



The Regulation and
Quality Improvement
Authority

**Review of Consultant Medical Appraisal
Across HSC Trusts**

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1. SETTING THE SCENE

1.1 The Roles and Responsibilities of the Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 places a statutory duty of quality on Health and Social Care (HSC) organisations and requires RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

1.2 Context for the Review

Medical consultant appraisal was introduced on 1 April 2001 and it is a contractual requirement for all consultants and employers.

Appraisal for consultants is designed to be a professional process of constructive dialogue in which the doctor being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved.

The aims and objectives of the appraisal scheme are¹

- to review regularly an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources;
- to optimise the use of skills and resources in seeking to achieve the delivery of service priorities;
- to consider the consultant's contribution to the quality and improvement of services and priorities delivered locally;
- to set out personal and professional development needs and agree plans for these to be met;
- to identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met;
- provide an opportunity for consultants to discuss and seek support for their participation in activities for the wider HPSS;
- utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.

¹ Circular HSS (TC8) 3/01

The RQIA governance reviews in 06/07 assessed the achievement of HPSS Boards and Trusts against the first two themes of the HPSS Quality Standards²;

- Corporate leadership and accountability of organisations;
- Safe and effective care.

Within the theme of Corporate Leadership and Accountability of Organisations a more detailed review was undertaken of appraisal of medical staff.

The 06/07 the RQIA overview report noted that there was significant variability in the uptake of consultant appraisal throughout the Trusts and at the time of the review there were a number of organisations that had not produced reports on consultant appraisal for Trust Boards. It was also noted that in some instances where reports had been produced, there was a lack of detail in several key areas.

The report recommended that all Trusts should ensure that annual consultant appraisals should be implemented as a matter of urgency (including appraisal for locum consultant staff employed for more than three months). The report concluded that the area of consultant appraisal would be the subject of further scrutiny within the 07/08 review programme.

As a follow up to these recommendations the RQIA decided to carry out a desktop review, (using self assessment declaration) of consultant medical appraisal in 07/08. This report outlines the outcome of the desk-top review.

This review takes account of the arrangements in:

- Belfast HSC Trust
- Northern HSC Trust
- Southern HSC Trust
- South Eastern HSC Trust, and
- Western HSC Trust

1.3 Self Assessment

Self assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally. A self assessment proforma was developed (and submitted to trusts), based on the document "*Assuring the Quality of Medical Appraisal*" produced by the NHS Clinical Governance Support Team. The completed self analysis proforma together with supporting documentary evidence were returned to the RQIA for analysis. In meeting their legislative responsibility, the Chief Executive of each Trust signed a declaration confirming the accuracy of the self assessment return to RQIA.

² The Quality Standards for Health and Social Care. DHSSPS Mar 2006

1.4 The Report

The report will be made available to the general public in print, at www.rqia.org.uk and in other formats on request.

In conducting this review, the RQIA acknowledges the significant organisational changes resulting from the merger of Trusts. It also acknowledges that the methodology of this review has led to limitations in the quality of information supplied by the Trust. The review methodology was not conducive to in-depth analysis nor did it allow examination of the implementation of policies and procedures. The views of appraisers and appraisees were not sought. Therefore, the analysis of the effectiveness of the consultant appraisal system is limited.

The self assessment pro-forma was designed to undertake an initial assessment of the process of appraisal for consultant medical staff. It was not intended to explore all aspects of "*Assuring the Quality of Medical Appraisal*".

Following evaluation of this review the RQIA will work with the GMC, NIMDTA, PMETB, the Beeches Management Centre and Trust Medical Directors to develop an appropriate review methodology to assure the quality of medical appraisal in Northern Ireland.

2. FORMAT OF REPORT

The Clinical Governance Support Team in its report "*Assuring the Quality of Medical Appraisal*"³ defined four high level indicators that would provide an indication that high quality appraisals were being undertaken.

1. Organisational Ethos

There is unequivocal commitment from the highest levels of the host organisation to deliver a quality assured system of appraisal that is fully integrated with other systems of quality improvement.

2. Appraiser Selection, Skills and Training

The host organisation has a process for selection of appraisers and appraiser skills are continually reviewed and developed.

3. Appraisal Discussion

The appraisal discussion is challenging and effective; it is informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctor's practice and results in a Personal Development Plan (PDP) prioritising the doctor's development needs for the following year.

³ Assuring the Quality of Medical Appraisal. NHS Clinical Governance Support Team. July 2005.

4. Systems and Infrastructure

The supporting systems and infrastructure are effective and ensure that all doctors linked to the host organisation are supported and appraised annually.

Within each of the high level indicators there are supporting criteria some of which will be used to assess the quality of the Trusts' assessments of their appraisal systems and processes.

3. ORGANISATIONAL ETHOS

The document "*Assuring the Quality of Medical Appraisal*" requires that under the heading of Organisational Ethos it should be demonstrated that there is **unequivocal commitment** from the highest levels of the host organisation to deliver a **quality assured system** of appraisal that is **fully integrated** with other systems of quality improvement.

3.1 Evidence of Organisational Commitment.

In order to demonstrate organisational ethos and commitment to appraisal the Trusts were asked to:

- 1) submit copies of current policies and procedures for annual appraisal / supervision for consultants and doctors in training, together with an organisational chart demonstrating the lines of accountability for the overall quality of medical appraisal;
- 2) provide the name of the doctor who has responsibility for leadership and the development of the consultant appraisal process;
- 3) describe the process for quality assuring the consultant appraisal process; how it is integrated with other processes for Continuing Medical Education (CME) and clinical governance, and the Trust's commitment to time and resources to support appraisal system;
- 4) provide evidence of lay and public involvement in the consultant appraisal system;
- 5) indicate if an annual report on consultant appraisal is presented to the Trust Board.

Summary of the analysis of the Trusts' returns

Policy - all Trusts submitted a policy for appraisal of medical consultants setting out lines of accountability and giving an overall description of the appraisal process. Four of these were in draft form. Only the Northern Trust had an approved policy.

Accountability - all Trusts have similar lines of accountability for the appraisal system, with the Chief Executives having overall accountability to the Trust Board.

Clinical Leadership - the Medical Director on behalf of the Chief Executive, was identified as the person responsible for ensuring the integrity of the appraisal process and for monitoring the quality of appraisals undertaken. Lead clinicians in each department / directorate have responsibility for ensuring that arrangements are in place for all medical practitioners within their area of responsibility to have an annual appraisal. Individual consultants

are responsible for participating properly in the appraisal process and for completing their agreed personal development plan.

Quality Assurance - all Trusts stated that they followed the "Good Medical Practice" guidelines and that they use the recommended documentation. They also reported that training needs identified through PDPs are supported in terms of time and resources by the relevant clinical directorate.

Lay and Public Involvement - none was reported.

Annual Report to the Trust Board - only the Southern Trust had developed an Annual Report to be presented to the Trust Board in early 2008. The other Trusts had plans to report to their Boards at the end of the appraisal year.

Number of Appraisals not undertaken - Trusts were also asked to supply information on the percentage number of consultants who had not been appraised during the period 1 April 2006 - 31 March 2007. They were also asked to provide the reasons why appraisals had not taken place.

Table 1. Percentage of consultants not appraised

Trust	% consultants not appraised	% locums not appraised
Southern	13% (17/122)	43% (7/16)
South Eastern	Estimated 40-50%	Information not supplied
Western	47%	Information not supplied
Northern	12%	42%
Belfast	28%	Information not supplied

Trusts provided a range of reasons for non-appraisal which included:

- changes in medical personnel during RPA had adversely affected the completion of appraisals;
- loss of momentum as a result of delay in finalising GMC arrangements for revalidation;
- posts not filled permanently and turnover in locum staff;
- doctors appraised but not returning paperwork to Human Resources;
- Sick leave.

Table 1 highlights that consultant appraisals are not given a high priority in some Trusts.

In acknowledging the recent significant organisational changes as a result of the mergers of the 18 Trusts into five new Trusts this may not be unexpected. Nevertheless, consultant appraisal has been in place since 1 April 2001 and is a contractual requirement for all consultants and employers. A key feature of new registration arrangements introduced by the GMC is the concept of Approved Practice Settings which are organisations approved by the GMC as suitable for doctors new to full registration or returning to the medical register after prolonged absence from UK practice. One of the key criteria of an approved practice setting is a system of annual appraisal for individual

doctors based on the principles of "Good Medical Practice" which is quality assured by an independent body or organisation.

Appraisal is also an important feature of revalidation which is the process by which doctors will, in future, demonstrate to the GMC on a regular basis that they remain up to date and fit to practice.

3.2 Evidence of Quality Assurance.

The following criteria were used to assess the quality assurance arrangements in place in respect of medical consultant appraisal;

- there is evidence of lay and public involvement in the appraisal system;
- quality assurance processes should include
 - an annual self assessment audit;
 - a three yearly objective assessment of the appraisal system by an appropriate independent group;
 - review of feedback questionnaires from appraisees;
 - appraisal summary forms and Personal Development Plans are reviewed annually and feedback given to the individual appraiser.

The final two points may also be used to review appraiser skills.

Summary of analysis of Trusts' returns

There was little evidence submitted that Trusts carry out an annual audit of medical appraisal systems. In the main, Trusts described an aspiration to meet the criteria outlined above. The Southern Trust was the only Trust to indicate that it carries out a yearly audit of 10 appraisal folders using the Quality Assurance Toolkit.

3.3 Evidence of Integration

The following Criteria were used to assess Trust submissions on evidence of the integration of appraisal systems into quality improvement and governance systems in the organisations.

- the appraisal system is integrated with other quality improvement systems in the host organisation e.g. continuing professional development and training, clinical governance, management of impaired clinical performance, workforce planning and human resources, risk management, service development, complaints;
- clear policies on the management of situations where a doctor's fitness to practice is impaired, including guidance on referral to National Clinical Assessment Service (NCAS) and General Medical Council (GMC);
- clear guidance on suspending appraisal when fitness to practice issues make it inappropriate to continue.

Summary of analysis of the Trusts' returns

In the Southern Trust, the Annual Consultant Appraisal Report and Quality Improvement Plan are reviewed by the Trust's Senior Management Team, the Integrated Governance Committee and the Trust Board. Appraisal documentation reflects on relationships with patients and make reference to complaints and other governance processes.

In the Southern, South Eastern and Western Trusts there was an indication that the appraisal documentation also includes a statement of continuing Medical Education (CME) activities for discussion within appraisal. The Western Trust indicated that clinical governance issues are also covered by consideration of specific records of audits, clinical incidents, complaints and peer reviews.

The Northern Trust reported that a variety of governance processes are referred to appraisals. These include complaints, critical incident reporting and medico-legal claims. Doctors were expected to include this information in the appraisal documentation. The Trust also indicated that activity and outcome information was also used in the appraisal discussion where this is relevant and available.

All Trusts indicated that they had a policy in place to discuss problems arising from the appraisal process and for dealing with any underperformance issues identified during appraisal.

It is recommended in "Assuring the Quality of Medical Appraisal" that the appraisal system should be fully integrated with other quality improvement systems in the Trust. This should include in all cases, clinical governance information such as audit, adverse incidents, evidence of underperformance and complaints.

Trust self assessment returns and submitted appraisal policies do not demonstrate that the appraisal system has been sufficiently integrated with all other Trust quality improvement processes.

4. APPRAISER SELECTION, SKILLS AND TRAINING

All Trusts are required to have in place a process for selecting appraisers and ensuring that appraiser skills are continually reviewed and developed.

In order to demonstrate appraiser skills and training Trusts were asked to submit:

- 1) Procedures for selecting and recruiting medical staff appraisers (including job descriptions and person specification requirements);
- 2) A description of the training arrangements for medical staff appraisers;
- 3) A description of how medical appraisers were supported in their role;

- 4) Their policy on the minimum and maximum number of appraisals completed by each appraiser annually;
- 5) A description of the arrangements for assessing individual doctor's appraisal skills.

The Trusts' submissions were subsequently assessed against the following criteria

- recruitment of appraisers uses a defined person specification and job description (which are included in a wider person specification/job description if appraisal is part of a wider role);
- the appraiser must participate in initial appraiser training;
- there are systems to ensure that initial training effectively addresses appraiser needs;

Summary of analysis of the Trusts' returns

The Southern Trust indicated that it uses a generic person specification as proposed for all NHS organisations and generally the speciality lead adopts the role of appraiser with support of the Clinical Director / Associate Medical Director. All Trusts indicated that the job description for an Associate Medical Director (or equivalent) and Clinical Director also includes responsibility for appraisals.

The Belfast and Northern Trusts indicated that they only used experienced clinicians with extensive local knowledge as appraisers to ensure continuity in its first year of the Trust's existence

The South Eastern Trust appointed Clinical Managers through seeking expressions of interest from consultants working internally within the speciality or directorate. They did not have a specific policy for the recruitment of appraisers. In the Western Trust the generic NHS person specification was included in the policy document. The Medical Director took responsibility for recruiting appraisers through a process of volunteering or nomination by the clinical director.

All Trusts indicated that they used the formal training programme run by the Beeches Management Centre for the initial training of appraisers. Only the Belfast Trust indicated that the training was verified by senior medical managers.

None of the Trusts reported that they had adopted a formal process for selecting appraisers. This is something they may wish to consider as the Trusts mature following their establishment.

4.1 Evidence of Review and Development of Skills

The following criteria were used to assess evidence of the review and development of appraisal skills.

- there are systems in place for appraisal and performance management of appraisers;
- there are systems in place to ensure that appraisers participate in on-going training and development and that training is effectively addressing appraiser needs;
- there is guidance regarding the minimum and maximum number of appraisals per appraiser per year;
- there is a process for periodically assessing appraiser skills e.g. anonymous review of appraisal summary forms and PDP.

Summary of analysis of the Trusts' returns

The Southern Trust indicated that it undertakes audit to assess and summarise recurrent themes identified in the process for each appraiser. The Northern Trust stated that it had carried out an appraisee satisfaction survey in the past but had no current specific method for reviewing appraiser skills.

The remaining Trusts did not indicate that they had or were reviewing the skills of appraisers.

All Trusts indicated that appraisers receive on-going training but it is unclear from their submissions to whether this is a regular process, although the Northern Trust indicated that training is carried out on a three-yearly basis.

All Trusts stated that they have guidance in place on the maximum and minimum number of appraisals per appraiser per year.

Analysis of the information shows that there appears to be no formal process for review and performance management of appraisers and little evaluation of the effectiveness of the appraisal discussion. This is vital in informing issues to be covered in ongoing training and development of appraisers.

5. THE APPRAISAL DISCUSSION

It is a requirement that the appraisal discussion is challenging and effective. It should be informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctor's practice and results in a PDP prioritising the doctor's development needs for the coming year.

In relation to the appraisal discussion, the self assessment pro-forma asked Trusts to:

- 1) Describe the process for reviewing Appraisal Summary Forms and PDPs;

- 2) Provide results of the most recent review of the appraisal forms in use, and any developmental action taken;
- 3) Describe the procedure followed should problems arise within the appraisal process;
- 4) Describe the process for dealing with serious underperformance issues identified during the appraisal discussion;
- 5) Describe arrangements in place to ensure that the needs of personal development plans are supported by the relevant clinical directorate;
- 6) Provide numbers of practitioners referred to NCAS or GMC as a result of an appraisal interview.

5.1 Evidence that the Appraisal Discussion is Challenging and Effective.

The following criteria were used to analyse the Trusts' self-assessment returns relating to the nature of the Appraisal discussion:

- the previous year's PDP is reviewed;
- a new PDP is produced;
- colleague and patient feedback is discussed;
- there is evidence of a change of appraiser after a maximum of three appraisals;
- performance management and development systems address challenge within the appraisal discussion.

Summary of analysis of the Trusts' returns

It would appear from the Trusts' submissions that there is evidence that individual PDPs developed at the time of appraisal are used to inform the appraisal discussion and in some instances are used to assess the appropriateness of continuing medical education of individual clinicians. Although there was evidence in Belfast, Western and South Eastern Trusts that senior medical managers review and sign off the PDPs, this needs to be formalised and integrated into the wider governance processes of the individual organisations.

It would appear that PDPs are not reviewed and feedback given to individual appraisers on content and quality.

There is no evidence within the Trusts' submissions that there is a change of appraiser after a maximum of three appraisals. It was indicated that this was difficult to achieve in the smaller sub specialities and in some small directorates.

5.2 Evidence of Valid and Verifiable Supporting Evidence

The following criteria were used to analyse the Trusts' returns relating to valid and verifiable supporting evidence of the clinician's practice at the time of appraisal.

- there is a core portfolio of supporting evidence which reflects the breadth of the doctor's practice and conforms to national, GMC and Royal College standards and guidance;
- the supporting evidence includes feedback from patients and colleagues;
- there is guidance and training for appraisers for situations when evidence is insufficient.

Summary of analysis of the Trusts' returns

Analysis of the Trusts' returns was inconclusive in providing assurance that evidence from patients and colleagues forms part of the appraisal discussion in all Trusts. However, the Western Trust indicated that patients and clients are involved in 360 degree feedback. The Belfast and Northern Trusts are piloting a programme of 360 degree feedback.

It is unclear if there is any guidance on what would be regarded as sufficient and appropriate evidence for an appraisal and also unclear if there is any guidance for appraisers for these situations.

6. SYSTEMS AND INFRASTRUCTURE SUPPORTING APPRAISAL

6.1 Evidence of Effective Supporting Systems and infrastructure

It is a requirement that the supporting systems and infrastructure are effective and ensure that all doctors linked to the host organisation are supported and appraised annually.

The following criteria were used to analyse the Trusts' returns in respect of support systems and infrastructure;

- there is dedicated administrative support for the appraisal system;
- there is clearly identified managerial responsibility for the appraisal;
- adequate notice is given to prepare for the appraisal discussion;
- there is protected time for the appraisal discussion;
- there is guidance on potential conflicts of interest between appraiser and appraisee;
- there is guidance on the environment within which the appraisal discussion takes place;
- there is a system for handling complaints about appraisal.

Summary of analysis of the Trusts' returns.

Each Trust supplied an organisational chart that demonstrated the lines of managerial accountability and responsibility for the overall quality of medical appraisal. They also indicate that they provide guidance on appraisal planning and timescales for agreeing date of appraisal, sharing of documentation and setting of the agenda for the appraisal discussion.

Trusts also indicated that they provide clear guidance on potential conflicts of interest prior to the appraisal discussion and on any issues or difficulties arising from the appraisal discussion and clear guidance on an environment for the appraisal discussion that guarantees privacy and confidentiality.

It was notable that the Southern Trust reported that they had clearly identified four hours of Special Programmed Activity (SPA) time for appraisers. This was allocated for preparation and conduct of each appraisal. Appraisees were allocated eight hours of SPA time annually for appraisal.

Although guidance has been provided on conflicts of interest and issues arising at the time of the appraisal discussion, it is unclear from the self assessment returns if there was a formal appeals mechanism which appraisees can access after appraisal has taken place.

7. CONCLUSIONS

Annual appraisal for all doctors was a recommendation in the Chief Medical Officer's report "*Supporting Doctors, Protecting Patients*". Consultant medical appraisal was introduced in April 2001 and is now a contractual requirement for all doctors working in the NHS. Appraisal should be an integral part of an organisation's governance systems and processes. Satisfactory delivery of appraisal should be a factor in delivering the quality and safety agenda.

A DHSSPS review of medical appraisal in Northern Ireland was published in January 2006 and it made several recommendations in relation to Consultant appraisal:

- 1) Trusts should have written policies for appraisal covering all medical staff;
- 2) Job descriptions with specific competences should be created for appraisers and should be integral to all job descriptions for Medical Directors, Clinical directors and Heads of Department;
- 3) Training requirements, including update training should be specified and appraisers not meeting those requirements should be removed from the list of appraisers;
- 4) Trusts should develop a minimum data set to support appraisal which will help to ensure consistency easing time pressures;

- 5) Every Trust should produce an annual report for the Trust Board covering all doctors holding contracts of employment at the Trust and reporting uptake. The report should include an evaluation of the appraisal process, including those benefits arising for patients/carers and for doctors and should assess the extent to which objectives in Personal Development Plans align to the corporate agenda.

While some of these recommendations have been met / partially met a number still require further work to assure compliance.

The Trust returns indicate that in certain areas there is a significant shortfall in the number of consultants and possibly locums that have been appraised, this is concerning given the fact that the requirements for appraisal have been in place since April 2001.

There is an indication from Trusts that there are organisational structures in place demonstrating lines of managerial responsibility and accountability. However, there is no formal system for review and performance management of appraisers and there is little evidence of the evaluation of training and of the outcomes of the appraisal process.

This is the second occasion that RQIA have sought assurance on the structure and functions in HSC organisations in respect of consultant appraisal. Including the Departmental review published in 2006 it is the third time that the consultant appraisal system has been reviewed and recommendations made and yet this review indicates that there is still significant variability in the provision of consultant medical appraisal and also significant variability in appraisal systems across Trusts.

The RQIA acknowledges the difficulties associated with the merger of the Trusts and also acknowledges that the review methodology has led to limitations in relation to the quality of information supplied by the Trusts. The desktop methodology does not permit in depth analysis of the appraisal system nor scrutiny of the effectiveness of the implementation of policies and procedures. It also does not include the views of appraisers and appraisees. The effect of this is to limit the analysis of the effectiveness of the consultant appraisal system.

The self assessment proforma did not explore in sufficient detail all aspects of the document "*Assuring the Quality of Medical Appraisal*" and specifically did not investigate in sufficient depth the status of locum appraisal and appraisal for doctors in training.

In the future RQIA will:

- 1) consider a more robust methodology for further scrutiny of consultant medical appraisal including a refined self assessment document and visits to trusts by an RQIA review team;

- 2) work with other stakeholders such as the GMC and perhaps the Beeches Management Centre in developing a more robust assurance tool;
- 3) work with other agencies such as NIMDTA and PMETB to assure the quality of appraisal of all categories of doctors;
- 4) work with trust Medical Directors to develop a system for assurance of medical appraisal consisting of an annual electronic return with assurance visits on a periodic basis.

8. SUMMARY OF RECOMMENDATIONS

While there is an opportunity to make detailed recommendations across a range of key criteria in the delivery of effective consultant and locum medical appraisal systems this would be more appropriate following a more robust review.

Trusts should be aware that Consultant medical appraisal has been in place since April 2001 and is a contractual requirement for all doctors working in the NHS. Satisfactory delivery of appraisal is a significant part of the quality and safety agenda.

RQIA recommends that all Trusts should as a matter of urgency comply in full where possible with the four high level indicators outlined in *"Assuring the Quality of Medical Appraisal"* and with the sub criteria outlined within this report. Trusts should also note the recommendations contained in *"Assuring the Quality of Training for Medical Appraisers"*.

Trusts should indicate how they propose to comply with the above criteria and how they will ensure that all medical personnel are appraised, in an action plan to RQIA no later than the 30th November 2008.