

Department of Health, Social Services & Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteacht Phoiblí

From The Chief Medical Officer:
Dr Henrietta Campbell CB

Castle Buildings
Upper Newtownards Road
Belfast BT4 3SJ

Telephone: [REDACTED]
Fax: [REDACTED]

E-Mail: henrietta.campbell@[REDACTED]

HSS(MD) 7/00

To: All Doctors

29 March 2000

Dear Colleague

CLINICAL GOVERNANCE, CLINICAL PERFORMANCE AND REVALIDATION

You will be aware of a number of developments throughout the United Kingdom to promote high quality clinical performance and ensure its continued maintenance. These include the introduction of clinical governance and the evolution of continuous professional development and professional regulation.

Although no formal mechanisms have been established in Northern Ireland, clinical governance frameworks are already under development in our Trusts and in primary care.

Whilst clinical governance will provide the framework to ensure the quality of service within organisations, there are parallel developments addressing individual performance. The first of these addresses the need for the Service to deal with poor performance in a manner that ensures public confidence. A consultation document has been published in England¹ and guidance has been issued in Scotland². The general approach put forward is towards the prevention, early recognition and management of poor performance by medical practitioners. The emphasis is on recognition of problems at an early stage before there is a risk to patients or the need to instigate formal procedures.

To take this work forward in Northern Ireland I have asked Dr Ian Carson to establish a group to produce guidance on clinical performance. Dr Carson is currently on part-time secondment to this Department advising on professional performance and clinical standards.

Guidance on clinical performance will need to fit the various management structures and systems within which doctors work and reflect the broad spectrum of medical disciplines. It will also need to encompass doctors in training and locum doctors. It is therefore intended that the working group will consult widely over the next few months and will ensure that a broadly representative view can be taken in the development of guidance.



INVESTOR IN PEOPLE

Revalidation

The GMC has signalled its intention to proceed rapidly with the procedures for revalidation. This places an onus on doctors to demonstrate on a regular basis their continued fitness to practice. The standards by which this will be judged are the requirements contained in *Good Medical Practice*³. All practitioners should be familiar with the responsibilities inherent in that document. It is imperative that all medical practitioners in Northern Ireland are in a position to comply with the requirements of revalidation within the timescale set by the GMC. Performance appraisal will therefore be a key element of both clinical governance and of revalidation. Consequently to avoid duplication and confusion it is important that any arrangements for the assessment and management of clinical performance should accommodate the GMC's proposals for revalidation. This will facilitate the continued registration of medical practitioners and avoid unnecessary bureaucracy.

In some of our Trusts a start has already been made in the development of performance appraisal schemes. In order to meet the GMC's timetable for revalidation it will be essential to establish effective mechanisms for performance appraisal as soon as possible.

We are keen to hear views from any interested groups or individuals. Should you have any issues or concerns you wish to raise informally please contact:

Dr P Woods
DHSS&PS
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SJ
(paddy.woods@dhss&ps.ni) [REDACTED]

I will keep you informed of progress at each stage of the process.

Yours



HENRIETTA CAMPBELL (Dr)

References

- ¹ Department of Health. *Supporting doctors, protecting patients*. Leeds: Department of Health, 1999.
(www.doh.gov.uk/pub/docs/doh/consultation/pdf – accessed 14 March 2000)
- ² The Scottish Office Department of Health. *Suspensions – A new perspective*. Edinburgh: The Scottish Office, 1999.
- ³ General Medical Council. *Good Medical Practice*. London: GMC, 1998
(www.gmc-uk.org/n_hance/good/good_2.htm – accessed 14 March 2000)