13	93%	10	77%
TOTAL	10588	90%	10972	93%	11029	92%	11158	94%	11380	92%

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

Hospices

Number of completed appraisals by hospice for 2013-2014 to 2017-2018 inclusive	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Accord Hospice	3	100%	2	100%	2	100%	2	100%	2	100%
Ardgowan Hospice	2	100%	0	0	1	100%	2	100%	1	100%
Ayrshire Hospice	4	100%	4	100%	4	100%	5	100%	6	100%
Bethesda Hospice	2	100%	2	100%	2	100%	2	100%	2	100%
Childrens Hospice Association Scotland (Rachel House and Robin House)	0	0	0	0	2	100%	2	100%	0	0
Highland Hospice	n/a		n/a		n/a		n/a		n/a	0
Marie Curie Edinburgh	n/a		5	71%	7	100%	7	100%	8	100%
Marie Curie Glasgow	n/a		n/a		7	88%	6	100%	4	100%
St Andrews Hospice	n/a		n/a		n/a		n/a		n/a	0
St Columba's Hospice	6	100%	5	100%	4	100%	8	100%	9	100%
St Margaret of Scotland Hospice	6	100%	5	100%	4	100%	3	100%	4	100%
St Vincents Hospice	2	100%	2	100%	1	100%	2	67%	2	67%
Strathcarron Hospice	7	100%	7	78%	10	91%	9	100%	10	100%
Prince and Princess of Wales Hospice	10	100%	7	78%	3	100%	4	80%	6	100%
TOTAL	42	95%	39	83%	47	96%	52	96%	54	97%

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

Other organisations

Number of completed appraisals by regulated independent healthcare service										
Regulated Independent Healthcare Service	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-18	% Age
AbleMed Health Limited	n / a		0	0	2	100%	0	0%	2	100%
Castle Craig Hospital limited	7	70%	7	100%	7	100%	3	60%	2	100%
DHI Medical Group Scotland	n / a		n / a		n / a		5	100%	n / a	n / a
Glasgow Centre for Reproductive Medicine	n / a		n / a		1	100%	1	100%	n / a	n / a
Glasgow Memory Clinic	n / a		0		1	100%	1	100%	2	100%
Surehaven Glasgow Hospital	n / a		0	0	0	0	0	0	n / a	n / a
TOTAL	7	70%	7	88%	8	100%	10	71%	6	100%

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

Other organisations

Number of completed appraisals by non-regulated healthcare service for 2013-2014 to 2017-2018 inclusive

Non-Regulated Healthcare Service	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
MP Locums Healthcare Limited	n/a		5	42%	15	65%	26	96%	25	100%
RS Occupational Health	0	0	7	64%	7	100	n / a		n / a	n / a
TauRx Pharmaceuticals	n / a		n / a		n / a		3	100%	2	100%
The Private Surgeon	n / a		n / a		n / a		1	100%	n / a	n / a
Loudon Surgical Consulting Ltd									1	100%
TOTAL	0	0%	12	52%	22	73%	30	97%	28	100%

Number of completed appraisals by organisation for 2013-2014 to 2017-2018 inclusive

	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Scottish Government	28	90%	32	97%	32	97%	33	100%	32	97%

Completed appraisals by organisation over the 8 year period 2010-2011 to 2017-2018 inclusive

	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Mental Welfare Commission	4	67%	4	80%	4	100%	3	100%	5	100%

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

APPENDIX 3.3 | STAFF GROUPINGS COMPARISON 2017-2018 WITH 2016-2017

Staff Groupings across Scotland	Health Board Totals	Hospices Totals	Regulated Independent Healthcare Service Totals	Non-regulated Healthcare Service Totals	Organisations Totals	TOTALS	Completed Appraisals	% Age	2016-2017	Variance 2017-2018 to 2016-2017
General practitioner (doctors on a General practitioner Performers List)	5330	4	2	0	0	5336	5152	97%	98%	-1%
Consultant, including honorary contract holders	5344	16	3	0	1	5364	4792	89%	92%	-3%
Staff, Associate Specialists, and Specialty Doctors	1168	30	0	0	4	1202	1047	87%	89%	-2%
University employed staff with a licence to practice	40	0	0	0	0	40	34	85%	90%	-5%
Other (doctors in leadership roles, the civil service, doctors in wholly independent practice, and doctors not directly employed)	115	2	0	4	27	148	134	91%	96%	-5%
Secondary Care Locums, employed for 2 months or more, in the 12 months up to 31 March	353	1	0	25	0	379	334	88%	82%	6%
Independent healthcare providers only - doctors with practicing privileges. All doctors with practising privileges who have a prescribed connection to the organisation	2	2	1	2	5	12	12	100%		100%
TOTAL	12352	55	6	31	37	12481	11505	92%	94%	-2%

KEY for RAG of appraisal percentages



Greater than 89%



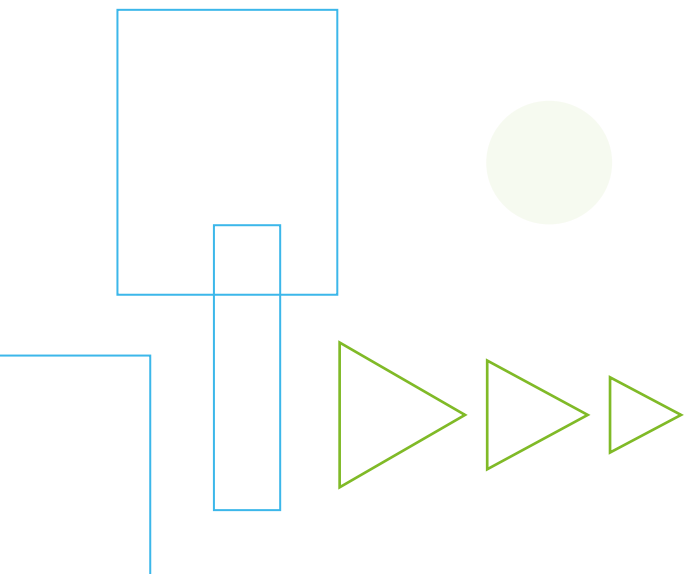
Between 85% and 89%



Less than 85%

APPENDIX 3.3 | STAFF GROUPINGS COMPARISON 2017-2018 WITH 2016-2017

Some Boards reported front-line service delivery pressures as a factor that caused planned appraisals to be delayed in order to redirect resources to meet increased patient demand. Where this has been the case we have sought assurance that plans are in place to address the delayed appraisals so that any doctors affected in this way are “back on track” as quickly as possible.



APPENDIX 3.4 | DOCTORS IN TRAINING AND REVALIDATION 2013-2014 TO 2017-2018

Doctors in Training	Total Number	Number of trainee doctors identified for revalidation	% Age	Number of doctors in training who have been revalidated	% Age
2013-2014	5476	494	9%	494	100%
2014-2015	5920	552	9%	511	93%
2015-2016	5673	643	11%	643	100%
2016-2017	5723	570	10%	570	100%
2017-2018	5783	691	12%	691	100%

APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

NHS Board	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Ayrshire and Arran	793	50	41	82%	9	18%	50
Borders	297	8	6	75%	2	25%	8
Dumfries and Galloway	306	29	25	86%	4	13%	29
Fife	677	19	19	100%	3	15%	22
Forth Valley	575	36	36	100%	0	0%	36
Grampian	1363	46	36	78%	10	22%	46
Greater Glasgow and Clyde	3297	91	77	85%	18	20%	95
Highland	793	18	15	83%	3	17%	18
Lanarkshire	1160	54	43	80%	9	17%	52
Lothian	2349	107	80	75%	28	26%	108
Orkney	55	2	1	50%	1	50%	2
Shetland	49	0	0		0		0
Tayside	1064	35	34	97%	1	3%	35
Western Isles	55	0	0		0		0
Healthcare Improvement Scotland	8	0	0		0		0
NHS 24	1	0	0		0		0
NHS Education For Scotland	6	0	0		0		0
NHS Health Scotland	3	0	0		0		0
National Services Scotland	46	0	0		0		0
National Waiting Times Centre	121	6	6	100%	0	0%	6
Scottish Ambulance Service	0	0	0		0		0
State Hospitals Board for Scotland	13	1	1	100%	0	0%	1
TOTAL	13031	502	420		88		

APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Hospice	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Accord Hospice	2	0	0		0		0
Ardgowan Hospice	1	0	0		0		0
Ayrshire Hospice	6	0	0		0		0
Bethesda Hospice	2	0	0		0		0
CHAS	2	0	0		0		0
Highland Hospice - return is part of NHS Highland	0	0	0		0		0
Marie Curie Edinburgh	8	0	0		0		0
Marie Curie Glasgow	4	0	0		0		0
St Andrews Hospice - return is part of NHS Lanarkshire	0	0	0		0		0
St Columba's Hospice	9	1	1	100%	0	0%	1
St Margaret of Scotland Hospice	5	1	1	100%	0	0%	1
St Vincents Hospice	3	0	0		0		0
Strathcarron Hospice	10	1	1	100%	0	0%	1
Prince and Princess of Wales Hospice	7	1	1	100%	0	0%	1
TOTAL	59	4	4		0		

APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Regulated Independent Healthcare Service	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Castle Craig	5	0	0	0%	0	0%	0
Loudon Surgical Consulting Ltd	1	0	0	0%	0	0%	0
TOTAL	6	0	0		0		

Non-Regulated Healthcare Service	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
AbleMed health	2	0	0	0%	0	0%	0
Glasgow Memory Clinic	0	0	0	0%	0	0%	0
TauRx Pharmaceuticals	2	0	0	0%	0	0%	0
MP Locums	28	6	5	83%	2	0%	7
UK Clinics Glasgow Ltd	4	0	0	0%	0	0%	0
TOTAL	36	6	5		2		

APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Organisations	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Scottish Government	34	2	2	100%	0	0%	2
Mental Welfare Commission	0	0	0	0%	0	0%	0
TOTAL	34	2	2		0		

APPENDIX 4 | GLOSSARY

Annual Appraisal

The process of preparing, collating and reflecting on information is 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.

Designated Body

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.

General Medical Council (GMC)

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.

Good Medical Practice

Good Medical Practice, 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. www.gmc-uk.org/guidance/good_medical_practice.asp

Independent Healthcare Provider

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.

Licence to Practise

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.

APPENDIX 4 | GLOSSARY

Positive Recommendation

A recommendation to revalidate is a formal declaration from a Responsible Officer to the GMC that a licensed doctor remains up to date and fit to practise. The Responsible Officer 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 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.

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.

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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