

Medical Practitioners Assurance Framework **Frequently Asked Questions for Registered Managers in England**

This document has been developed to provide Registered Managers with information on the implementation of the Medical Practitioners Assurance Framework.

Context questions

1. What is the Independent Healthcare Providers Network?

The [Independent Healthcare Providers Network](#) (IHPN) is the representative body for independent sector healthcare providers. Our members deliver a very diverse range of services to NHS and private patients including acute care, primary care, community care, clinical home healthcare, diagnostics and dentistry. IHPN represents the independent sector in England, Scotland, Wales and Northern Ireland.

The IHPN [Board](#) is made up of the Chief Executives of 17 member organisations, and provides the overall direction for IHPN's work programme, ensuring our strategic agenda links with our members and their priorities. In September 2018, the IHPN Board approved the proposal to create a framework that would establish good practice for the oversight of consultants in the independent sector. The framework was signed off by the IHPN [Board](#) on 10 July 2019.

2. What is the Medical Practitioners Assurance and why was it developed?

The [Medical Practitioners Assurance Framework \(MPAF\)](#) was developed by IHPN to improve consistency around effective clinical governance for medical practitioners across the independent sector and to raise the bar in medical leadership.

The framework was developed under the leadership of former National Medical Director at NHS England, Sir Bruce Keogh with expert input from a balance of IHPN members and key external stakeholders. These included the Patients Association, General Medical Council, Care Quality Commission, Department of Health and Social Care, NHS England/Improvement and Royal Colleges.

The MPAF is designed to align with existing legal and regulatory frameworks and work towards them being better implemented, rather than adding more bureaucracy. The framework draws on best practice from within the sector and applies some of the key lessons learnt plus findings from national reports and inquiries such as CQC Driving improvement: Case studies from eight independent providers (June 2019).

3. How does the MPAF differ from clinical governance?

Clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence can flourish (Department of Health). It encompasses quality assurance; quality improvement; risk and incident management and pertains to all clinical services in a hospital or clinic. Medical governance is the principle of clinical governance but in respect of doctors only.

4. How do I know if the MPAF applies to my organisation?

The framework is a guidance document and will be of particular use to independent providers who, by nature of the work that they do, are required to be registered with CQC - the health and social care regulator in England.

5. Has the MPAF been formally launched?

The MPAF was officially launched at the IHPN Annual Summit on 23 October. The current framework has been developed in the context of the English healthcare system and will need to be

modified for use in the devolved nations. IHPN has begun a stakeholder engagement programme with key stakeholders in the devolved nations to develop a separate framework for each nation that references relevant devolved legal, regulatory and policy frameworks in 2020.

6. When do I need to have implemented the framework by?

As the MPAF has officially been launched in England, providers should be assessing themselves against the framework. If you are part of a corporate structure, it is important that you speak to your corporate team on how it is being implemented across sites. IHPN is planning to review the impact of the MPAF by October 2020.

How will the MPAF will it be monitored?

7. How will the IHPN monitor compliance with the framework?

All 28 acute IHPN members, representing over 200 individual sites providers, have signed up to adhere to the principles in the MPAF. As part of our work to ensure its effective implementation, we have been working closely with the CQC who have committed to considering the effective and robust implementation of the framework's principles as evidence of good governance and will inform the judgement they make about how well led a service is.

The MPAF has been developed as to provide the most up to date view of expected practice around medical governance. It was therefore designed to be iterative with an inbuilt review process and should be viewed as a starting point for the sector from which to build. As such, the framework will also be reviewed annually to ensure the principles remain in-keeping with current best practice around medical governance in the health system. The MPAF will be reviewed in October 2020 and then annually, or more frequently should a national report or inquiry findings indicate new learning for the sector. IHPN is not however a body that will enforce the MPAF.

8. Will the CQC use the MPAF as part of their inspection methodology?

Although the MPAF is not part of the regulatory framework, the CQC have stated that:
"While sign up to the framework is not mandatory or something CQC has the power to enforce, where providers can demonstrate effective and robust implementation of its principles, this will be considered as evidence of good governance and will inform the judgement we make about how well led services being provided by that organisation are."

IHPN are working with the CQC to support consistency in how inspectors incorporate the framework in their inspections.

Questions about the document itself

9. How is the MPAF structured?

The document is divided into four key areas:

- creating an effective clinical governance structure for medical practitioners,
- monitoring patient safety, clinical quality and encouraging continuous improvement,
- supporting annual whole practice appraisal,
- raising and responding to concerns.

Under each of the key areas, the framework sets out "What are we trying to achieve?", provider responsibilities and medical practitioner responsibilities. The document also sets out "Interdependencies with other agencies" under each of the four key areas over policy areas the independent sector does not have control.

10. Who is the MPAF for?

The framework is focused on all medical practitioners working in independent healthcare settings through practising privileges or on an employed basis.

11. The MPAF is very long - where's a good place to start?

- The Foreword by Sir Bruce Keogh ([pp.3-4](#)) sets out the 11 key expectations which are then expanded on in the subsequent chapters.
- The Executive Summary ([p.7](#)) provides a clear but concise overview of the key points in the document.
- Appendix 1 ([pp.23-24](#)) – The three lines of defence that underpin the framework.

Who has been told about the MPAF?

12. What have doctors been told about the MPAF?

In October 2019, IHPN wrote to the Chair(s) of the Medical Advisory Committee(s) (or equivalent) and to all Registered Managers. This letter was sent to all IHPN member Chief Executives with the aim of ensuring a consistent message around the implementation of the framework.

13. Do patients need to be told about the MPAF?

IHPN has worked with the Patients Association to develop a patient animation which will be available on the IHPN website in February 2020 and made available to IHPN members for their own use too.

Questions about the Implementation of the framework?

14. Is implementation of the MPAF mandatory?

While the MPAF is not part of the regulatory framework and as such is not mandated by CQC, the Chief Executives of all IHPN members [wrote](#) to the Secretary of State for Health and Social Care in October 2019, to show their commitment to implementing the framework as a sector.

15. Do all aspects of the MPAF have to be implemented?

It is intended that the MPAF should be seen and used as a guidance document rather than a tick list or checklist. Individual organisations will have different structures and the framework does not require those structures to be replaced, but rather requires providers to consider the principles and to be able to demonstrate how their individual systems and processes meet the expectations of the framework.

What support is available from IHPN on implementing the MPAF?

16. Are there other supporting resources to assist with the implementation of the MPAF?

Alongside the framework, IHPN are producing a range of supporting materials including practising privileges template documentation; a patient animation about the MPAF and the independent sector as a whole, guidance on Medical Advisory Committees and training for Executive Teams and Boards, and training for Registered Managers – both online and face to face in the first quarter of 2020. IHPN supporting resources are available to IHPN members on a [private IHPN members page](#) on the IHPN website and this page is updated as new resources are developed.

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