



21 October 2019

[Name]  
[Chief Executive]  
[IHPN Member]

By email only

Dear NAME,

*I would be grateful if you will forward this letter on to the Chair(s) of the Medical Advisory Committee(s) (or equivalent) and to all Registered Managers in your organisation.*

*This letter has been sent to all IHPN member Chief Executives with the aim of ensuring a consistent message around the implementation of the Medical Practitioners Assurance Framework across clinical leaders and Registered Managers in the independent healthcare sector.*

### **Medical Practitioners Assurance Framework – a letter to MAC Chairs (or equivalent) and Registered Managers**

As you may be aware, NAME Hospital, alongside independent healthcare providers from across the sector, has committed to implementing the **attached** Medical Practitioners Assurance Framework (MPAF) which aims to improve consistency around medical governance in the independent healthcare sector.

Led by former NHS National Medical Director Sir Bruce Keogh in conjunction with partners including the Care Quality Commission (CQC), the General Medical Council and the Academy of Medical Royal Colleges, the framework has been developed by the Independent Healthcare Providers Network (IHPN), of which [NAME] Hospital is a member, to provide a contemporary consensus view of expected practice and standards of medical practitioner assurance. IHPN is the representative body for independent healthcare providers of both privately-funded and NHS-funded care – please see [here](#) for a full list of members. A key part of IHPN's remit is leading the sector's work around patient safety and engaging with healthcare regulators to ensure members are meeting their responsibilities in this area.

As you know, while the vast majority of independent providers already have robust medical governance structures in place, the CQC made clear in their 2018 report into acute independent hospitals that more needs to be done to improve consistency of standards of medical governance in the sector and to formalise processes around this.

IHPN and our members were determined to work closely with consultant representative bodies, and the Expert Advisory Group that supported Sir Bruce Keogh in the development of the framework included royal colleges, including the Royal College of Surgeons and FIPO (the Federation of Independent Practitioner Organisations). We have also consulted closely with the Independent Doctors Federation and the BMA Private Practice Committee, alongside NHS RO Networks.

In developing the framework, IHPN have also worked closely with regulators to ensure the MPAF clearly sets out expected practice across a number of areas and is aligned with existing legal and regulatory frameworks to ensure they are better implemented across the whole system, rather than adding more bureaucracy.



The MPAF is structured into four areas, setting out both provider and medical practitioner responsibilities in each area:

1. Creating an effective clinical governance structure for medical practitioners.
  - Board Structures
  - MACs/Clinical Governance Committees
  - Practising privileges
  - Scope of Practice
2. Monitoring patient safety, clinical quality and encouraging continuous improvement.
  - PHIN & data alignment
  - National Learning and Reporting Systems
  - Audits and registries
  - Peer review and MDT working
3. Supporting whole practice appraisal.
  - Content of appraisal shared across sectors
  - RO to RO communication
4. Raising and responding to concerns.
  - Sharing early concerns
  - Complaints handling
  - Whistleblowing and Freedom to Speak up Guardians

The MPAF has been developed as a consensus view of expected practice and is based on the precautionary principle that problems and failings will be prevented or detected earlier through effective governance systems underpinned by the right professional and personal behaviours.

Many of the expectations set out in the framework are of course already being met within IHPN membership. However, this is not universal across the sector and the purpose of this piece of work is to improve consistency. In particular by setting out a clear view of how providers and medical practitioners can work together to improve the assurance around clinicians working in both sectors, whether on a practising privileges or employed basis.

Recognising that independent providers vary in size, structure and their spectrum of clinical activity, we have not taken a “one size fits all” approach and have kept the framework at a principles level so that any clinical governance framework for independent sector medical practitioners can be developed within each provider’s own organisational governance structures. Importantly, the MPAF does not require any structures to be replaced. Instead providers should be able to demonstrate how their individual systems and processes meet the expectations of the MPAF.

While adherence to the framework is not mandatory, all 28 IHPN acute members have signed up to implement the principles in the MPAF. As part of our work to ensure its effective implementation, we are 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. Demonstrating adherence to the principles in the framework will therefore be positively reflected in future CQC inspections and overall ratings, along with all other safety and quality initiatives implemented by your organisation. Importantly, the framework is designed to be iterative with an inbuilt review process and should be viewed as a starting point for the sector upon which to build.



There have been significant changes in the healthcare system and regulation over the last few years and I want to acknowledge your hard work in ensuring patients receive the highest possible quality of care.

The framework will be formally launched on 23 October. Support will be provided to IHPN members for its successful implementation, including further training and supporting resources will be circulated in the coming weeks.

I do hope you find this information useful. That 28 independent providers, including [NAME] Hospital, have all come together to improve consistency in care and to support continuous improvement in safety and medical governance demonstrates how seriously the sector takes this issue and I thank you for your ongoing support and leadership in this area.

Yours sincerely,

**David Hare**  
**Chief Executive**  
**Independent Healthcare Providers Network**