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| Our Ref: MB/HR/8050  **To: All NHS England Medical Appraisers** | Dr Mike Bewick  **Deputy Medical Director**  **NHS England**  5W24  Quarry House  Quarry Hill  Leeds  LS2 7UE  PA Contact Details:  helen.ross@nhs.net  Tel: 0113 825 5067 |
|  | 2 April 2014 |

Dear Appraiser

I am writing to update you about some recent progress we have made with medical appraisal within NHS England.

I am very grateful to all appraisers and appraisal leads within NHS England for all the effort you have put in to delivering appraisal for our doctors. Over the last twelve months we have done a great deal to bring all our appraisal systems together and I hope that we will be able to build on this good start in 2014-15.

**NHS England Medical Appraisal Policy**

All previous existing medical appraisal policies have now been combined into one NHS England Medical Appraisal Policy, published in October 2013 and available at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation5/ma-pol/>. The policy has benefited from significant input from appraisal teams across NHS England.

**Appraiser terms of engagement**

A great deal of work has also been undertaken on how best NHS England should engage appraisers, again bringing a wide variety of approaches together into a simple set of options. We have now agreed two models:

1. **Independent Contractor model**. This will be the model used in most areas of NHS England in 2014-15, for the majority of appraisers. Many of you will have been engaged in this way for some time and so will notice relatively little change.

This model will be supported by a single contract across NHS England, called a Consultancy Agreement. The Consultancy Agreement for 2014/15 has recently been provided to the appraisal teams across NHS England and your appraisal team should be in touch with you very soon to make arrangements to discuss this.

We have shared the model with colleagues at HMRC to check that it fulfils the criteria applying to an independent contractor relationship. Specific aspects, such as the responsibility of an independent contractor to ascertain the correct rate of VAT and the ‘right of substitution’ of an appraiser to provide a replacement should they not be able to undertake an appraisal are included in the agreement.

2. **Commissioning from an external provider model**. This is the model that has been used previously in NHS England (Wessex) and will be used again in 2014-15, with a stipulation that appraisers engaged by the external provider are engaged on the terms described by the NHS England Medical Appraisal Policy.

A small number of appraisers who were previously employed by Primary Care Trusts or Clinical Commissioning Groups will retain their employed status. We will not be taking on any new appraisers on an employment basis, with the exception of some appraisers whose appraisal role is part of a broader employed post (such as Clinical Appraisal Lead).

If you are currently employed, and wish to consider a switch to one of the models above, please speak to your area team appraisal office. Guidance on this will be shared with all local team appraisal offices shortly.

**Appraiser payment**

In 2013-14 we moved from a situation of a wide range of approaches to payment, to a standard of £500 per appraisal. This rate will continue for 2014-15. It includes normal appraiser expenses and also the expense for maintaining skills. This approach reinforces nature of our relationship with you as independent contractors and supports that case from the perspective of HMRC.

For those eligible to contribute to the NHS Pension Scheme, the appraisal payment is supplemented by the ‘employer contribution’ to NHS Pensions (whether this is paid directly to NHS Pensions or via the appraiser’s practice). I am pleased to confirm that, following representations to NHS Pensions by NHS England, appraisers who are listed as GP Locums by NHS Pensions will be entitled to choose to treat appraisal payments as superannuable with effect from 1 April 2014.

The mechanics of payment to appraisers will depend on your relationship with NHS Pensions. We have developed an algorithm for this, and are sharing this with all appraisal offices.

**Appraiser indemnity**

I can confirm the following key points, which have been clarified very recently:

* NHS England currently extends liability cover to appraisers for their appraisal work under the NHS Litigation Authority Third Party Liability Scheme.
* Appraisers who are doctors also need to be members of a suitable medical defence organisation, as these bodies provide the protection needed should their licence be called into question through appraisal work. The MDU, MPS and MDDUS have confirmed that they offer indemnity at no extra cost to appraisers when a doctor’s appraisal work is a relatively minor component of their overall professional practice. While the latter point is helpful, in reality, given the cover extended by NHS England, it is now very unlikely that an appraiser will need to use indemnity cover from their medical defence organisation.
* Notwithstanding the above points, as independent contractors, it is your responsibility to determine your own needs in terms of professional indemnity; see the Consultancy Agreement for detail.

**All England Appraisal Network**

NHS England has agreed to establish an appraisal network in England. Crucially, this will encompass all healthcare bodies, including NHS England, secondary care and non-NHS providers. The network will act as a communication channel between appraisers and the other parts of the system.

The current local appraiser meetings will become the local level of the network, with local leads keeping in touch with the centre through the regional level. The national and regional levels will coordinate consistent messages for local meetings. National level meetings have already begun, as have some regional meetings. My hope is that you will see the benefits of the network at your local meetings in the year ahead.

In conclusion, may I repeat my thanks for your continued commitment to the NHS England appraisal process. This year has necessarily been one of clarifying and establishing the mechanisms of appraisal to ensure a consistent approach for every doctor. I would now like to shift the focus to one of working together, using appraisal as the cornerstone for improvement of quality and safety of healthcare for our patients.

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



**Dr Mike Bewick**

Deputy Medical Director, NHS England

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Cc: Regional Responsible Officers

Area Team Responsible Officers

Regional Revalidation Teams