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TO All NHS England Appraisers
CC Regional and Area Team RO's
Revalidation Leads

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Dear NHS England Appraiser,

Medical Appraisal, NHS England

Following my letter dated 1 August 2013¹, I am writing to update you about developments in the area of medical appraisal within NHS England.

Appraisal Policy

The NHS England Medical Appraisal Policy was published on October 31². Thank you to all who helped generate this landmark policy, and in particular the working group listed in Annex L.

The policy received input from GMC, DH, Academy of Medical Royal Colleges, RCGP and BMA, and has now been approved formally by NHS England.

We should all now adopt the policy across NHS England as soon as reasonably practicable, no later than March 31, 2014.

Indemnity:

NHS England has received helpful communications from the Medical Defence Union (MDU), the Medical Protection Society (MPS) and the Medical and Dental Defence Union of Scotland (MDDUS) about indemnity for GP appraisers. In summary all three organisations:

- regard acting as an appraiser as a normal part of a doctor's professional duties, where this is a minor proportion of their professional work, and can provide indemnity on this basis;

¹ <http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation/corres/>

² <http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation/ma-pol/>

- state that under these circumstances, the MDU, MPS and MDDUS do not request that doctors notify them of this work;
- state that, under these circumstances, there will be no impact on subscriptions; and
- view the risk of liability (i.e. the need for indemnity) in relation to providing appraisals to be very low. They do, however, perceive a greater risk of the unhappy doctor potentially making a complaint to the GMC about their appraiser's fitness to practise. All three organisations regard this as falling within the core benefits of membership.

I hope you agree this is reassuring news for the majority of appraisers. There remains the issue of clarifying the position for the smaller number of appraisers who are no longer licensed medical practitioners and we will work towards this in the coming weeks. The published frequently asked questions³ have been amended accordingly.

Contract for medical appraisers working as independent contractors

A contract for medical appraisers is now available for appraisers who do not have one in place. This interim contract will operate up until 31 March 2014 and includes details of superannuation arrangements (also addressed in our frequently asked questions³). We are having discussions with colleagues about arrangements from 1 April 2014.

Those with existing contracts in place should continue with these until further notice.

Value Added Tax

For appraisers who are working as independent contractors, we have had clarification that appraisal services are not subject to VAT, under the terms of existing guidance. That said, I am under obligation to point out that invoicing bodies or individuals are legally responsible for establishing their own VAT situation. To assist you, the relevant guidance is referenced in our frequently asked questions³ so that you can confirm the correct situation for yourselves.

Payment for appraisers

My understanding is that, following my letter of 1 August 2013, payments for appraisal have now been instituted across the vast majority of teams within NHS England. If this is not the case, and you have not been able to gain a satisfactory resolution locally please ask your local responsible officer to escalate the matter to the regional revalidation office for attention.

³ <http://www.england.nhs.uk/wp-content/uploads/2013/11/reval-fags-20131119.pdf>

Appraiser Networks

Now that the NHS England medical appraisal policy is published, I am keen that we work towards consistent implementation and that we continue to harness the expertise around medical appraisal across the country. With this in mind we are working up proposals for an all-England appraisal network. This will be based on the existing appraisal meetings that already occur in most local areas, and will also bring the people who lead these local meetings together in regional and national meetings. This will allow passing of information up and down the NHS England chain, and help us attain greater consistency of appraisal throughout England.

I hope these items of information are helpful to you. I remain very grateful for the contribution you are making to ensuring that appraisal remains the robust cornerstone of revalidation at this time of transition and for the 'over and above' effort you are investing in striving for a single, shared, consistent approach across England.

If you have any comments in relation to the content of this letter, please make contact with your local appraisal team or responsible officer in the first instance.

Yours sincerely

A handwritten signature in black ink that reads "Mike Bewick". The signature is written in a cursive style and is enclosed within a thin black rectangular border.

Dr Mike Bewick

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GMC 2649069