

From Strengthened Medical Appraisal to a Medical Appraisal Framework

A brief chronology

- Strengthened Medical Appraisal – November 2009
- Pathfinder pilot April 2010 – March 2011 in 10 NHS sites
- June 2011 Final report of Pathfinder pilot
- Medical Appraisal Framework started December 2010
- Medical Appraisal Framework in final draft – October 2011
- Final testing October 2011 to Feb 2012
- Final MAF – April 2012
- Decision by Secretary of State to go live – Summer 2012
- End of 2012 – GO LIVE.

Why a MAF

- SMA widely acknowledged to need refining
 - Mixing the purposes of revalidation - formative support and challenge versus the need to make a judgment for revalidation causes confusion
 - Direct mapping of evidence to Domains and Attributes is time consuming and not productive
 - Because a doctor revalidates with reference to their CURRENT practice, there needs to be a record of that practice
 - Need for increased clarity – hard edged guidance required

Medical Appraisal Framework

- It is early days yet
- The Pathfinder pilot results are not yet known and have to be a major influence on MAF.
- The content of MAF is therefore only tentative at present.

Medical Appraisal Framework

- Scope of Practice – a description of a doctor's current practice
 - How detailed and granular this will be is not yet defined
 - It may become an essential record which has to be retained for a long period
- Continuing Professional Development
 - A record of all learning activity
 - Not limited to or defined by College requirements
- Review of practice
 - What measurements and review of the practice have been undertaken – audit, registers etc.

MAF continued

- A record of complaints and serious untoward incidents
 - There is a need for a connection between CG systems and appraisal
- Patient and colleague feedback
 - Method guided by but not prescribed by GMC
 - At least once in a 5 year cycle

Formative Appraisal

- Many if not most, consider this the beneficial part
- It is not possible to make binary judgments on this
- It is important to encourage and develop this to support improvement for individuals and the profession
- The revalidation agenda can help with this.

The appraisers role

- To understand the appraisees practice, how they keep up to date, fit to practise and safe.
- All doctors have a duty to raise concerns if they have information that there may be significant risk to patients or the public. The appraisers role is simply an extension of this duty with the benefit of information gained during the appraisal
- Concerns may be adequately dealt with at appraisal but other concerns will need prescribed routes of how they are raised and with whom
- The outputs of appraisal are under consideration.

The level of evidence required

- Certificated proof will not be available for many (most) activities
- A practical and feasible approach must be used eg.
 - Self recording will often be appropriate
 - Verbal reassurance will usually not be appropriate.