



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Medical Appraisal, Revalidation & Job Planning
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Medical Director, Deputy Chief Executive & Responsible Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Helen Williams, Head of Medical Education & Professional Standards

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper was requested following the Personal Appraisal Development Review (PADR) paper submitted in April 2022, which provided an update on the progression made by the Culture/Workforce Experience team in developing a performance led culture.

Medical staff participate in medical appraisal, an annual process which underpins the General Medical Council's (GMC) process of revalidation, an evaluation of a doctor's fitness to practise. It focuses on development and assurance and is designed to enable doctors to demonstrate that they are meeting the objectives and principles set out in the GMC Good Medical Practice framework.

Consultants and SAS doctors also participate in job planning, a process which helps to ensure that there is a clear consensus between doctors and the Health Board as to what work is being done, where and when it will be undertaken, the number of hours/sessions that the individual is required to work, what work is expected of the individual and the resources required. Effective job planning results in alignment of individual's work, departmental objectives and strategic objectives resulting in a much more cost-effective delivery of healthcare.

Medical appraisal, revalidation and job planning are not presented or promoted as being performance management tools however, they are processes which support a doctor's ability to develop, keep up to date and perform their roles effectively, efficiently and safely.

Cefndir / Background

Medical Appraisal

The suspension of Medical Appraisal in March 2020 by the Chief Medical Officer (CMO) for Wales was prompted by the General Medical Council's (GMC) response to the COVID-19 pandemic and the decision to defer the revalidation dates of doctors due for recommendation between 17th of March 2020 and the 31st of July 2021. The decision was made to free up time for doctors and appraisers to concentrate on clinical work, to minimise the spread of infection and to avoid the need for Responsible Officers to make revalidation recommendations during this busy time.

There is robust evidence that many doctors in Wales value their appraisal far beyond the requirements of revalidation. This was evident during the pandemic when, despite the period of

appraisal suspension, several doctors still requested an appraisal, appreciating the opportunity to be able to reflect on their experiences and challenges. The Health Board acknowledged the benefits associated with appraisal as a tool for reflection, a process which can help boost health, well-being, performance and education and for this reason, a pragmatic approach was adopted. The Health Board supported the completion of appraisal throughout the pandemic provided that; it was undertaken virtually; that the chosen appraiser had capacity; that service and time constraints allowed. Appraisals which did not go ahead during the period of suspension were recorded as an approved missed, in accordance with national guidelines.

Medical appraisal formally recommenced across Wales on the 1st of April 2021 with a focus on wellbeing. Due to the high numbers of doctors that had not completed an appraisal in the months prior, those due for revalidation in the ensuing 12-month period were prioritised to efficiently manage appraiser availability.

Revalidation

As mentioned above, the revalidation dates of doctors due for recommendation between 17th of March 2020 and the 31st of July 2021 were deferred by a year in response to the COVID-19 pandemic however, the GMC acknowledged the fact that some doctors were ready for recommendation and so, all those doctors that were deferred were also put under notice for revalidation. Being under notice meant that if a sufficient number of appraisals had been undertaken, that the required supporting information was in place and there were no fitness to practise issues, Responsible Officers were still able to make revalidation recommendations as normal.

Job Planning

Significant progress was made in the job planning process for Consultants and SAS doctors during the run up to 16th of March 2020, when the decision was taken to stand down all job plan review meetings, to allow clinicians and service managers to concentrate on the increased pressures caused by the COVID-19 pandemic. From this date, all job planning workshops were cancelled and no further reminders or general job planning information communicated.

The process was formally reinstated on the 1st of April 2021 however, time constraints associated with service pressures and staff shortages, along with changes to working activity resulting from the need to adapt services, meant that job plan reviews were not prioritised for some time and thus, they have not consistently been completed within required timescales.

How we measure?

Monthly audits of appraisal compliance and the percentage of medical staff who have completed appraisals on the Medical Appraisal Revalidation System (MARS) are consistently recorded and monitored. Reasons for non-completion and extenuating circumstances are logged and there is a robust process in place to manage appraisal non-engagement in accordance with the Wales Appraisal Exceptions Management Guidance.

Every doctor is provided with a specific revalidation date and revalidation recommendation decisions need to be made timely and in line with the GMC's Responsible Officer Regulations. Information is taken to the monthly Responsible Officer Advisor Group (ROAG) Meetings involving key individuals including, the Responsible Officer, Deputy-Responsible Officer, the Assistant Director for Workforce and Organisational Development, Head of Quality and Governance, Assistant Director- Medical Directorate, Medical Directorate Support & Revalidation Manager and a representative from the National Clinical Assessment Service. Group members together are able to ensure that the Responsible Officer is provided with clear, up to date information on a regular basis. The ROAG meetings are split into 2 parts, the first part deals

specifically with appraisal and revalidation and the second part focuses on GMC fitness to practise issues and supports the monitoring and management of performance issues.

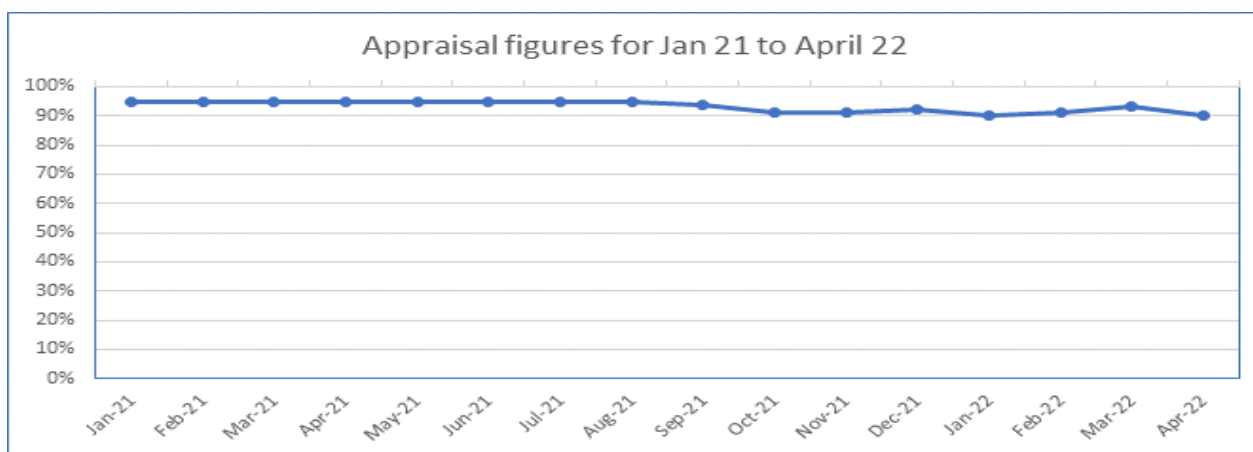
Job planning compliance and the percentage of consultants and SAS doctors who have a fully signed off job plan on the Allocate job planning system, is recorded on a monthly basis and monthly reports are provided to responsible service delivery managers and clinical leads.

Asesiad / Assessment

Compliance

Medical Appraisal

The medical appraisal compliance rate has remained relatively stable for the organisation over the last year since April 2021. The graph below shows how the figure remains constant at around 90% and above.



*figures obtained from the Medical Appraisal and Revalidation System (MARS) April 2021 & April 2022

The table below shows that when compared to the April 2021 figures, appraisal compliance for April 2022 has dropped by 6% from 96% to 90%, with reduced compliance across each directorate. The high number of approved missed appraisals recorded during the suspension of appraisal during the period March 2020 – April 2021 provided much needed flexibility during a challenging period however, it has taken some time for doctors to return to the routine of regular annual appraisal. For this reason, non-engagement processes have been reinstated, along with increased communications and it is hoped that a rise in compliance will be realised over coming months.

Directorate appraisal compliance comparison – April 2021 & April 2022

Directorate	% April 2021	% April 2022	↑	↓
Scheduled Care	97%	87%		↓
Unscheduled Care	96%	87%		↓
Women & Children's	99%	81%		↓
Mental Health & Learning Disabilities	100%	94%		↓
Primary Care	97%	95%		↓
Total Health Board	96%	90%		↓

*figures obtained from the Medical Appraisal and Revalidation System (MARS) April 2021 & April 2022

Due to the national suspension of appraisal, there are currently no comparative figures available. The Health Board has prepared a Revalidation Progress Report which will be submitted to Health Education and Improvement Wales in June 2022 and the all-Wales figures will become available upon receipt of the all-Wales summary report.

Revalidation

Revalidation is largely underpinned by the Medical Appraisal process and thus, sufficient engagement and compliance with appraisal, in the absence of any fitness to practise issues or ongoing local process, will lead to the Responsible Officer submitting a revalidation recommendation or recommendation to defer. A recommendation of non-engagement has not been submitted to the GMC by Prof Phil Kloer, Hywel Dda RO, since 2015. Furthermore, only 3 non-engagement recommendations have been submitted by a Hywel Dda RO since the introduction of revalidation at the end of 2012 and so, it is clear that Hywel Dda doctors are compliant and engaging with the process.

Hywel Dda is currently the Designated Body for a total of 972 non-training grade doctors from across both Primary and Secondary Care. In the last 5 years, the Responsible Officer has submitted a total of 855 revalidation decisions to the GMC, made up of 659 recommendations to revalidate and 196 recommendations to defer.

The table below demonstrates a significant increase in the number of recommendations for revalidation deferrals made during 2021 and 2022 (thus far) in the wake of the pandemic. This has been primarily due to challenges around obtaining the patient feedback aspect of supporting information, which is an essential requirement for a revalidation recommendation to be made.

Period	No. successfully revalidated	No. of deferrals	No. of non-engagement
06/2017 – 12/2017	17	9	0
01/2018 – 12/2018	127	29	0
01/2019 – 12/2019	219	30	0
01/2020 – 12/2020	124	15	0
01/2021 – 12/2021	125	76	0
01/2022 – 05/2022	47	37	0

*figures obtained from the GMC Connect site April 2022

The appraisal and revalidation team are supporting doctors as much as possible by sending letters and feedback forms out to patients to complete and return where necessary however, the return tends to be minimal using this approach and additional patients often need to be contacted. This leads to longer process times and consequently possible revalidation deferral. High deferral rates due to incomplete feedback is a common theme across Wales but it is hoped that this situation will improve with service reset and increased communication to encourage doctors to complete the feedback early on in the five-year revalidation cycle.

Job Planning

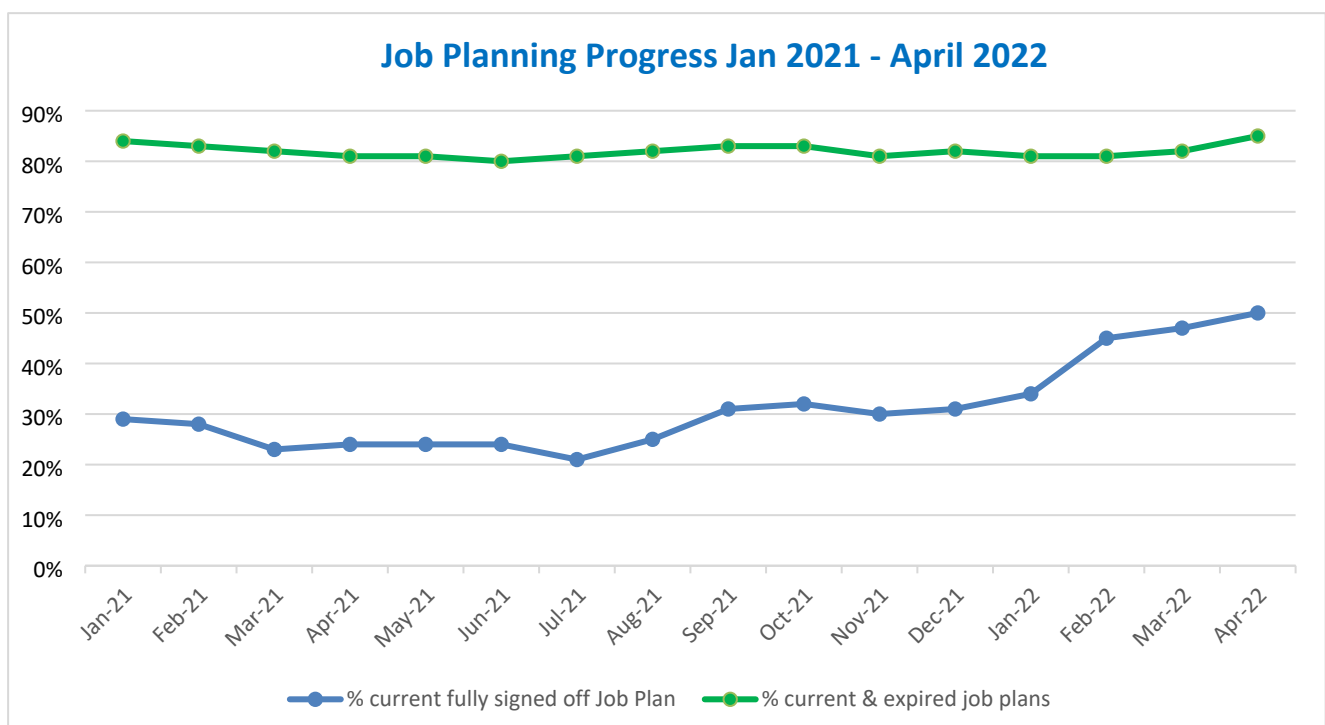
Following the postponement of the job planning process in March 2020, the compliance rate gradually declined. This position however, changed during August 2021 and since then, continuous improvement has been made.

The chart below shows Consultant and SAS doctor job planning progress from January 2021 to April 2022.

In total 85% of Consultants and SAS doctors have a job plan in place, whether it be a current job plan or a job plan which has expired.

The chart also shows that in addition to the 50% of fully signed off current job plans on the system, a further 35% of job plans are awaiting sign off and are near completion. In the event that these are completed fully, it would bring the total current job plans to 85%, only 5% from our target figure.

The information demonstrates that despite continued challenges and service pressures, the percentage of current, fully signed off job plans has increased by between 1%-3% on a month-by-month basis since July 2021. Continued efforts are being made by Consultants, SAS doctors and operational teams to fully engage with the process and teams are working hard to meet the targets set.



*Information taken from Allocate e-job planning system between Jan 2021 – April 2022

Ongoing development and quality improvement

Training and Demonstration Sessions

Local Appraisal and Revalidation and Job Planning training and demonstration sessions have been provided for Hywel Dda doctors on an ongoing basis for many years.

Medical staff are invited to attend quarterly Appraisal and Revalidation training sessions which incorporate: -

- A general introduction to appraisal and revalidation
- MARS demonstration

- An introduction to reflective writing
- Q&A session

Since April 2021, approximately 150 doctors have attended one or more of the four virtual training sessions which have taken place.

Similarly, Job Planning Training and Demonstration sessions are arranged on a quarterly basis and ad hoc training takes place as appropriate.

The appraisal, revalidation and job planning team are always at hand to provide guidance and support and are happy to provide one to one and small or large group training sessions on an ad hoc basis.

Appraiser Forum

The Hywel Dda Appraiser Forum was set up in 2018 to provide opportunities for Hywel Dda appraisers to come together to communicate developments and updates, to share good practise and challenges and to link in with the Responsible Officer on a regular basis. The first meeting went ahead in November 2018 and the forum has met every 6 months since. The meetings are very well received and the introduction of MS Teams has enabled increased attendance from appraisers who might otherwise struggle to attend.

All- Wales Medical Appraisal Feedback Survey (April – Sept 2021)

The Medical Appraisal Feedback Survey is hosted on the Medical Appraisal and Revalidation System and becomes available to doctors once they have agreed the appraisal summary. The anonymous survey enables feedback results for Appraisers and opportunities for improvements for the Revalidation and Support Unit (RSU) and Health Boards/Designated Bodies in Wales. This report is published on an all-Wales basis.

Made up of single choice and free text questions, the survey is made up of 4 main sections which are as follows:

- Section 1 – The Appraisal Process
- Section 2 – Appraiser Skills
- Section 3 – The Doctor’s Personal and Professional Development
- Section 4 – Orbit360 (MSF)

The data forms part of the appraisal Quality Management Framework and is used to review the appraisal process in Wales and explore opportunities for improvements.

Feedback Survey Highlights

- The all-Wales survey response rate was 87%.
- There were 2875 appraisals completed on MARS between 1st April - 30th September 2021, 1106 in Primary Care and 1769 in Secondary Care.
- Of the 1615 doctors that had a virtual appraisal between April and September, 95% found their virtual appraisal to be of equivalent quality to their previous face to face appraisals. 99.7% of doctors said they would be happy to see the same Appraiser again and 98% were satisfied that the Medical Appraisal Revalidation System (MARS) met their needs as an appraisee.
- Of the doctors that used the Orbit360 system for their patient and colleague feedback, 85% said the Orbit360 system was intuitive and 88% said the guidance relating to Orbit360 was helpful and user friendly.

Constraints

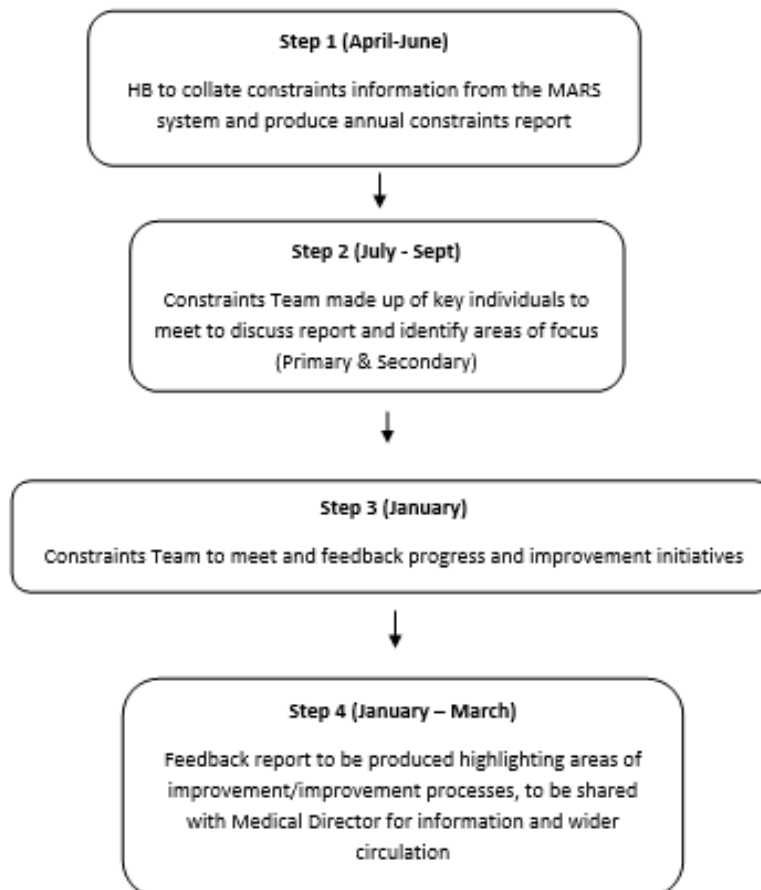
As part of annual appraisal, doctors can highlight any constraints in development that they may have experienced during the appraisal period. The constraints may be personal, related to the

workplace, or related to the service and are themed around; Personal, health and wellbeing; Culture & Experience; Staffing & Workload; Access to services; Continuing Professional Development; Job Planning; Information Technology; Primary/Secondary Care Interface.

These constraints provide a valuable insight into some of the issues that doctors may be encountering, issues which the Health Board might be able to address. The constraints have already been used by the SAS Doctor Steering Group to help inform the Health Board's compliance with the SAS Doctor Charter and a Constraints Process (see below) has been drafted to ensure that information is shared amongst key individuals for possible action. The first meeting will go ahead before the end of September 2022.



Constraints Process



Constraints Themes

- Personal, health and wellbeing
- Culture & Experience
- Staffing & Workload
- Access to services
- Continuing Professional Development
- Job Planning
- Information Technology
- Primary/Secondary Care Interface

Communication & Reaffirmation

The last 2 years have marked an extremely difficult time for the organisation but despite the challenges posed, our medical staff and operational teams have endeavoured to engage with the medical appraisal, revalidation and job planning processes and this is clear from the figures provided in this report.

As part of the necessity for reset and recovery, the Appraisal, Revalidation and Job Planning Team will recommunicate information around the processes and reaffirm the associated benefits for doctors themselves, the organisation and more importantly patients. In addition to the quarterly training and demonstration sessions, this recommunication will include:-

- Information and training/demonstration videos being included on new SharePoint pages with a view to these pages being made available on the internet as soon as possible
- Information presented at induction, the Consultant Leadership Programme and included in new starter handbooks
- Regular updates in the Medical Director's Newsletter
- Regular discussion with medical and operational staff

Argymhelliad / Recommendation

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

- a) Note the current attainment status of medical appraisal, revalidation and recent improvement in job planning across the organisation.
- b) Endorse the intentions for ongoing development and quality 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
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Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
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Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback 7.1 Workforce
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Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
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Amcanion Cynllunio Planning Objectives	6K_22 workforce, clinical service and financial sustainability
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Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> - Appraisal: What is it? (2021). Retrieved 21 September 2021, from https://gpcpd.heiw.wales/non-clinical/appraisal-revalidation-and-mars-2/appraisal/ - Brennan, N., Bryce, M., Pearson, M., Wong, G., Cooper, C., & Archer, J. (2017). Towards an understanding of how appraisal of doctors produces its effects: a realist review. Medical Education, 51(10), 1002-1013. doi: 10.1111/medu.13348 - The Medical Profession (Responsible Officers) Regulations 2010 (gmc-uk.org) - Good medical practice-english (gmc-uk.org) - GMC Council 180107 (gmc-uk.org) - http://www.wales.nhs.uk/sites3/Documents/433/Nat_Consultant_Contract.pdf#:~:text=The%20new%20amended%20consultant%20contract%20for%20Wales%2C%20which,the%20BMA%2C%20NHS%20Wales%20and%20Welsh%20Assembly%20Government.
Rhestr Termau: Glossary of Terms:	GMC – General Medical Council RO – Responsible Officer
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable

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:	Potential positive impact on staff morale and future engagement opportunities
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable