



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	HEIW Quality Assurance Visit – Revalidation & Appraisal
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Philip Kloer, Medical Director & Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Thomas, Head of Medical Education & Professional Standards

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

<p><u>Sefyllfa / Situation</u></p> <p>April 2023 marked the beginning of the first year of the third five-year cycle of the revalidation of doctors in Wales. This report has been produced for information, to provide assurance that the processes in place within Hywel Dda University Health Board (HDdUHB) are being managed effectively to support Medical Appraisal and Medical Revalidation across the Health Board.</p>
<p><u>Cefndir / Background</u></p> <p>Revalidation is a five-year cycle of regulation which was introduced across the UK by the General Medical Council (GMC) who state:</p> <p><i>‘Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.’</i></p> <p>The process incorporates the need for doctors to fulfil certain requirements and maintain a portfolio of supporting information, which shows that they are meeting the standards set out in the GMC’s ‘Good Medical Practice Framework’ (2013). The GMC notify individual doctors of their revalidation date, the date by which all of the requirements need to have been met and a recommendation made by the Responsible Officer (RO).</p> <p>The foundations of revalidation lie within the process of medical appraisal, which has been compulsory in Wales since 2004. Revalidation puts added emphasis on the role of annual appraisal and without it, a recommendation cannot be made.</p> <p>Within HDdUHB, medical appraisal (primary care appraisal is managed by the Appraisal Unit of Health Education and Improvement Wales (HEIW)) and revalidation is overseen by the Revalidation and Performance Panel. The panel is made up of the RO, Revalidation and Appraisal Lead and Deputy Responsible Officer, Assistant Director - Medical Directorate, Head of Medical Education & Professional Standards, Medical Directorate Support and Revalidation Manager, Associate Medical Directors for Primary Care, Workforce and Professional Standards</p>

together with senior representatives from the Workforce and OD team, the Assurance, Safety and Improvement (ASI) Team and the National Clinical Assessment Service. Information gathered from appraisal summaries and the Health Board's ASI team discussed at regular monthly panel meetings and is used by the RO to make an informed decision as to whether or not a positive recommendation can be submitted to the GMC.

The quality assurance of the systems and processes which underpin medical appraisal and revalidation is overseen by the HEIW Revalidation Support Unit, on behalf of the Chief Medical Officer (CMO) for Wales. The last Revalidation Quality Review visit was carried out in October 2018, when Hywel Dda was commended on the robust systems which were in place to support medical appraisal and revalidation across the Health Board.

Asesiad / Assessment

On the 14 July 2023 HEIW returned to HDdUHB to carry out a Revalidation Quality Review, which will form part of a cycle of quality assurance visits across Health Boards and non-NHS Designated Bodies in Wales. The reviews incorporate meetings and discussions with members of the Executive Team, the Medical Appraisal and Revalidation Team and Appraisers to identify areas of good practice together with areas for possible improvement.

The visit was based upon the 2021-2022 Revalidation Progress Report and appraisal feedback surveys, which covered the themes of; appraisal completion figures; revalidation recommendations; revalidation processes; underpinning systems for appraisal; underpinning governance systems; internal quality assurance; progress against actions from previous visit; quality of appraisal outputs; appraiser survey; Medical Appraisal and Revalidation System (MARS) appraisee survey; constraints reporting. The full review report is included in Appendix 1.

The review team were impressed with the structural support in place for the RO and the training that has been provided to Service Delivery Managers. The majority of the recommendations highlighted as part of the report had been identified by the Health Board prior to the visit and work has been ongoing for some time to progress the relative actions. The recommendations include:-

- Improve engagement and support for the International Medical Graduates within Health Board regarding appraisal requirements and MARS at induction, training sessions and newsletters.
- Identify a new Independent Member to sit on the Responsible Officer Advisory Group.
- Include Primary Care Associate Medical Director (AMD) representation at the quarterly Appraisal Co-ordinator/AMD meetings.
- Undertake an appraiser recruitment drive to target specific areas where there is the highest need.
- Identify Appraisal Leads for Withybush and Glangwili Hospitals.
- Consider holding a local quality assurance event.
- Current appraisal leads to quality assure the first 2-3 summaries for all new appraisers.
- Constraints reports taken from MARS to be provided to doctors at the end of each appraisal year.

Review information from across Wales will be collated by the Revalidation Support Unit and a final report based on All Wales data will be published at the end of the review cycle. Information from the reviews will also be shared with the CMO for Wales, who is also the higher level RO for Wales.

The next review will take place virtually in 2-3 years, with the next cycle of visits commencing in 5 years' time.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Note the outcome of the Revalidation Quality Review Visit and subsequent recommendations.
- Take an assurance from the action plan (in Section 2 of Appendix 1) which outlines the completed and planned work to address the identified areas for improvement.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	2b Employer of choice 2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Making a recommendation about a doctor's revalidation - GMC (gmc-uk.org)
Rhestr Termiau: Glossary of Terms:	HEIW – Health Education & Improvement Wales GMC – General Medical Council RO – Responsible Officer AMD – Associate Medical Director MARS – Medical Appraisal and Revalidation System CMO – Chief Medical Officer
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Responsible Officer Advisory Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Revalidation Quality Review Report

Section 1

To be completed by Review Team

Designated Body (DB)	Hywel Dda University Health Board
Date of Review	14 th July 2023
Time of review	09:30 - 12:00
Virtual/Face to Face	Face-to-face - Canolfan Derwen, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

Review Team

Name	Role
Chris Price	Head of the RSU - Chair
David Lunt	Lay Representative
Sharon Penhale	Revalidation Manager (SBUHB)
Natalie House	RSU Revalidation and Quality Officer
Natalie Brookson	RSU Revalidation and Quality Administrator - Observer

DB Representatives

Name	Role
Phil Kloer	Responsible Officer
June Picton	Deputy RO and Professional Lead
Helen Williams	Head of Medical Education and Professional Standards
Debbie Stone	Revalidation Manager
Carly Hill	Assistant Director
Anirudh Gadgil	Appraisal Lead
Roopam Goel	Appraiser
Rosie Preece	GP Appraisal Coordinator

General Overview of Visit:

The chair thanked the DB for their time and gave an overview of the visit's purpose.

The visit was based on the data in the 2021-22 Revalidation Progress Report (RPR) and appraisal feedback surveys. The review team initially felt that the evidence provided in the RAG status for each area in the RPR did not correlate with the figures.

The health board acknowledged areas that require improvement and are putting plans in place to address them. The appraisal rates have increased since 2021-22.

The review team advised the health board on the recommendations outlined in this report and were impressed with structural support for the RO and the training provided to the Service Delivery Managers.

A virtual visit will be undertaken in 2-3 years, with the next cycle of visits commencing in 5 years.

Visit Outcomes

Themes	Discussion Notes	Recommendations
RPR – Appraisal Completion Figures	<p>General Practitioners – 259 of 343 (75.5%) Consultants – 147 of 214 (68.7%) Staff grade, associate specialist, specialty doctors – 103 of 181 (56.9%) Temporary or short-term contract holders – 104 of 188 (55.3%)</p> <p>The appraisal completion rates for three of the staff groups are below the Wales average of 73%, two of them significantly so.</p> <p>The health board stated they have been struggling to get doctors engaged with appraisal post-covid and highlighted that they have a high proportion of International Medical Graduates (46%) within their workforce. The review team advised the health board to consider providing improved support for the IMG group. Possible options are to review the induction for IMGs or consider allocating an Appraisal Lead to oversee their first appraisals.</p> <p>The health board also acknowledged they have a shortage of Appraisers and are planning to undertake Appraiser recruitment.</p>	<p>Consider providing improved appraisal support for the IMG group.</p>

	<p>Appraisal figures for three out of four of the groups have improved since 2021-22 and the overall rate is now 73.3% which is consistent with the national average. However, the appraisal rate for temporary staff has significantly decreased.</p> <p>Figures for 2022-23:</p> <ul style="list-style-type: none"> • General Practitioners – 85.3% • Consultants – 82.7% • Staff grade, associate specialist, specialty doctors – 66.4% • Temporary or short-term contract holders – 43.8% 	
<p>RPR – Revalidation Recommendations</p>	<p>Deferral rate locally – 39.6% All due to insufficient evidence</p> <p>The health board’s deferral rate is significantly higher than the national average of 26%. The majority of deferrals were due to incomplete patient and colleague feedback.</p> <p>The health board advised they had previously been underestimating the time needed to complete the 360 feedback which led to multiple deferrals. They are now deferring for the longest period which should minimise multiple deferrals.</p> <p>The health board have a reminder process in place for doctors with missing appraisal information, this includes regular reminder emails, newsletter articles and utilising their Appraisers. They are now advising doctors to complete their 360 mid-cycle instead of in the final year and the Appraisers are adding 360 completion to the doctor’s PDP if they have not completed it by their third appraisal.</p> <p>The review team noted that the health board have had some issues with Orbit360, where the processing of feedback forms has been delayed. The RSU representatives at the review agreed to look into this issue with the RSU Online Resources team.</p> <p>The health board’s deferral rate has significantly decreased since 2021-22 but still remains slightly higher than the national average: Deferral rate in March 2023 - 28.2%</p>	

<p>RPR - (RAG) Revalidation Processes</p>	<p>The Responsible Officer expressed having strong support from the revalidation team in the health board.</p> <p>There is an RO Advisory Group which takes place monthly, the meeting is split into two parts: Part 1 – Revalidation Panel Part 2 – Appraisal (doctors in open process, actions that need to be undertaken on appraisal rates, number of available Appraisers)</p> <p>Key people have been identified to attend these meetings, including the RO, Deputy RO, two Deputy MDs, Head of Med Ed, Revalidation Manager and a Lay Rep.</p> <p>The health board’s Lay Rep has recently retired and they are currently working to identify a new independent member.</p> <p>The review team were impressed with the structures in place to support the RO and Revalidation team.</p> <p>The review team Chair highlighted to the health board that they do not currently have AMD representation at the quarterly AC/AMD meetings and advised them to consider sending AMD representation to these meetings going forward.</p>	<p>Identify a new Independent Member</p> <p>Include AMD representation at the quarterly AC/AMD meetings.</p>
<p>RPR - (RAG) Underpinning systems: appraisal</p>	<p>The health board currently have 44 Appraisers but ideally need around 70. It was noted that many of them are experienced Appraisers who are not far off retirement and they are doing more appraisals than they should be.</p> <p>The health board recognise the need to recruit more Appraisers and are planning recruitment. The formal recruitment process has not yet started, but the health board have started to prepare by sending out a local appraiser survey to identify any issues that can be addressed.</p> <p>The health board highlighted to the review team that recruiting Appraisers can be difficult as the budget is not managed by the department. The revalidation team are taking steps to mitigate any potential issues around funding by advising doctors to contact their Service Delivery Managers before applying for the role.</p> <p>The revalidation team have provided training for the Service Delivery Managers and have stated this may become ongoing. They have also stated they will collaborate with the Service Delivery Managers in the Appraiser recruitment process.</p>	<p>Recruitment of new Appraisers</p>

	<p>The review team were impressed with the work the health board has done to provide training to the Service Delivery Managers and welcome the idea of this becoming a continuous training opportunity.</p> <p>The health board have resumed the Appraiser forum which was not operational for two years during Covid. The forum takes place 2-3 times a year and is around 3-4 hours in duration. The Appraisers fed back that they find these forums very useful for generating good discussion and sharing information.</p> <p>The health board have been having difficulty recruiting Appraisal Leads in two areas: Pembrokeshire and Mental Health and Learning Disabilities. To address this issue, they are looking into potentially splitting the Mental Health services across sites, so the Appraisers will be allocated to the AL in their local site instead.</p>	Recruitment of Appraisal Leads
RPR - (RAG) Underpinning systems: governance		
RPR - Internal Quality Assurance and other Projects	<p>The health board have not undertaken an internal quality assurance event but recognise the need to.</p> <p>The Appraisal Leads review the first few summaries completed by their new Appraisers, but due to AL vacancies across two areas not all new Appraisers are currently being reviewed. The review team proposed that the health board consider using their current ALs to review the first summaries for all new Appraisers and wondered if this could be incorporated into the Appraiser forums.</p> <p>The RSU highlighted to the health board that they are available to support with the anonymisation of summaries for an internal quality assurance event.</p>	<p>Consider holding an internal quality assurance event.</p> <p>Consider using current ALs to quality assure the first 2-3 summaries for all new Appraisers.</p>
QV – Progress against agreed actions	<p>Ongoing:</p> <ul style="list-style-type: none"> • Revalidation and Appraisal Lead to review all appraisal summaries. • Regular 6 monthly local Appraiser and Appraisal Lead network meetings to be undertaken to communicate recent developments, share good practice and provide a general forum for discussion. 	

	<ul style="list-style-type: none"> • Constraints reports taken from MARS to be provided to doctors at the end of each appraisal. • Draft local protocol for appraisers to be created to provide guidance as to the process to be followed in the event of a Doctor including a constraint in relation to patient safety in the narrative of the constraint section in the appraisal folder. • Where a difficult situation arises, we will consider including this on the LNC Agenda <p>Complete:</p> <ul style="list-style-type: none"> • Information on Revalidation and Governance processes within the Health Board to be included in the next RO Newsletter. 	
AQA - Quality of appraisal outputs	12 summaries marked via national process with a score of 74%, slightly below the Wales average of 78%.	
Survey - Appraiser Survey	<p>15 SC appraisers completed the survey. 9 of them did not undergo a formal selection process, but RPR states there is formal recruitment process in place for new appraisers. The health board stated that many of their Appraisers are experienced Appraisers and have been in the role for a long time, predating the current formal recruitment process.</p> <p>Some respondents felt SPA time is not adequate for the amount of appraisals they are expected to undertake. This is a common theme across Wales.</p> <p>All 15 SC appraisers feel supported in their role. Feedback from the Appraisers who attended the visit echoed this.</p> <p>8 PC appraisers completed the survey and all feel supported in their appraiser role.</p>	
Survey - MARS survey	In line with All Wales data	

Constraints - MARS Constraints reporting	In line with All Wales data	
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Section 2

To be completed by Designated Body

Designated Body Action Plan and Comments

Designated Body General Comments:			
<p>The HEIW QA visit, was considered a success due to most of the issues raised were already identified and improvement plans are being developed.</p> <p>The RO thanked both the HEIW team and the Revalidation and Support Team and agreed that signs of improvements since the RPR of 2021 – 2022 are showing. Further improvement required, is highlighted in the Action Plan below.</p>			
Action Plan completed by:			
Action	By whom	Timescale	Comment
Improve engagement and support for the International Medical Graduates within the Health board. Include information regarding the appraisal requirements on the MARS system, at induction, training sessions and in newsletters.	HW, DS & AN	Dec 2023	HEIW team - consider allocating an Appraisal Lead to oversee their first appraisals. we only have 2 appraisal leads and the IMGs are numerous, this may overload our Leads. This will be considered following appraiser and appraisal lead recruitment.
Identify a new Independent Member	DS-Board Secretary	Sept 2023	Awaiting new IP to be announced.
Include AMD representation at the quarterly AC/AMD meetings.	DS	Aug 2023	Clinical Director/Deputy Associate Medical Director – Primary Care agreed to attend the AC/AMD meetings. These occur every 4 months and are 1 hour long. CB & SJ will alternate attendance.
Undertake an appraiser recruitment drive, to target specific areas where there is highest need.	HW, DS and Revalidation and Appraisal Team	April 2024	Recruitment drive, to take place Oct. Plan for interviews with Deputy RO. 4 Module training for Appraisers to be completed.

Identify Appraisal Leads for Withybush and Glangwili	HW&DS	April 2024	MH&LD to be split between the site appraisal leads. Appraisal lead to be identified for Withybush and additional appraisal lead to cover Glangwili to reduce the numbers of appraisers being led by Mr Gadgil (currently covering both Prince Philip and Glangwili).
Consider holding an internal quality assurance event.	HW & DS	August 2024	HW & DS to attend a Swansea Bay event due to take place 04/09/2023. Once completed; Hywel Dda event to be planned.
Current appraisal leads to quality assure the first 2-3 summaries for all new appraisers.	Appraisal Leads	ongoing	Existing appraisal leads quality assure the summaries of those they lead but this is currently not consistent across the Health Board. Examples of good practice to be shared with appraisal leads along with AL to Appraiser Feedback template.
Constraints reports taken from MARS to be provided to doctors at the end of each appraisal year.	HW, DS & AN	March 2024	Constraints task and finish groups have been set up to look at primary and secondary care constraints. Information is collated into a You said - We did newsletter.
Previous: QV – Progress against agreed actions.			
Revalidation and Appraisal Lead to review all appraisal summaries.		Completed	RO and/or Deputy RO now review all appraisal summaries prior to recommendation being made.
Regular 6 monthly local Appraiser and Appraisal Lead network meetings to be undertaken to communicate recent developments, share good practice and provide a general forum for discussion.		Completed	Appraiser Forum created and are held regularly every 6 months.
Process for a difficult situation arising in the Appraisal. The appraisers are able to discuss with the RO and Deputy RO directly.	Appraisal Forum	Completed	Any significant situations, may be considered to be including on the LNC Agenda.
Draft local protocol for appraisers to be created to provide guidance as to the process to be followed in the event of a Doctor including a constraint in relation to	HW	Completed	Escalation protocol has been created.

patient safety in the narrative of the constraint section in the appraisal folder.			
Information on Revalidation and Governance processes to be included in the next RO Newsletter.	Revalidation Team	Completed	Regularly featured in the medical director's newsletter.