

ABM University Health Board	
8th March 2018 Workforce and Organisational Development Committee Agenda item: 10	
Subject	Medical Workforce Board Update
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Approved by	Push Mangat, Deputy Executive Medical Director
Presented by	Push Mangat, Deputy Executive Medical Director

1.0 Situation

To update the Workforce & OD Committee around the work that the Medical Workforce Board considered at its meetings in October and December in 2017 and in January 2018 and seek ratification of the Medical Appraisal Policy.

2.0 Background

The Medical Workforce Board has met on the 16th October and 14th December 2017 and the 16th January 2018 since the Workforce & OD Committee received an update from the Medical Workforce Board when it met in September 2017.

MEDICAL WORKFORCE BOARD UPDATE

Junior and Specialist Associate Specialists (SAS) Doctor Recruitment

Recruitment

Recruitment continues to be a challenge for the Health Board.

There are currently 134 junior and middle grade vacancies (including Associate and Specialist Doctor vacancies) and the distribution of these are as follows as at 31st January 2018:-

Location	Number of Vacancies	Comments
Princess of Wales Hospital (POW)	24	
Neath/Port Talbot Hospital (NPT)	4	
Singleton Hospital	24	

Morrison Hospital	55	
Mental Health	19	
Primary Care	8	

The Medical Workforce team are currently updating information as confirmation is being received daily from the Deanery of the doctors appointed or rotating to the Health Board for August 2018 and therefore the above numbers will be subject to change.

BAPIO Recruitment 2016

From the 2016 scheme 7 doctors have not taken up posts in the following areas. This is due to them failing the IELTS language test or their personal circumstances changing and no longer wishing to come to the UK.

Specialty	Unit	Withdrawn
Anaesthetics	POW	1
Anaesthetics	Morrison	1
Medicine	NPTH	1
Surgical Specialties	Morrison	1
Surgical Specialties	POW	3

BAPIO Recruitment 2017

Interviews for the 2017 initiative were held in Mumbai and Delhi in September 2017 and ABMU has offered 27 doctors a post within the Health Board. A breakdown of offers made is below:

Specialty	Unit	Offered	Comments
Medicine	Morrison	3	
	POW	2	
	Singleton	2	
Mental Health	Cefn Coed	2	1 withdrawn
	NPTH	2	
	POW	1	
General Surgery	POW	2	

MSK	Morrison	2	
	POW	5	
Paediatrics	Morrison	2	1 withdrawn
	POW	1	
Neonates	Singleton	3	

As the IELTS language test has proved difficult for doctors to pass and has added to the delay in doctors joining, moving forward if a 2018 initiative is agreed BAPIO have confirmed they will advertise throughout the year and suitable applicants will be advised to start the IELTS process immediately. BAPIO are also looking to provide a cultural induction whilst doctors are still in India along with support for the Royal College application process.

New Deal

The Medical Workforce Board noted that draft documentation outlining the process and different roles and responsibilities had been sent to the British Medical Association for comments. The Health Board have taken these comments on board and are still awaiting sign off from the LNC to start issuing the documentation to the junior doctors.

Junior Doctor monitoring had taken place in October and the next round of monitoring is due to take place for two weeks commencing 14th May 2018.

66 full time rotas had been monitored across the Health Board of which only 18 were valid. Seven of the valid exercises have fallen into a higher pay band; however, the exception forms, which the Junior Doctor are required to complete to support their monitoring data, had not been completed and therefore five of these exercises were not supported. The other two, namely General Surgery at Morrison have increased from a Band 1B (40%) to a Band 2B (50%) and backdated payment to August 2017 has been made to the doctors. The Oral & Maxillofacial Surgery Specialty Registrar rota monitored an unexpected outcome and the department has requested a further round of monitoring to take place and this exercise will commence 26th February 2018. 23 part time rotas were monitored of which 12 were valid with no unexpected outcomes.

Internal Locum Rates

Since the last meeting of the Workforce and OD Committee the Health Board has implemented the agency caps project for agency doctors on the 13th November and 27th for internal ad hoc locums. Separate papers have been prepared around this subject. It should be noted however that this project is discussed at every Medical Workforce Board at present.

Deanery Update

Since the December meeting the video conference with the Deanery has recommenced. The Deputy Medical Director explained that there are two planned visits from the Deanery at Singleton for Medicine and Morrison for the Emergency Department, the dates for the

visits have not yet been confirmed. There had been an investment of funding for the Deanery Faculty Lead, Jeff Stephens and Matt Stevens has been appointed to support him. There may also be some additional funding from the University to help with Undergraduates students. The Deanery explained that the inception date for Health Education Improvement Wales (HEIW) the single body for all Training and Health Care in Wales has been pushed back from the 1st April to 1st October 2018. Alex Howells has been appointed as the Chief Executive and will commence on the 1st February, and there have been other appointments, some of which are from Swansea University to Non-Executive roles. Further appointments are still to be made for the Executive Directors roles.

The Deanery updated on the recruitment programme for the August 2018 rotations. Round one of advertising is completed and this is now moving to the interview stage. Junior doctors are able to revise their preferences around where they wish to work with the interviews being held across all sites. Therefore it would approximately mid-March before there would be an indication of the fill rate for Wales.

The Deanery explained the new shape of training where the curriculum for medicine will be a 3 year curriculum. This is due to commence in August 2019 and junior doctors will have to undertake 70 – 80 outpatient clinics which will present some difficulties in some specialities. The Board was updated on the New Surgical Training pilot which is due to commence in August 2018 and some of the pilot centres are in Wales.

The Board shared with the Deanery that there had been an issue raised by a junior doctor at a recent LNC meeting relating to annual leave being requested for their wedding. The issue had been resolved but the junior doctor felt this was not the way to engage. A meeting had been arranged on Thursday 18th January 2018 with a group of junior doctors and it was noted that the Units also hold regular meetings, however, there is often low attendance at these meetings from the junior doctors. A document was circulated entitled “Junior Doctor Engagement – Investing in the Future” and this would be used as a way forward for engagement. The junior doctors would now also be informed of the dates that the monitoring of rotas will be taking place at induction so they are able to inform in advance if they have any issue with the dates.

Delivery Unit Updates

Since the December 2017 meeting the Board now requires Delivery Unit updates. These are attached at Appendix A for information.

Post Graduate Education Update

No update was received by the Board but all future meetings will have this as a standing item on the agenda.

Physician Associates

The Deputy Medical Director updated on the Physician Associates from Worcester who are working well alongside the Deanery Trainees. There was a career fair on Thursday 18th January, but not all 15 will proceed to internships due to various reasons and they are looking at other Health Boards not just ABMU, but it is anticipated that around 5-6

would stay at ABMU. It was agreed that these posts should not have any impact on the Deanery Trainees and would be of assistance in relation to any gaps on the rotas.

Revalidation/ Appraisal

The Board noted that the All Wales Medical Appraisal Policy for the Health Board had a review date of March 2018. The revised policy had been circulated and no comments were received. It has been accepted by the Medical Workforce Board as the final policy. The Workforce and OD Committee are asked to ratify the policy on behalf of the Health Board prior to implementation. The policy is attached as Appendix B. The WF and OD committee are also asked to note that the national Appraisal Standard Framework has been adopted locally.

The Board noted that progress was being made in relation to the appointment of Appraisal leads in the Delivery Units. The Medical Appraiser Job Description and Person Specification had been agreed by the Medical Workforce Board. A Revalidation Quality Assurance Review is to be undertaken in ABMU on the 21st February 2018

It was noted that next year there would be a surge in activity as the 5 year cycle approached and the Board were reminded that the GMC and Chief Medical Officer have stated that five appraisals are required over the cycle.

Leave Management (Intrepid)

It was noted that the Princess of Wales, had gone live in the Emergency Medicine Department, and there will be a phased roll out with completion by 16/2/18. Morriston would be the main area to be focused on, and the Anaesthetics department would be a challenge due to the size. It was identified that within the paper some specialties had not been included such as Oncology, Haematology. From the 1st of April 2018 all non-training grade doctors will use the Intrepid online system to apply for all leave requests and no paper applications will be accepted after this date. Concerns were raised with regard to the annual leave calculations for staff who work a compressed week or where the annual leave entitlement changes, and at present this would require manual input.

Consultants Job Planning

The Board were advised that Sharon Vickery had delivered the training but this may need to continue for some months to have all the leads trained. The job planning guidance had been issued to all.

The Deputy Medical Director explained that everyone is required to have a job plan, whether this is via e job planning or paper based. However, the Executive Medical Director had stated that the details are required to be entered into the electronic format by March for all job plans that have been agreed, and that from April going forward these are to be completed electronically. The interim Unit Medical Director from Morriston explained that there had been no annual review with regard to the Intensity Questionnaire and he has designed a new form electronically which he will circulate to all the UMD's and any issues identified can be discussed at the next meeting.

Medical Engagement Scale

The Board discussed if there were any issues around the engagement of junior doctors and it was agreed that although meetings were in place these were not well attended. It was recognised that the next survey would not be due until 2019. The annual conference for medical staff planned to take place on the 9th of March 2018 is to be rearranged as the new incoming Chief Executive is unable to attend this date. This has not been planned for May. A separate paper around this topic has been prepared for the Workforce and OD Committee meeting.

3.0 Recommendation

The Workforce & OD Committee is asked to:

- Note the work of the Medical Workforce Board and the associated risks with medical workforce issues.
- Note the Delivery Unit updates included at Appendix A.
- Ratify the Medical Appraisal Policy included at Appendix B.
- Note the adoption of the national Appraisal Standard Framework

APPENDIX A

Delivery Unit Updates

Princess of Wales (POW) Bridgend

At the December meeting the Unit Medical Director explained that the Medicine SPR rota at POW is a 1:10 rota but is currently running on a 1:9 and by February there will be an additional loss of 3 Specialist Registrars (SPRs) as they have obtained consultant posts, therefore at the end of March it would reduce down to a 1:6. The Deanery may have a replacement for 1 post and the department are currently out to advert for a Cardiology Research Fellow, which would then enable a 1:7 or 1:8 rota to run.

The medical CT rota is down from a 1:16 to a 1:15 but there have been no issues raised.

Surgery is problematic with the Trauma and Orthopaedic department having 3 vacancies at Core Training (CT) level. The vacancies have been appointed to via BAPIO recruitment but there will be a delay of about 7 months before they would be able to join the Health Board, and therefore there is a large amount of locum usage. For February 2018 in General Surgery the Deanery have not been able to provide 4 SPR's, only 2, so there will be a 1:7 rota. In Obstetrics and Gynaecology (O&G) by February the department will be short by 2 SPR's, however, 1 CT level doctor will be able to step up into one of the SPR slots and this will then leave the department short of 2 CT level doctors and 1SPR.

It was explained that currently it is not possible to offer any training for Physician Associates as they are over committed with the Cardiff Students and there is no extra funding and no funding from Welsh Government, but they are being considered for the future.

In Medicine there are currently 2 locum Consultants in posts but recruitment to make substantive appointments to these posts is in place. In General Surgery there is 1 Consultant on long term sick as well as 1 in Urology. 1 Consultant has reduced sessions and there is also a vacancy. In O&G 2 Consultants are on long term sick and a locum has been appointed. For Radiology there are 4.3 to 5 Whole Time Equivalent vacancies which will rise to 6 in April giving serious issues in Radiology. SV explained that Medacs are currently trying to work with off contract agencies and if successful this would reduce the locum costs. It was recognised that the lack of availability of Radiologists is a UK problem. PM advised that Dr Ramachandran in Singleton hospital who is currently working with BAPIO recruitment has offered a proposal to the Health Board. He has links with a few teaching hospitals in India and he is looking at joint ways of working such as an exchange of trainees. He would like to start in Paediatrics and Neonates and as the doctors are sponsored by the Royal College they would already have their IELTS prior to commencement. If this was successful it could then be looked at across other specialties.

At the January meeting the Unit Medical Director explained that the Medicine SPR rota at POW is a 1:10 rota but is currently running on a 1:9 and by February there will be an additional loss of 3 SPR's as they have obtained consultant posts and this will prove to be difficult to manage.

For Surgery some of the doctors appointed via BAPIO recruitment are due to start this month but this is an on-going process as some of the doctors were appointed in June of last year and do not have a starting date as yet.

For Radiology there is another Consultant vacancy as one post holder has retired so there are now 5 Whole Time Equivalent vacancies, there was a need for the 14 sessions to be covered at Neath Port Talbot by Morriston as part of the SLA agreement as currently locums are having to be used.

In Urology 1 Consultant has reduced sessions and there are 2 Consultants off on sickness absence, there is 1 Consultant on loan from Morriston and a locum this is making on-call extremely difficult.

Singleton

At the December meeting it was explained that the current Physician Associates are doing well in their medicine placements. The Consultants and SAS doctors are continuing to focus on e job planning. There is an advert out at present for the Consultant vacancy in Haematology. There are on-going pressures and temporary vacancies in Palliative Care due to maternity and sickness absence issues. They have been successful in recently appointing a Speciality doctor into Ophthalmology. The Board heard that Singleton is better at present with junior doctor vacancies; however, there are still issues with O&G. There had been some teething troubles with the introduction of the agency cap, however, this had now settled. Meetings are being held in order to try to engage with the junior doctors but few were attending. The 2 Physician Associates were very good and they are looking to plan them into the department. There had also been good quality doctors from the Medical Training Initiative (MTI) recruitment and it was being looked at for options to have other rotations with other Health Boards. In Haematology, 1 consultant has retired and there are now 4 speciality doctor vacancies but there are some potential candidates. In Oncology, a Consultant appointment has been made but the department are still short staffed. There is a need to advertise a consultant post in O&G due to the sad death of one of the consultants.

Morrison

At the January meeting the interim Unit Medical Director explained that he had sent out an invitation to meet with the junior doctor working in Renal Medicine who is one of the junior doctor representatives at the LNC. There is a need to look at setting up a communication process with the junior doctors. There is a staff management panel where any issues can be addressed. There are continuing gaps in the rotas and the 1 staff committee meeting held had not been well attended. There are Consultant vacancies one being in Care of the Elderly (COE) medicine but there have also been appointments made to Consultant posts in Nephrology and Gastroenterology.

Neath Port Talbot Hospital

The Board heard that there is a long term locum for Medicine who has been in post for over 2 years. There are 2 Associate Specialists on sick and they are currently running a 1:4 rota with internal cover from Speciality doctors. As it is of a low intensity there are no particular issues at present. It was explained that they would like to participate in BAPIO recruitment as there are 3 Speciality Doctor Posts which have proved difficult to appoint to. There is no funding at present for any Physician Associates although currently there is a review of the medical staffing as Advanced Medical Practitioners are being built into the rota. SV explained that a locum consultant should be appointed for 6 months in the first instance and if there are no issues can be extended to 12 months but then must be appointed via an AAC panel, as there are contractual rights to be considered for post holders over 2 years.

Primary Care

The Unit Medical Director explained that there are still on-going recruitment issues. There are a lot of Physician Associates doing their 1st and 2nd year placement in General Practice and there is a keen interest to recruit from the last cohort, however, there may be some issues which may disrupt this such as accountability, mentorship etc. Some of the Physician Associates were worried about committing to a Health Board as they are uncertain as to how they would fit in. Currently it is being looked at to undertake a GP internship which would be separate from the GP's for Physician Associates promoting community services and GP practices.

APPENDIX B



**Abertawe Bro Morgannwg University
Health Board**

All Wales Medical Appraisal Policy

Approved by: Medical Workforce & OD Committee

Issue Date: March 2016

Review Date: March 2021

C O N T E N T S

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Note: Development of the policy

This policy has been developed by a sub group representing the Revalidation and Appraisal Implementation Group (RAIG) at the request of the Wales Revalidation Delivery Board (WRDB).

V06 of the policy was agreed by the Chair of RAIG on 13th April 2012, and ratified at WRDB on 25th April 2012.

In line with the Review requirements (section 13) Version 10 of the policy was agreed by a sub group of RAIG and ratified by WRDB on 17th March 2016.

1. **Policy Statement**

- 1.1 This policy has been adopted within the health board which has derived from the All Wales Medical Appraisal Policy.
- 1.2 It is the policy of Abertawe Bro Morgannwg University (ABMU) Health Board to promote the value and worth of appraisals for all medical employees and contractors.
- 1.3 It is the policy of ABMU Health Board to ensure effective arrangements exist to facilitate appraisal for all such employees in a fair and consistent manner.

2. **Scope of Policy**

- 2.1 This policy is applicable to all doctors, employed by ABMU Health Board, as well as to all medical independent contractors on a performers list, doctors in training, and locums.
- 2.2 Where an employee is either jointly employed, or is not employed by the ABMU Health Board but provides a service to the ABMU Health Board, the issue of who is responsible for providing the appraisal will be addressed in line with the GMC's flowchart available at: http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp.
- 2.3 Any organisation in which a doctor is working, but which is not responsible for the doctor's appraisal, may still wish to have an interest in the outcome of the appraisal to ensure that its duties as a *Designated Body (DB)* are discharged.

3. **Objectives of appraisal**

- 3.1 Appraisal is a professional, formative and developmental process. It is about identifying development needs, not performance management. It is a positive

process to give doctors feedback on their past performance, to chart continuing progress and identify development needs¹.

3.2 During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*².

3.3 The objectives of medical appraisal in Wales are to:

3.3.1 Provide individuals with an opportunity to:

- Reflect on their practice and their approach to medicine
- Reflect on the supporting information they have gathered and what that information demonstrates about their practice
- Identify areas of practice where they could make improvements or undertake further development
- Document personal, team or service level issues which have constrained their service delivery or development
- Demonstrate that they are up to date³.

3.3.2 Provide assurances to their organisation/s and to the public that doctors are remaining up to date across their whole practice.

3.3.3 Provide a route to revalidation which builds on and strengthens existing systems with minimum bureaucracy.

3.4 Appraisal is NOT:

- The mechanism by which serious concerns regarding health, capability, behaviour or attitude are identified or addressed. Such concerns should be managed in an appropriate and timely manner outside appraisal.
- A mechanism by which employers review or judge performance against a contract of employment, job plan or service objectives⁴.

4. Key Principles

¹ DH 2002

² GMC *Supporting information for appraisal and revalidation 2011*

³ GMC *Framework for Appraisal and Assessment 2011*

⁴ RST *Medical Appraisal Guide for Piloting 2011 v2*

- 4.1 Appraisal is an annual requirement (in most cases contractual) for all doctors. It should be a positive process which adds value for the doctor and the organisation without being unnecessarily burdensome.
- 4.2 Annual appraisal for every doctor will be based on a system which reflects the GMC's *Good Medical Practice* framework for appraisal and assessment⁵ and incorporates the GMC's core set of supporting information for appraisal and revalidation. This core set of supporting information required for appraisal for the purposes of revalidation is defined by the GMC in their 2011 document *Supporting Information for Appraisal and Revalidation*⁶. Any additional guidance provided, for example by the Royal Colleges, is advisory only for the purpose of revalidation, although in the wider context of professional appraisal doctors may choose to include additional information relevant to their role/s.
- 4.3 Every appraisal will result in an agreed summary and Personal Development Plan (PDP) which will be accessible to the Designated Body to inform their revalidation recommendation. There is a shared responsibility between the doctor and the Designated Body to support and progress the outcomes of the appraisal, including the PDP.
- 4.4 Appraisal is a professional process. All appraisers must have received appropriate appraisal training and must keep these skills up to date through regular refresher training.
- 4.5 Appraisal and job planning are separate processes, although each process should inform the other and some information will need to flow between them. The doctor is responsible for this information flow.
- 4.6 To ensure the requirements of revalidation are met, the annual appraisal will consider the whole of the doctor's practice.
- 4.7 The doctor and the Responsible Officer (RO) must be satisfied with the match between doctor and appraiser. Ideally, doctors will be able to choose their appraiser from a list of trained appraisers.
- 4.8 To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, wherever possible any doctor will only be appraised by the same appraiser twice within any rolling five year period.
- 4.9 Appraisal will be subject to whole system quality management which will include minimum levels of quality assurance.

⁵ http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

⁶ http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

4.10 Each Health Board will have to follow this policy and demonstrate how it will be delivered to appropriate standards.

5. Appraisal in the context of revalidation

5.1 The Revalidation Support Team (England) described appraisal in the context of revalidation⁷:

Revalidation is the process by which a doctor will have the opportunity to demonstrate that he or she remains up to date and fit to practise. Revalidation will be based on local clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice (GMP) and support the doctor's professional development.

As part of annual appraisal, the portfolio of supporting information based on the GMP framework for appraisal and revalidation will be reviewed and discussed, and an evaluation made of the doctor's professional practice according to Good Medical Practice. This process is to be supervised by a responsible officer. Every five years the responsible officer will make a recommendation to the GMC that the doctor is suitable for revalidation by the GMC.

Where indicated, the responsible officer will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes that inform the revalidation process.

These issues should be addressed as they arise and not solely when revalidation is due

5.2 The GMC has produced a number of documents which describe revalidation and the requirements of appraisal in this context:

⁷ *Medical Appraisal Guide v2, RST 2011*

- *Good Medical Practice* – defines the principles and values on which doctors should base their practice
- *Statement of Intent* – sets out the basis for revalidation
- *Framework for Appraisal and Revalidation* – translates Good Medical Practice into a format suitable for demonstration at appraisal
- *Supporting Information for Appraisal and Revalidation* – describes the information required of doctors for the purposes of appraisal and revalidation.

All of these documents are available via the GMC's website, www.gmc-uk.org

6. Accountability, roles and responsibilities

6.1 For all doctors, annual appraisal is a professional responsibility. It is a requirement of revalidation. For most doctors it is a contractual requirement, or a requirement of continued employment or inclusion on the Medical Performers List (MPL).

6.1.1 The requirement to undertake annual appraisal applies equally to locum doctors. Locum General Practitioners are required to participate in appraisal as a requirement of their continued inclusion on the MPL. Locum doctors employed in secondary care will be given an opportunity to undertake appraisal within the *Designated Body* with which they have a prescribed connection. Locum doctors with a prescribed connection with an agency will be provided an opportunity to undertake appraisal by the agency.

6.1.2 Supplementary guidance has been developed by the Independent Healthcare Advisory Service for doctors working full time or substantially in the independent sector (<http://www.independenthealthcare.org.uk/>).

6.1.3 The Responsible Officer for all doctors in training in Wales is the Postgraduate Dean. Appraisal for doctors in training is provided through their training programme. Revalidation recommendations are based on engagement with the Annual Review of Competency Progression (ARCP) process. It is essential that there are clear communication links between the *Designated Body* and the Wales Postgraduate Deanery regarding clinical governance issues so that the revalidation recommendation can be made. Guidance on revalidation for trainees will be available separately from the Deanery.

6.2 The GMC expects doctors to provide evidence of whole practice appraisal, ie to bring to annual appraisal supporting information relating to all roles for which their

professional qualification is required⁸. Employers and contracting bodies have a responsibility to make such data and evidence available to the doctor where possible. The Responsible Officer will make a recommendation to the GMC about a doctor's fitness to practise across the whole of their professional practice, normally every five years. In order to do this the Responsible Officer will need to be satisfied that appraisal has covered all of the doctor's professional roles. The appraisal system needs to be able to demonstrate that a doctor is qualified to undertake the additional roles, carries out appropriate development within these roles and is practising safely. This will usually be captured by bringing evidence relevant to all roles to a single annual appraisal, or by a doctor bringing evidence of appraisal or performance review from the additional roles to their main appraisal.

An All Wales policy relating to whole practice appraisal has been agreed and is available at <http://revalidation.walesdeanery.org/>

6.2.1 Where a separate appraisal or performance review is included in the main medical appraisal, the main Appraiser cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review. The Appraiser has the responsibility to report that the appraisal/performance review has occurred but should not (normally) be expected to read or comment on areas of practice outside their remit as an Appraiser in the role that they are undertaking, if these have been covered by others.

6.2.2 For University Employed doctors, the Follet review concluded that 'universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants to meet the needs of both partners'⁹ The Responsible Officer (RO) for these doctors should be identified using the GMC¹⁰ and DH (England) guidance, although it is anticipated that in most cases this will be the NHS RO. There is a model form for and guidance on the appraisal process for medical academics produced jointly by the BMA and the Universities and Colleges Employers Association (UCEA) and published by UCEA¹¹.

⁸ Supporting Information for Appraisal and Revalidation, GMC 2012, <http://www.gmc-uk.org/doctors/revalidation/9622.asp>

⁹ Follet and Ellis, *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties*, Department for Education and Skills, London 2001

¹⁰ FAQs: http://www.gmc-uk.org/doctors/revalidation/faq_revalidation_p5.asp#x4

¹¹ <http://www.bma.org.uk/support-at-work/appraisals/model-appraisal-form>

The Designated Body will take steps to facilitate this process in partnership with the relevant University. However it remains the doctor's responsibility to ensure they are matched with suitable appraisers; that they provide evidence relevant to both role; that they agree a suitable meeting date and agree a single appraisal summary via MARS. The employers and contractors remain responsible for making relevant data and information available to the doctor where possible. It should be noted that, in accordance with the objectives described at section 3 above, the medical appraisal remains a formative process which does not constitute performance management, and is separate from job planning.

6.2.3 Doctors employed full time or substantially in management will still be required to undertake appraisal for the purposes of revalidation. Advisory standards for supporting information for medical managers are currently being developed by the Faculty for Medical Leadership and Management (www.fmlm.ac.uk). Performance reviews already in place in relation to this role will feed into the appraisal for the purposes of revalidation.

6.3 In line with the Medical Profession (Responsible Officer) Regulations 2010¹², ROs have a duty to ensure that appropriate, quality assured systems of appraisal are in place within their organisations and equally available to all doctors working for those organizations¹³. In relation to revalidation ROs also have a role in ensuring systems are available to enable doctors to collect the supporting information required for revalidation – see Appendix 2 outlining local roles and responsibilities.

6.4 To avoid conflicts of interest, ROs will not usually undertake appraisals of doctors about whom they will be required to make a revalidation recommendation.

6.5 Appraisers are responsible for maintaining their own skills in this role (eg through taking up approved training), preparing for and facilitating appraisal discussions and producing the appraisal summary and PDP in line with agreed quality criteria.

6.6 Appropriate leadership, support and ongoing development will be provided for appraisers, usually by the organisation which employs them in this role.

7. Managing exceptions

¹² <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

¹³ This includes all doctors regardless of location or branch of practice

7.1 There will be agreed processes in place for supporting and managing doctors and Designated Bodies who fail to complete the appraisal within the required timeframes. The principles underpinning these processes for all doctors are set out in the All Wales Exceptions Management Protocol which can be accessed at <https://rsuresources.walesdeanery.org/mod/resource/view.php?id=114>

7.2 Exceptional circumstances are taken into consideration in relation to annual appraisal and revalidation and recorded/monitored. Deferral of revalidation dates are considered following completion of the “Request for Deferral of Revalidation Date” form (see Appendix 3).

7.3 All Wales appeal processes similar to the agreed job planning appeal model, will be developed to manage conflict of interest situations/disputes which have exhausted local processes, for example conflicts between appraiser and appraisee or failure to agree the appraisal summary.

8. **Integration between appraisal and other quality and safety systems**

8.1 Clinical governance information plays a key role in the supporting information for appraisal and revalidation. Doctors are required to include quality improvement activity including audit, significant event analysis, a review of complaints, and clinical performance data where this is available. It is the doctor’s role to ensure this information is included in their supporting information, but the Health Board also has a role to play in ensuring this information is as accessible as possible.

8.2 Appraisal, performance management and rehabilitation / remediation are separate systems which fulfil separate purposes, while all contributing to overall clinical governance and the wider quality and safety agenda. However, for doctors to be properly supported and for revalidation as a whole to operate effectively and fairly it is essential that there are clear, consistent and transparent links and information flows between these systems.

8.3 Doctors should have an opportunity to discuss at their appraisal any factors constraining their ability to deliver their roles or progress their PDP. It is best practice for Designated Bodies to collate these constraints and issues of workplace governance reported in appraisal summaries, and feed these into their workplace governance processes.

- 8.4** Appraisal and Continuing Professional Development (CPD) are closely linked. Doctors are required to bring evidence of CPD relating to their practice to their appraisal, and one of the key outputs of appraisal is the PDP. It is best practice for Designated Bodies to collate the agreed development needs reported in appraisal summaries, and to describe in their local training strategies the links between these identified development needs, organisational development activity and study leave.
- 8.5** Peer and patient feedback systems will comply with the GMC's *Guidance on Colleague and Patient Questionnaires*¹⁴.

9. Confidentiality

- 9.1** The appraisal discussion, as a professional discussion between colleagues regarding the appraisee's development, remains in principle confidential.
- 9.2** A sample of appraisal inputs (appraisal documentation and supporting information) will be reviewed anonymously each year for quality assurance purposes.
- 9.3** All appraisal outputs (appraisal summary and PDP) will be subject to appropriate quality assurance, and will be utilised by the Responsible Officer and his / her delegated officers to inform the revalidation recommendation. It may also be necessary to review other elements of the appraisal documentation to inform this recommendation.
- 9.4** It remains the case that should information come to light in the appraisal discussion which raises concerns about fitness to practise or patient safety, the appraiser has a professional responsibility to escalate the issue in accordance with specified procedures.
- 9.5** In Wales all doctors with a prescribed connection to an NHS Responsible Officer, other than those in training or employed by locum agencies, are required to use the online Medical Appraisal Revalidation System (MARS) which is governed by specific terms and conditions of use, including confidentiality, to which all users agree at registration

10. Data Protection Act 1998

¹⁴ http://www.gmc-uk.org/Colleague_and_patient_questionnaires.pdf_44702599.pdf

ABMU Health Board's Data Protection Policy will cover appraisal and revalidation.

11. Freedom of Information Act 2000

All ABMU Health Board's records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within ABMU Health Board may be found on the Health Board's website.

12. Equality and Diversity

12.1 ABMU Health Board's Equality and Diversity Policy will apply to appraisal and revalidation.

12.2 This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed in April 2012. [The equality impact assessment outcome report](#) is available to download.

13. Review

This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

14. Monitoring

It is the responsibility of ABMU Health Board to monitor local compliance with this policy, and to report on this to the Welsh Government and the Wales Revalidation Delivery Board as required.

15. Designated Body Approval

This policy, based on a policy developed through the RAIG for use within Wales, has been approved by the Workforce & OD Committee on behalf of ABMU Health Board.

16. Related Health Board Policies

A list of Health Board policies applicable to doctors employed by or contracted to the Health Board and relevant to issues potentially raised through the medical appraisal process is attached at Appendix 1.

APPENDIX 1

Health Board policies applicable to doctors employed by or contracted to the Health Board and relevant to issues potentially raised through the medical appraisal process

- [Clinical Governance Framework](#)
- [Data Protection & Confidentiality Policy](#)
- [Data Quality Policy](#)
- [Dignity at Work Policy](#)
- [Disciplinary Policy](#)
- [Employee Stress & Emotional Well Being](#)
- [Grievance Policy](#)
- [Mandatory Training Framework](#)
- [Operational Policy for the Management of Performance Procedures for Doctors on the Performers List](#)
- [Putting Things Right Policy](#)
- [Quality Assurance Framework](#)
- [Raising Concerns \(Whistleblowing\) Policy](#)

Abertawe Bro Morgannwg University Health Board

Medical Appraisal and Revalidation – Management Framework

ROLES & RESPONSIBILITIES

RESPONSIBLE OFFICER

The Responsible Officer is a statutory role created under the Responsible Officer Regulations 2010. The duties include:

- ensuring that the designated body or bodies carries out robust and regular appraisals
- establishing and implementing procedures to investigate concerns about a medical practitioner's fitness to practise
- where appropriate, referring concerns about the doctor to the GMC
- where appropriate, monitoring a doctor's compliance with conditions imposed by, or undertakings agreed with, the GMC
- maintaining records of doctors' fitness to practise evaluations, including appraisals and any other investigations or assessments.

Under the RO regulations, the designated body (or bodies) is obliged to provide the RO with sufficient resources to carry out this role.

APPRAISAL

Appraisal Management – Primary Care

Appraisals in **Primary Care** will continue to be managed by the Wales Deanery working through a team of professional appraisers and Appraisal Coordinators.

The Appraisal Coordinators for primary care doctors within the Health Board and representatives of the Revalidation Support Unit of the Wales Deanery (RSU) will meet regularly with the Deputy RO and Medical Director, Primary and Community Care, to support them in exercising the functions of the RO to ensure that:

- all doctors have annual appraisal
- those failing to comply with annual appraisal are identified and appropriate action taken in accordance with the Exceptions Management Protocol
- doctors' membership of the Medical Performers' List (MPL) for ABMU Health Board is reviewed and action taken as necessary.

Appraisal Management – Secondary Care

The **Deputy Executive Medical Director/Deputy RO** will have delegated responsibility for:

- acting as the Health Board's Medical Appraisal Lead
- ensuring that appraisal systems are operating effectively
- coordinating the work of the SDU Appraisal Leads
- overseeing the work of the corporate Appraisal and Revalidation Team
- supporting the development of appraisal processes
- acting as reference point for complex appraisal issues
- representing the RO as appropriate at national or other meetings, e.g. the Revalidation and Appraisal Implementation Group (RAIG)

The **Service Delivery Unit Medical Directors** will have responsibility for:

- ensuring that all doctors within their responsibility have the opportunity to undertake annual appraisal
- ensuring the supply of an appropriate number of trained and qualified appraisers across the services within their responsibility
- reviewing and assuring the quality of appraisals undertaken
- ensuring that appraisers maintain quality standards and are regularly reviewed / appraised in this role
- implementing the initial stages of exception management processes where doctors do not comply with annual appraisal
- appointing an Appraisal Lead to exercise these functions on their behalf.

The **Service Delivery Unit Appraisal Leads** will:

- be appointed to this role, which will have dedicated time allocated, through appropriate selection procedures
- act as the lead for the team of appraisers within the SDU
- ensure appraisers are appropriately trained and working to appropriate standards
- undertake quality assurance of appraisals in line with Deanery standards
- review at least one appraisal by each appraiser following appointment and annually thereafter, and provide feedback to the appraiser for their own appraisal/development
- act as the reference point for appraisers in relation to complex/contentious issues and advise on escalation where appropriate
- ensure appraisees represent the whole of their practice, as far as this is known, through their appraisals
- work with the Deputy MD/Deputy RO, other SDU Appraisal Leads and the corporate Appraisal and Revalidation team to progress the assurance and development of appraisal processes, and the effective management of exceptions as required
- contribute to national quality assurance activities and appraisal development as appropriate
- be professionally accountable to the RO, through the Deputy RO, in this capacity.

The **Appraisal and Revalidation Manager / Corporate Appraisal and Revalidation Team** will:

- ensure the effective operation and management of central systems to support appraisal – e.g. MARS; Equiniti (the current contractor for patient and colleague feedback reviews)
- manage access to the patient and colleague review system
- ensure appropriate transfer of appraisal and revalidation information for doctors leaving or joining the Health Board and ensure that the schedule of doctors requiring appraisal is as up to date as possible
- provide information on doctor compliance to SDU Appraisal Leads on a quarterly basis, or additionally if required
- provide/ensure provision of training for appraisers and appraisees in relation to appraisal (e.g. using MARS)
- support the SDU Appraisal Leads in quality and exception management of appraisals and doctors
- provide support/expertise on all aspects of appraisal/revalidation
- on behalf of the RO, undertake exception management of doctors exceeding 15 months since previous appraisal where this involves referral to the GMC
- provide reports and summarised action plans to the RO for the Medical Workforce Board, the IMTP and otherwise as required
- contribute to all-Wales management and development of appraisal processes e.g. through RAIG.

REVALIDATION

Medical Revalidation - Management

The **Responsible Officer** will be responsible for:

- signing off all revalidation recommendations to the GMC
- ensuring doctors are supported to achieve revalidation as necessary, through the provision of appraisal systems as above, and other support for doctors as necessary
- ensure doctors have access to appropriate clinical information systems to support their appraisal processes and demonstrate revalidation requirements
- ensure appropriate governance systems are in place in primary and secondary care to support appropriate revalidation recommendations

The **Deputy Responsible Officer** will:

- review appraisal and all other relevant information and advice as necessary for each doctor within the notice period for a revalidation recommendation, and advise the RO accordingly
- where a recommendation is to defer the submission date, ensure that the doctor is engaged with the appraisal / revalidation process and that the reasons for deferral are known and agreed with the doctor, with an action plan in place to achieve a positive recommendation by the new date
- where a recommendation is, exceptionally, considered to be of non-engagement with revalidation processes / requirements, that all steps have been taken to provide the doctor with the necessary support and encouragement, and understanding of the consequences, to avoid non-engagement
- liaise with the GMC's Employment Liaison Adviser on all complex / contentious issues

The **Appraisal and Revalidation Manager / Corporate Appraisal and Revalidation Team** will:

- ensure all doctors who require revalidation are identified and 'connected' to the Health Board
- ensure all appraisal information for each doctor is available for review by the Deputy RO in relation to each revalidation recommendation
- liaise with doctors as necessary to support and encourage them to meet the requirements within necessary timescales
- where a recommendation of deferral is likely, identify the reasons for this and obtain assurance from the doctor of the action to be taken and timescale
- seek governance assurance on behalf of the RO / Deputy RO from all current and previous (as appropriate) employers
- liaise with the GMC's Employment Liaison Adviser on complex / contentious issues
- advise the RO / Deputy RO on administrative and process issues as appropriate

Medical Appraisal & Revalidation Steering Group

There should be a steering group to share issues and experiences arising from appraisal and revalidation processes, consider change and development and advise the Executive Medical Director/RO on appraisal issues.

The group should be chaired by the Deputy Medical Director/Deputy RO and comprise:

- SDU Appraisal Leads
- Medical Director or Governance Lead for the Primary and Community SDU
- Director of Workforce and OD / representative
- Appraisal and Revalidation Manager

Terms of reference and quorum to be agreed. Alternative 'virtual meeting' arrangements could be considered if felt appropriate.

PRINCIPLES

- It is each doctor's personal responsibility to comply with the requirements to undertake annual appraisal and to ensure that they meet the evidence requirements for revalidation. It is the Health Board's responsibility to provide the systems and infrastructure to enable them to do this
- The Medical Appraisal and Revalidation System (MARS) should be used by all doctors for medical appraisal by all doctors in the NHS in Wales
- All appraisers should be trained to 'Assuring the Quality of Medical Appraisal for Revalidation (AQMAR) standards (developed by the Revalidation Support Team in England and adopted by the Wales Deanery)
- Appraisal has been established in primary care since 2003. The secondary care appraisal process should evolve and develop to achieve the same standards of quality and consistency
- Appraisal in primary care will continue to be managed by the Wales Deanery
- The Medical Director, Primary and Community Care will oversee governance and exception management issues in relation to primary care appraisal on behalf of the Responsible Officer and Health Board
- In secondary care, the management of appraisal processes and doctor compliance should be clinically led within the Service Delivery Units, which should appoint Appraisal Leads for this purpose. To

ensure separation of appraisal and performance management, the Appraisal Leads should be professionally accountable in this role to the Responsible Officer

- The corporate Appraisal and Revalidation Team will manage and oversee the central appraisal systems and will provide information and reports as necessary to the Service Delivery Units and to the Responsible Officer
- The Responsible Officer is responsible for all revalidation recommendations.

CONFIDENTIALITY

- Appraisal evidence entered into the appraisal process (MARS) is confidential to the appraisee and appraiser. It is not accessible to any third party, including the MARS system managers and helpdesk, without the appraisee's consent
- The appraisee must agree the appraisal summary, and therefore has control over the information presented
- The appraisal summary is visible to the appraisee, appraiser, future appraisers, Medical Director/Responsible Officer, and Appraisal and Revalidation Team. It will also be visible to the SDU Appraisal Leads
- The Wales Deanery Revalidation Support Unit has access to the appraisal summaries and will use anonymised summaries in quality assurance processes.

Assurance

- The Health Board will provide assurance to the Welsh Government on compliance with appraisal and revalidation requirements through performance reviews and the Integrated Medium Term Plan (IMTP)
- The Responsible Officer will provide assurance to the Health Board through reports to the Workforce and Organisational Development (W&OD) Committee, via the Medical Workforce Board, and the IMTP returns
- The Service Delivery Units (SDU's) will provide assurance to the Health Board through performance reviews
- The corporate Appraisal and Revalidation Team will provide information to the SDU's and Responsible Officer on doctor's compliance with appraisal and on revalidation issues as appropriate
- The Revalidation Support Unit (RSU) of the Wales Deanery will provide statistical returns on appraisals undertaken in both primary and secondary care.

REQUEST FOR DEFERRAL OF REVALIDATION DATE

REQUEST FOR DEFERRAL OF REVALIDATION DATE					
TITLE		FIRST NAME		SURNAME	
GMC NUMBER			REVALIDATION DATE		
GRADE			SPECIALTY		
DATE OF DEFERRAL REQUEST					
HAS YOUR REVALIDATION DATE PREVIOUSLY BEEN DEFERRED, WITHIN THIS REVALIDATION CYCLE? IF YES, PREVIOUS REVALIDATION DATE(S)					*YES/NO
PLEASE STATE BELOW THE REASON FOR YOUR DEFERRAL REQUEST, WHEN YOU WILL RETURN TO WORK (IF DUE TO ABSENCE) AND / OR WHEN YOU WILL HAVE COMPLETED THE REVALIDATION REQUIREMENTS:					
<i>OFFICE USE ONLY:</i>					
DECISION MADE:		*Approved/Not Approved			

PROPOSED DEFERRAL PERIOD:			
NEW REVALIDATION DATE (subject to GMC approval):			
DEFERRAL REQUEST AUTHORISED BY:		DATE AUTHORISED	
POST/TITLE			

**Delete as necessary*