Transparency: Thrive not survive
28 September 2022

@LaingBuisson
Credentialing and accreditation systems safeguard everyone

A way to successfully engage and align private practitioners without employment

**Essential elements**
- Registrations
- Indemnity insurances
- Declarations

**Enhancing elements**
- Onboarding
- Initial / probationary period
- Ongoing monitoring and disclosure

**Cultural Elements**
- Set the expectations
- Watch for red flags
- Understand and respond to variation
Transparency in private healthcare
Transparency in private healthcare

• Transparency with patients
  - Employment / teams
  - Outcome metrics, duty of candour, patients first
  - Transparency with
    • Regulator
    • Payors
    • Cross practice NHS / Private sector

• Transparency and governance in scope of practice

• Doctors League tables of performance
APR and Medical Appraisal

**APR outputs**
- Review of practice and scope
- Patient and colleague feedback / 360
- CPD
- Significant events and complaints
- Teaching, Research, leadership and innovation
- Clinical Educational supervisor development
- Probity and health declarations
- Achievements challenges and aspirations
- PDP/OKR
- Review of last years appraisal
- Metrics safety and outcomes
- Procedure related data and audits

**Medical appraisal for revalidation**
- Confidential discussion
  - Seen by appraiser and RO office only
  - Output is only form 4 and PDP
  - 3 strikes only
  - Cant always be done by IC
  - Separate from job Planning

**Cleveland Clinic body**
- APR / job plan +
- Medical appraisal CCL

**Designated body NHS**
- APR Job plan +
- Medical appraisal NHS
- NHS job plan
Cleveland Clinic Model – Internal and external transparency

• Patients first – **allows informed choice**
• Multidisciplinary team working and **culture** (not employment, though it is also important)
• Training and support to develop that culture
• Systems to achieve this
  • Internal governance
  • Digital technology
  • Reliable enterprise analytics
▪ The value of low-level issues
▪ Opportunities to discuss them openly
▪ When to allow self correction and when to report
▪ Responsible Officer system
▪ Risk appetite within the system