pin

**partnership
information network**
for the service by the service

PERSONAL DEVELOPMENT PLANNING AND REVIEW PIN POLICY

MAY 2011

NHS
SCOTLAND

healthier
scotland
SCOTTISH GOVERNMENT

PERSONAL DEVELOPMENT PLANNING AND REVIEW PIN POLICY

MAY 2011

This document is also available from our website at **www.scotland.gov.uk**.

Ministerial Foreword

NHSScotland aims to deliver the highest quality healthcare services and, through this, to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. The *Quality Strategy*[1] sets the overall direction for achieving this, both now and in the future, focussing on three Quality Ambitions: 'person-centred', 'safe' and 'effective'. Delivering against all three is dependent on having a committed, dedicated, professional and healthy workforce.

I am proud of the progress made by NHSScotland Boards in striving towards exemplar employer status. Staff Governance (ensuring the fair and effective management of staff) has been enshrined in legislation, and enjoys equal status with the other pillars of clinical and financial governance. Similarly, the evolution of partnership working between employers and trade unions/professional organisations at both local and national level has helped to ensure that we have a health service in which employees are actively involved in the decisions which affect them and engaged in delivering high quality services. Indeed, the approach to employee relations within NHSScotland has been described in a recent report as '*groundbreaking*' and '*arguably the most ambitious labour-management partnership so far attempted in the UK public sector*'.[2]

The development of NHSScotland Partnership Information Network (PIN) policies provides a means of further ensuring sound staff governance practice. They set a minimum standard of practice in the area of employment policy, helping to ensure a fair and consistent means of managing staff which meets both current legislative requirements and best employment practice. These PIN Policies have been published following significant work in partnership between the Scottish Government, NHSScotland employers and recognised trade union/professional organisation partners, and following widespread consultation across the service.

These PIN Policies form part of the terms and conditions of employment of all NHSScotland employees. While Boards may develop policies to meet particular local needs, I expect all Boards to adhere to the PIN policies and ensure that practice never falls short of any of the provisions set out within these policies. By doing so, we can ensure that employees are treated fairly and consistently irrespective of the part of the service in which they work.

---

[1] http://www.scotland.gov.uk./Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy

[2] Nottingham University Business School, 2011. *Evaluating Labour-Management Partnership in NHS Scotland: first-findings*

I am asking all NHSScotland managers and leaders to ensure that they adopt and embrace the PIN policies within their Boards and within their individual roles. I am also tasking Employee Directors and Board Partnership Forums to champion these policies and to raise non-compliance in a positive and constructive manner.

These PIN policies represent an exemplar approach to employment policy and practice, and I look forward to seeing evidence of their implementation across NHSScotland in the months and years ahead.

Cabinet Secretary for Health, Wellbeing and Cities Strategy

Preface

Staff Governance

Staff Governance is defined as "*a system of corporate accountability for the fair and effective management of all staff*". The *Staff Governance Standard*[3] which is applicable to all staff employed in NHSScotland, sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. The Standard requires that all NHS Boards must demonstrate that staff are:

- Well informed;

- Appropriately trained;

- Involved in decisions which affect them;

- Treated fairly and consistently; and

- Provided with an improved and safe working environment.

It is recognised that staff are central to achieving the principal aims of NHSScotland, namely to improve health and wellbeing, and to deliver high quality care to those with ill health. Achievement against the Staff Governance standard is therefore key to the effective and efficient delivery of services by providing an environment that is inclusive and conducive to employees giving of their best.

NHSScotland's commitment to staff governance has been reinforced by its legislative underpinning within the *National Health Service Reform (Scotland) Act 2004*[4], which ensures parity with the other two governance pillars of clinical and financial governance.

PIN Policies

Partnership Information Network (PIN) policies define a minimum standard of best employment practice and are designed to achieve a consistent approach to the way NHSScotland deals with its employees. They have been developed in partnership between NHSScotland management, trade unions/professional organisations and Scottish Government. While local adaptations may be agreed in partnership to suit Boards' own local needs, any such adaptations must still meet or exceed the minimum standards set out within the PIN policies.

---

[3] http://www.staffgovernance.scot.nhs.uk
[4] http://www.legislation.gov.uk/asp/2004/7/contents

Compliance with the Staff Governance Standard includes implementation of PIN policies. Boards will be expected to evidence adherence to the PIN policies as part of the annual SAAT and accountability review processes. Part 1: Principles and Partnership of the *Agenda for Change Terms and Conditions Handbook*[5] incorporates PIN policies within the terms and conditions of employment of all NHSScotland staff and serves to further reinforce the fact that adherence to the minimum standards set out within them is mandatory for all NHSScotland Boards.

Board Partnership Forums therefore have a key role in ensuring that locally developed policies meet or exceed the minimum standards set out in the PIN policies; and in raising non-compliance in a positive and constructive manner.

_____

[5]   http://www.msg.scot.nhs.uk/wp-content/uploads/Agenda-for-Change-Handbook-Master-Scottish-Copy-Amendment-24.pdf

CONTENTS

1   Introduction

Personal Development Planning and Review (PDP & R) is part of a continual process of planning, monitoring, assessment and support to help staff develop their capabilities and potential to fulfil their job role and purpose.

This increases the effectiveness of the organisation's performance through ongoing, constructive dialogue to ensure that everyone:

- Knows what is expected of them;

- Is able to identify and fulfil prioritised development needs; and

- Gets feedback on performance.

Appropriate arrangements for PDP & R will support current role and career development, and commitment to lifelong learning.

A number of different systems for carrying out PDP & R are now in place in NHSScotland, as referred to in this PIN Policy.

This document does not replicate these systems, but cross-references them, recognising that the document's principles and values are applicable to each system for personal development planning and review.

2 Main Report

2.1 Strategic Framework & Organisational Culture

2.1.1 Staff Governance

NHSScotland employers must continue to demonstrate that they are working towards exemplar employer status as measured in relation to the *Staff Governance Standard*.[6] In order to be able to do this, they will be expected to have systems in place to identify areas that require improvement and to develop action plans that will describe how improvements will be made. The two elements of the Standard that are particularly relevant to this Personal Development Planning and Review PIN Policy are the rights of staff to be:

• Appropriately trained; and

• Treated fairly and consistently.

In this context, being treated fairly and consistently will be achieved through organisations ensuring equity of access to appropriate learning and development opportunities, based on individual and service need.

2.1.2 Lifelong Learning

"Lifelong Learning is the provision or use of both formal and informal learning opportunities throughout people's lives in order to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfilment." Harper Collins Dictionary.

Learning Together (1999) – the first NHSScotland national strategy for learning and development – emphasised that staff throughout the NHS:

"[Are] encouraged to take greater responsibility for their own learning."

All staff can therefore expect:

• Support from their employer in helping them keep up to date and acquire new skills to meet the demands of the post, including access to induction training and appropriate learning resources;

• Support in meeting the development needs in the agreed Personal Development Plan (PDP) which supports their career development; and

• To meet their manager/reviewer regularly to discuss and agree their development needs and identify learning opportunities through preparation of a PDP.

---

[6] http://www.staffgovernance.scot.nhs.uk

2.1.3 Workforce Planning

By undertaking the PDP & R processes as outlined within this PIN Policy, employers can ensure that all staff are competent to deliver to the required standards and that learning and development opportunities are appropriately targeted to equip staff with the right knowledge and skills to meet current and anticipated future service needs. This is detailed in *Our National Health*[7] (1999), *Better Health, Better Care*[8] (2007) and *A Force for Improvement*[9] (2009).

---

[7] http://www.scotland.gov.uk/Publications/2000/12/7770/File-1
[8] http://www.scotland.gov.uk/Publications/2007/12/11103453/0
[9] http://www.scotland.gov.uk/Publications/2009/01/20121026/0

2.2   Principles & Values

A range of systems for Personal Development Planning and Review (PDP & R) are in place across NHSScotland (see section 2.4).

Employers must have a clear policy statement on PDP & R, agreed in partnership, which refers to these different systems, but which also sets out a genuine commitment to the principles and values, and rights and responsibilities, which underpin these systems more generally.

The following principles and values underpin each of the systems for PDP & R:

- All staff must understand their role in the organisation and receive ongoing feedback on how they are performing;

- Emphasis must be placed on the employee's self-assessment, supported, guided and facilitated by the reviewer;

- The PDP & R process must be as wide as possible, discussing the setting and achievement of service-related and personal objectives;

- The individual's development needs must be jointly agreed, and take into account professional registration where appropriate;

- The PDP & R process must be based on continuous feedback and 'no surprises', and be kept distinct and separate from formal conduct or capability processes;

- The systems and paperwork to support the PDP & R process must be simple and not drive the process;

- All employees must receive an appropriate level of support to understand and participate in the applicable PDP & R process;

- To ensure that reviewers can fulfil their obligations effectively, the number of staff whose PDP & R they support must be kept manageable (this should be agreed at local level, and should fit with organisational structures);

- In addition, reviewers must be appropriately trained and sufficiently knowledgeable, skilled and competent to undertake this role;

- Access to, and sharing of, information must be in line with the principles of the *Data Protection Act 1998*[10];

- Each organisation must have in place an agreed process for the resolution of any disagreement in relation to an individual's development needs or performance review; and

- Local systems should ensure that processes for carrying out monitoring of PDP & R are in place, as part of the self-assessment audit process for the Staff Governance Standard, and that action is taken to address any areas identified as in need of improvement. Such monitoring should include both quantitative and qualitative measures (see section 2.5).

---

[10] http://www.legislation.gov.uk/ukpga/1998/29/contents

2.3   Rights & Responsibilities

In line with the principles and values described above, all participants in the PDP & R process must recognise and fulfil their respective rights and responsibilities, as follows:

2.3.1   The employer will:

- In partnership with local trade union/professional organisation representatives, agree a PDP & R policy statement as described above, and ensure this is implemented throughout the organisation; and

- Ensure that a reasonable proportion of the organisation's available resources will be allocated to learning and development and distributed appropriately recognising individual and service needs and reflecting the principles of equality and diversity.

2.3.2   The reviewer will:

- Ensure they are fully competent in all aspects of PDP & R by participating in appropriate training as required;

- Ensure timely delivery of the PDP & R process;

- Ensure feedback on performance is evidence-based; and

- Ensure appropriate time is committed to enable all elements of the PDP & R process to be undertaken effectively.

2.3.3   The reviewee will:

- Ensure that they understand the principles and practice of PDP & R to be able to participate fully in the process;

- Fulfil their role within the organisation; and

- Fulfil the agreed objectives within their PDP & R, and take ownership of their learning and development.

2.3.4   Trade unions/professional organisations will:

- In partnership with the organisation, raise awareness of the agreed approach to PDP & R and its benefits; and

- In partnership with the organisation, agree a PDP & R policy statement as described above, and ensure this is implemented throughout the organisation.

2.4 Personal Development Planning & Review Processes Across NHSScotland

2.4.1 Staff Employed Under Agenda for Change

The NHS Knowledge and Skills Framework (KSF) is based on good human resource management and development – it is about treating all individuals fairly and equitably. In turn, individual members of staff are expected to make a commitment to develop and apply their knowledge and skills to meet the demands of their post and to work flexibly in the interests of the public.

KSF and its personal development planning and review process lie at the heart of the career and pay progression strand of Agenda for Change, by providing a single, consistent, and comprehensive framework for staff review and development.

In common with other systems for PDP & R, the purpose of KSF and the development planning and review process is to:

• Facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all staff;

• Support the effective learning and development of individuals and teams – with all staff being supported to learn throughout their careers and develop in a variety of ways, and being given the resources to do so;

• Support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required within a post and managers enabling staff to develop within their post; and

• Promote equality for and diversity of all staff – with all staff covered by Agenda for Change using the same framework, having the same opportunities for learning and development and having the same structured approach to learning, development and review.

Detailed information is contained within the *NHS Knowledge and Skills Framework and the Development Review Process (October 2004) Handbook*[11].

---

11 http://www.msg.scot.nhs.uk/index.php/pay/agenda-for-change/knowledge-skills-framework-ksf

2.4.2 Medical Appraisal & Revalidation

Since November 2009, all doctors on the Medical Register who practise medicine have been required to have a Licence to Practise. UK-wide Regulations are anticipated in 2012 that will commence requirements for the revalidation of all doctors who wish to practise medicine (including those who wish to retain the right to prescribe medication and certify deaths). In effect, to require renewal every 5 years of their Licence to Practise informed by annual appraisals conducted in the workplace. The purpose of revalidation is to provide reassurance to patients, the public and employers that a doctor is up-to-date and fit to practice. The decision to 'revalidate' a doctor will be made by the General Medical Council (GMC), based upon information gathered from annual appraisals. Further information can be found at *http://www.gmc-uk.org/doctors/revalidation.asp*

2.4.2.1 Consultants' Appraisal

It is a contractual requirement that all consultant and non-consultant career grade medical staff participate in annual appraisal. In addition to covering clinical aspects of service delivery and personal and professional development needs, steps are well advanced to ensure that a revised appraisal process will be the main system through which relevant information will be gathered by employers in order to satisfy the GMC's revalidation requirements, but also to identify and assist a doctor's ongoing development needs. Revised Scottish Government guidance is scheduled to be issued to NHSScotland Boards in early 2012.

2.4.2.2 Doctors in Training Posts

Newly qualified doctors leave university and compete to enter a 2-year structured foundation programme, with regular review of progress across the 2 years. At the end of the first year (FY1) they become eligible for full registration with the General Medical Council (GMC), and at the end of the second year achieve a certificate (Foundation Achievement of Competence Document) which allows them to apply for specialist training programmes.

Thereafter they become subject to highly structured assessment of their progress in training through an Annual Review of Competence Progression (ARCP), coordinated and overseen by the Postgraduate Medical Deaneries. If satisfactory progress is made, this ultimately leads to the award of a Certificate of Completion of Training which allows

entry to the GMC specialist register. It is proposed that the ARCP process will continue to be the main mechanism to assess and ensure that the development needs of a doctor in training are being met and, for those in Core and Specialty training posts, to satisfy the requirements of medical revalidation (when commenced). ARCP information will be enhanced with local NHS Board data relevant to an individual doctor's ongoing development, ensuring an accurate and robust methodology that will inform the Postgraduate Medical Dean's recommendation to the GMC on the fitness to practise of each doctor in training.

2.4.2.3 *Primary Medical Services*

As specified in the *National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004*[12], independent General Practitioners (GPs) are under a contractual requirement to participate in the appraisal system provided by their local NHS Board and, through the GP Appraisal Scheme, there are well-established local arrangements that assist GPs to critically review their practice on an annual basis, and to identify and act upon identified educational and developmental needs. The GP Appraisal Scheme is supported and quality assured by NHS Education for Scotland, and contributes to individuals' Continuing Professional Development (CPD), and therefore continuous quality improvement in patient care.

2.4.2.4 *Dentists*

Appraisal for dentists employed within NHSScotland is in line with the requirements of the General Dental Council and is therefore the responsibility of each NHS Board as the employer.

This process ensures that all dentists are fit to remain registered and therefore fit to practise. It contains elements of Continuing Professional Development (CPD) and monitoring of educational activity within the defined period.

The General Dental Council has recently concluded consultation on proposals for a national scheme of revalidation that would encompass key components needed to evidence ongoing CPD activity, and support fitness to practice criteria. It is unlikely such measures would commence before 2015.

---

12 http://www.legislation.gov.uk/ssi/2004/115/contents/made

2.4.3   Executive & Senior Management Cohort

NHS HDL(2002)64[13] introduced arrangements for the appraisal of staff on Executive and Senior Managers pay ranges and provided guidance on governance arrangements and the importance of having evidence-based auditable systems in place.

NHS HDL(2006)54[14] introduced a revised national performance management process for staff in the Executive and Senior Management cohorts. The strategic objectives of the revised system are:

- To ensure robust linkages between individuals' pay and performance;
- To ensure robust linkages between individual and organisational performance; and
- To demonstrate fairness and equity.

NHS HDL(2007)15[15] sets out the requirements of the performance management system and the Personal Development Plan process. The agreement of a Personal Development Plan and completion of the relevant documentation is seen as an integral part of the performance management system for staff covered by the arrangements.

For a complete overview of the Executive and Senior Management performance management system the following papers, in addition to those referred to above, are of relevance:

- *NHS HDL(2006)23*[16];
- *NHS HDL(2006)59*[17];
- *NHS CEL(2007)4*[18];
- *NHS CEL(2007)22*[19];
- *NHS CEL(2008)52*[20];
- *NHS CEL(2009)12*[21];
- *NHS CEL(2010)6*[22];

---

[13] http://www.show.scot.nhs.uk/sehd/mels/HDL2002_64.pdf

[14] http://www.show.scot.nhs.uk/sehd/mels/HDL2006_54.pdf

[15] http://www.show.scot.nhs.uk/sehd/mels/HDL2007_15.pdf

[16] http://www.show.scot.nhs.uk/sehd/mels/HDL2006_23.pdf

[17] http://www.show.scot.nhs.uk/sehd/mels/HDL2006_59.pdf

[18] http://www.show.scot.nhs.uk/sehd/mels/CEL2007_04.pdf

[19] http://www.sehd.scot.nhs.uk/mels/CEL (2007) 22 web version.pdf

[20] http://www.sehd.scot.nhs.uk/mels/CEL2008_52.pdf

[21] http://www.sehd.scot.nhs.uk/mels/CEL2009_12.pdf

[22] http://www.sehd.scot.nhs.uk/mels/CEL2010_06.pdf

- *Report of the Executive Managers Review Working Group*[23] (September 2005);

- *NHSScotland Performance Management: Good Practice Guide*[24] (2007); and

- *NHSScotland Remuneration Committee Self-Assessment Pack*[25] (2007).

2.5   Evaluation & Evidence of Delivery

The organisation will be responsible for ensuring the annual review and audit of all aspects of the delivery of PDP & R. In line with the Staff Governance Standard self-assessment audit tool, each Area Partnership Forum (or equivalent) must be assured that the organisation has fulfilled this responsibility.

Key features of the review and audit are:

- Quantitative data (e.g. number of PDP & R discussions which have been completed and recorded in the relevant system, and the percentage of staff participating in learning and development demonstrated though completed PDP & R activities);

- Qualitative data (e.g. how beneficial the reviewer and the reviewee found the PDP & R discussions, and what difference PDP & R has made to the individual's experience at work and the service that they help to provide); and

- Taking account of local circumstances, organisations should consider the most appropriate means of collecting the quantitative and qualitative data to ensure that they can demonstrate that they have fulfiled their responsibilities under this PIN policy.

_____

[23] http://www.show.scot.nhs.uk/sehd/publications/DC20050901exec.pdf

[24] http://www.scotland.gov.uk/Publications/2007/09/19142854/3

[25] http://www.scotland.gov.uk/Publications/2007/09/19142805/5

Appendix 1

PIN Policy Review Group

Chair:	Sandra-Dee Masson	UNISON
Members:	Alex Joyce	UNISON
	June Livingstone	KSF Manager, NHS Greater Glasgow & Clyde
	David Kerr	Head of Learning & Development, NHS Fife
	Caroline Fee	Staff Governance Associate, Scottish Government
	Darren Paterson	Staff Governance Associate, Scottish Government