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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13 December 2022	Agenda Item	3.1
Report Title	Medical Appraisal and Revalidation		
Report Author	Sharon Penhale, Appraisal and Revalidation Manager		
Report Sponsor	Anjula Mehta, Deputy Responsible Officer / Deputy Medical Director		
Presented by	Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	This report is submitted to the Workforce and OD to provide an update on the progress of appraisal and revalidation within the Health Board. Information reported to ROAG (Responsible Officer Advisory Group) and Medical Workforce Board. The report is also submitted to Workforce and OD Committee for information, approval and/or ratification of guidance, policies, etc.		
Key Issues	<p>This report sets out the work of the Medical Appraisal and Revalidation Team supporting doctor's appraisal and revalidation. Outlining additional support required to re-engage colleagues following COVID.</p> <p>Revalidation and appraisal figures including comparison data for revalidations across Wales.</p> <p>Forthcoming Quality Assurance Review on behalf of the Chief Medical Officer (CMO).</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> WORKFORCE AND OD COMMITTEE ARE ASKED TO NOTE THE CURRENT STATUS OF APPRAISAL AND REVALIDATION IN SBUHB, AND THE SUPPORT OFFERED TO OUR DOCTORS, AND THE PROGRESS MADE IN APPRAISAL AND REVALIDATION PROCESSES POST COVID PANDEMIC. 		

MEDICAL APPRAISAL & REVALIDATION UPDATE

1. INTRODUCTION

To inform Workforce and OD Committee of current status of appraisal and revalidation and demonstrate progress made and future developments.

2. BACKGROUND

Revalidation is the process by which a doctor has the opportunity to demonstrate that they remain up-to-date and eligible to retain their General Medical Council (GMC) licence to practise. Revalidation is based on local clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of the GMC's *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. This process is supervised by the Responsible Officer (RO) of a 'designated body' (an organisation that employs a doctor or manages their medical performers list) – this is usually the Medical Director of the Health Board/Trust. Every five years the RO will make a recommendation to the GMC that the doctor is suitable for revalidation by the GMC, based on their Whole Practice. This means that private as well as NHS work, academic, research and voluntary activity, and any work outside of the NHS that requires the doctors GMC licence in the UK are all considered. Where indicated, the RO 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. However, concerns about a doctor's fitness to practice should be shared with the GMC at the time they arise, and not left to the revalidation decision before reporting.

The Responsible Officer is supported by a Deputy Responsible Officer and the Appraisal and Revalidation Team which consists of a small team incorporating the Appraisal and Revalidation Manager, Appraisal and Revalidation Support Officer, and shared support of an Admin Assistant. Appraisal Leads (5 in secondary care) and Appraisal Co-ordinators (1 in primary care) are appointed to support appraisers within primary and secondary care. Nationally, appraisal and revalidation processes and quality assurance are supported by the Revalidation Support Unit of HEIW, which is responsible for developing and maintaining the MARs online appraisal portfolio platform and standard setting, and all GP Appraiser appointments/training.

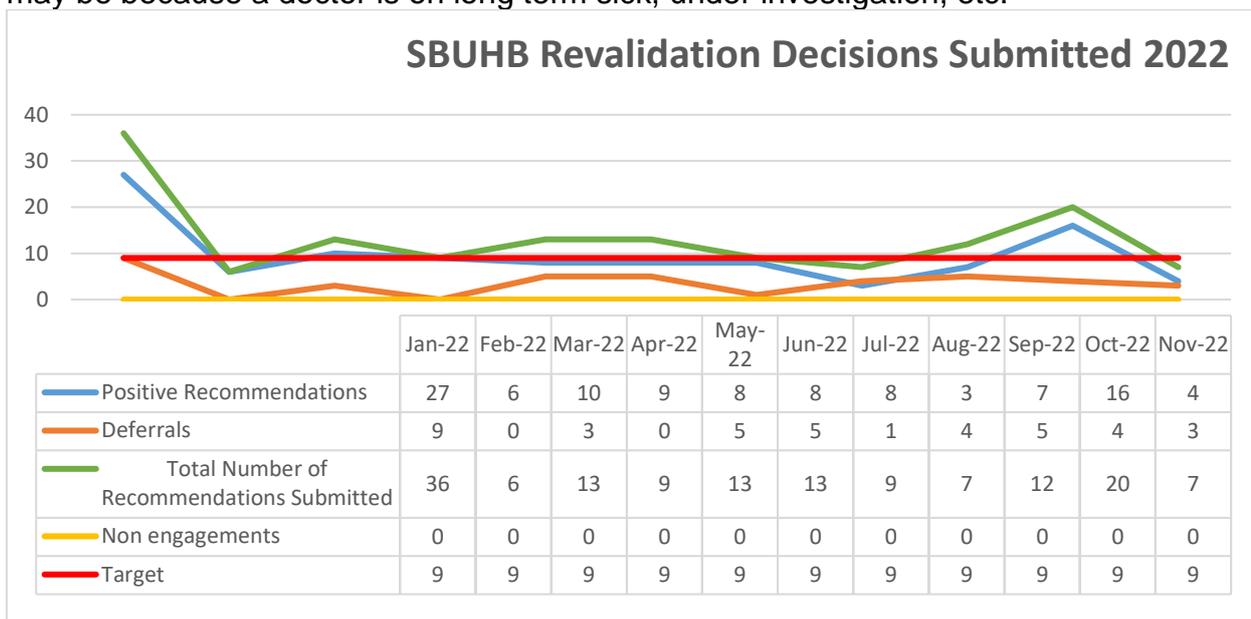
3. CURRENT SITUATION/PROGRESS

3.1 GMC (General Medical Council) Revalidation Recommendations

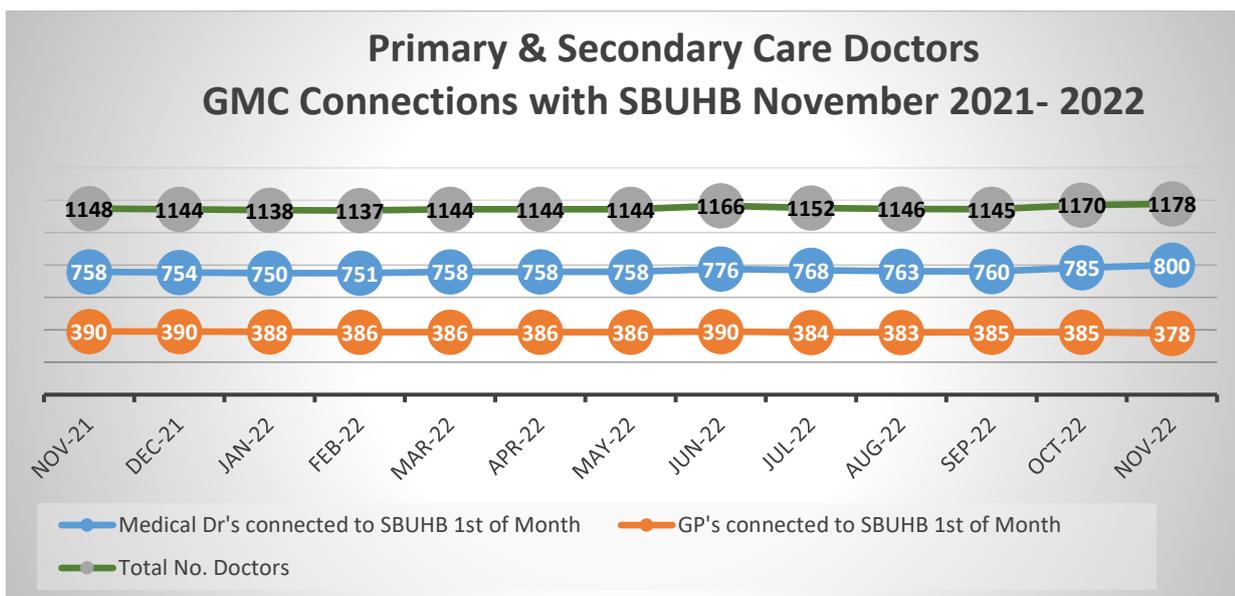
In SBUHB, doctors due for revalidation are discussed and reviewed at the Revalidation Decision Group meetings (held weekly) and the recommended outcomes reported to ROAG (Responsible Officer Advisory Group) on a monthly basis:

The following graph shows a total of 145 revalidation recommendations were submitted to the GMC in 2022 to date for doctors due for revalidation. There were 106 positive recommendations submitted and 39 deferral recommendations – some deferral

recommendations were for second or third deferrals. Multiple deferrals for a doctor require further information being submitted to the GMC for decision making and reasons may be because a doctor is on long term sick, under investigation, etc.



The following chart demonstrates the number of primary and secondary care doctors with a GMC connection to our Health Board. There are 1178 doctors who currently have a GMC connection as of 1 December 2022. GP numbers are quite static compared to secondary care. Short term, adhoc locum bank doctors are monitored by the Appraisal and Revalidation Team linking in with the Medical HR Department. This intensive work ensures that SBUHB are aware of the appraisal/revalidation status of any doctor working in SBUHB for more than a few shifts, and supporting them to engage with the processes. The team also identify GPs who may not be eligible to remain on the SBUHB Medical Performers List. The team liaises closely with colleagues in Primary Care to ensure that any issues are addressed.



All of these 1178 doctors must have an annual appraisal, unless they have exceptional circumstances to consider e.g. sick leave, etc, and on average at least 230 will need a revalidation decision each year.

3.2 GMC Revalidation data for Wales November 2021 to November 2022

In response to the COVID-19 pandemic, all revalidation submission dates between 17 March 2020 and 16 March 2021 were pushed back by 12 months. Further date changes were made for doctors with submission dates between 17 March 2021 and 31 July 2021. However, from June 2020 Responsible Officers (ROs) were able to make recommendations for doctors whose dates had been moved at any time up to their new submission date. ROs were also asked not to defer doctors more than four months ahead of their submission date. Consequently, the overall number of recommendations and the distribution of recommendation types for this period is not comparable to other years.

The GMC also advised that doctors could be exempt from undertaking appraisals during the pandemic if they wished, and that any appraisals would be more ‘supportive discussions’ rather than focussed on ticking boxes. Consequently, doctors are under greater pressure to provide evidence in their subsequent appraisals, and the Appraisal & Revalidation team are needing to work harder to support doctors to achieve this by revalidation deadlines.

The number of deferrals have increased in order to support doctors due to continued clinical pressures following the return to ‘norm’. Doctors are encouraged to have a light/supportive appraisal to engage in the process and help plan towards their revalidation.

The information below has been obtained from the GMC Dashboard and includes all recommendations submitted to the GMC by all countries within the UK between November 2021 and November 2022 for all Designated Bodies (DB) – ‘By DB type’ and ‘By country’ outlines a similar percentage for ‘revalidated’ and ‘defer’ rates submitted to the GMC:

By DB type					
	Revalidation submissions	% Revalidated	% Defer	% Non engagement	% Submitted late
LETB/Deanery	19,756	90.8%	9.2%	0.00%	0.8%
NHS Acute Trust	15,345	78.7%	21.2%	0.10%	4.3%
NHS Primary Care	8,694	75.8%	23.4%	0.72%	0.5%
NHS / HSC Health Board	4,110	79.1%	20.8%	0.12%	3.6%
Locum Agency	2,405	70.4%	28.9%	0.67%	10.6%
NHS Non-Acute Trust	1,633	79.9%	20.0%	0.12%	9.4%

By country					
	Revalidation submissions	% Revalidated	% Defer	% Non engagement	% Submitted late
England	46,166	82.3%	17.5%	0.22%	3.1%
Scotland	4,753	84.6%	15.4%	0.02%	2.3%
Wales	2,385	79.9%	20.0%	0.17%	3.5%
Northern Ireland	1,713	81.5%	18.3%	0.18%	1.7%
UK overseas territories	146	75.3%	23.3%	1.37%	12.3%
Null	90	77.8%	22.2%	0.00%	4.4%

By Designated Body					
	Revalidation submissions	% Revalidated	% Defer	% Non engagement	% Submitted late
Cardiff and Vale University..	350	66.3%	33.4%	0.29%	19.1%
Cwm Taf Morgannwg Univ..	308	66.6%	32.8%	0.65%	1.0%
Betsi Cadwaladr University..	234	91.9%	8.1%	0.00%	0.0%
Aneurin Bevan Local Healt..	225	75.6%	24.4%	0.00%	0.4%
Swansea Bay University H..	186	73.1%	26.9%	0.00%	0.0%
Hywel Dda Local Health Bo..	184	65.2%	34.8%	0.00%	1.1%
Powys Teaching Local Heal..	22	81.8%	13.6%	4.55%	4.5%

Revalidation Rate

SBUHB's performance is compared in the above table to other Welsh Health Board's revalidation rate. Suggesting that our processes and standards are neither too lax nor too strict. SBUHB considered 186 doctors for revalidation in the 12 months period (November 2021 to November 2022).

Non-engagement

The Appraisal and Revalidation Team work hard to spot struggling doctors and support them, there are currently no SBUHB doctors who are classed as 'non-engagers'.

Deferral

The RO must decide if there is sufficient evidence in the annual appraisal portfolios over 5 years to recommend revalidation to the GMC, or to request deferral to allow more time to gather missing essential evidence, or, rarely, to report that the doctor is not engaging with the appraisal process. All evidence is uploaded electronically by doctors and appraisers to a national online platform, 'MARS'. Where doctors have required multiple deferrals, the GMC require further information and a timeline for the doctor to get back on track.

The Appraisal and Revalidation Team have worked extremely hard to ensure that revalidation deferrals are kept to a minimum, making direct contact and meeting with doctors, repeatedly if necessary. The percentage of deferrals for SBUHB is 26.9% which is lower figure in comparison to Hywel Dda who had a similar number of recommendations (see table above) – the impact of the COVID 19 Pandemic has had an effect on the deferral rate. Other interventions the team have taken include:

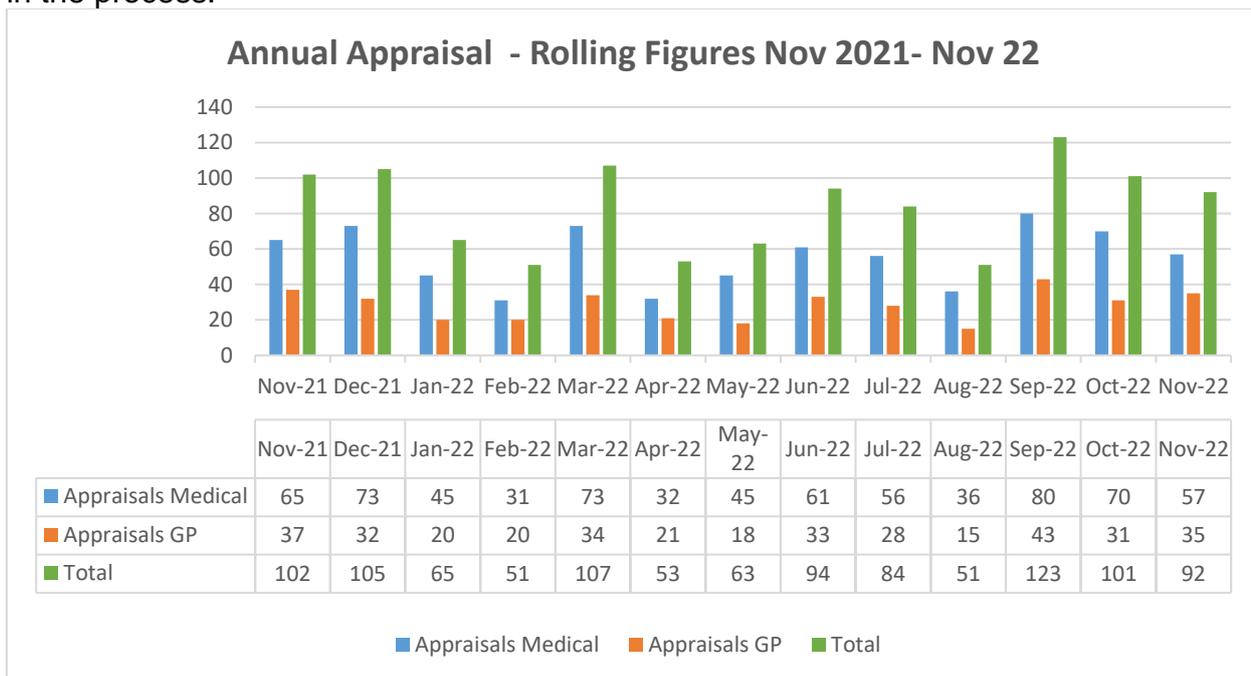
- Introduction of a '*1 month rule*' for requiring all evidence to be uploaded to the MARS appraisal website at least one month before the revalidation date to ensure that all information is available for review at the Revalidation Decision Group meeting.
- A 360/Multi-Source Feedback (MSF) patient and Colleague feedback is required to be undertaken once in the 5 year revalidation cycle. The system used in Wales for 360/MSF Feedback is Orbit360, requiring a minimum of 20 patient responses and 15 colleague responses. The Appraisal and Revalidation Team monitor Orbit360 to ensure that the doctor completes this element for revalidation. If a doctor fails to include their 360 report within their final appraisal this may result in a deferral of their revalidation date to the GMC.
- Online MARS training: Doctors continue to require additional support - online MARS (Medical Appraisal and Revalidation System) training is offered monthly as a TEAMs event, as well as one to one training, for some doctors as well as refresher training for

existing colleagues. The workload has increased immensely this year due to re-engaging doctors to undertake annual appraisals and complete outstanding elements for revalidation.

- Review of MARS accounts: As part of the Appraisal and Revalidation ongoing support to Doctors, regular reviews of MARS accounts are undertaken. This is to ensure Doctors Personal and Professional details are up to date and accurate. The data is drawn from MARS monthly. Information is also received from colleagues.
- Monthly reconciliation exercises and monitoring starters and leavers to ensure an accurate record and that doctors have the correct GMC connection.
- Liaison with Private Health care providers: The revalidation decision is based on the doctor’s Whole Practice Appraisal and they must declare within MARS any work undertaken inside the NHS, as well as outside, that requires their GMC licence. The Appraisal and Revalidation Team work closely with private hospitals to ensure that we are aware of doctors undertaking work outside of the NHS and ensure governance checks are undertaken for revalidation. Annual reconciliations are undertaken to ensure that our information is correct and up to date. It is important that information sharing for any clinical governance concerns between the Health Board and private hospital/practice will be monitored and discussed at ROAG (Responsible Officer Advisory Group).

Appraisal Performance

The graph outlines the number of appraisals undertaken by primary and secondary care during November 2021 to November 2022 – during this period 850 appraisals occurred in secondary care, 431 in primary care. The total of 1281 appraisals is more than the 1178 doctors currently connected, as some doctors may have undertaken appraisal and then returned to a training post, left the health board or retired. Exceptional circumstances, for example career break, long term sick leave, maternity leave, etc are also taken into consideration. Other factors may be that some doctors may be on short term contracts and may or may not require an appraisal whilst working within the organisation, new starters who may require an appraisal or may have already completed an appraisal with previous employer and not due for annual appraisal during this period, and doctors whose appraisal quarters have had to be moved to allow them to re-engage in the process.



3.2 Quality Assurance

Internal Quality Assurance

The Appraisal and Revalidation Team work to ensure that GPs, Consultants and Non-Training Grade doctors working within SBUHB have access to appraisal systems, and support for revalidation (Training Grade doctor's designated body is now HEIW (Health Education Improvement Wales)).

In order to ensure that the SBUHB processes are effective and efficient, and standards within SBUHB are upheld, the Appraisal & Revalidation Team focus on the following;

1. **Effective onboarding of all new doctors to SBUHB's Appraisal system**, by maintaining accurate records of their employment and appraisal history, and offering flexible training on the MARS platform
2. **Regular Reviews of struggling doctors who are falling behind**
3. **Supporting Appraisal Leads to oversee the quality of appraisers**
4. **Ensuring appraisers are trained and monitored, and in sufficient supply**

Effective Onboarding

All new doctors who commence employment with SBUHB are sent a welcome email with details of next steps. The previous Designated Body (Health Board/Trust) is sent a Transfer of Information form to complete to provide information of the doctor's appraisal history, revalidation information and inform of any governance concerns.

New starter notifications are sent by Medical HR with basic details and start and end date, if short term contract. Also monthly starter and leaver reports are sent monthly by the ESR Team allowing the Appraisal and Revalidation Team to hold accurate information and records.

MARS Online training is held monthly and is offered to all doctors and following each training session the doctors are sent certificates and feedback forms. All feedback received is reviewed and the training sessions adapted following feedback – for example, aiming to make the sessions more interactive.

Annual appraisals are monitored for doctors, and secondary care dentists, regularly as well as part of a quarterly review. This has been undertaken in a supportive way during the pandemic, to ensure that the doctor has the necessary appraisal content for a successful revalidation to the GMC.

Regular Review of Struggling doctors

The Appraisal and Revalidation team organise quarterly reviews for Medical MARS and GPs with the support of the Appraisal Leads and Appraisal Co-ordinator.

- **Medical MARS** quarterly reviews highlight doctors overdue their annual appraisal and initiate the '*additional step process*' (Appendix 1) by sending a list of names to the Clinical Lead/Director and Service Group Medical Directors – deadline date of 6 weeks to respond to allow time for all parties (records are held for all actions taken). The *additional step process* was introduced in response to feedback from doctors who had received letters based on a national template and felt it was unsupportive. SBUHB now sends a list of doctors overdue to the clinical manager first, to allow a local discussion, and this has helped support the secondary care doctors and prompted better engagement.

- GP MARS quarterly reviews were held on 07/10/2022– minutes of the outcomes and actions are completed. Monitoring GPs who have exceptional circumstances. Following a review of GP MARS some GPs appraisal quarters (AQ) have been changed to allow sufficient time to complete the required number of appraisals for their revalidation date, due to AQ being in the same time period as their revalidation.
- 'Light supportive appraisals' Continue to promote light/supportive appraisals for doctors due to the continued clinical pressures. The light/supportive appraisals are recommended for anyone returning to work following long absence e.g. sick leave, maternity, career break, etc – this can help to signpost the doctor, provide and understand any additional support and plan their personal development plan.
- All Wales Exceptional Management Process is implemented when a doctor continues to fail to engage with annual appraisal. Overdue Appraisal and/or Non Engagement Letters will be sent to the doctor(s) following the quarterly reviews with deadlines to achieve and complete appraisal.

Appraisal Leads (secondary care) and Appraisal Co-ordinators (primary care)

Regular meetings are held with the secondary care Appraisal Leads and the Appraisal Co-ordinator for primary care to discuss current issues, changes and developments.

Secondary Care:

Appraisal Leads continue to update secondary care appraisers on requirements and/or changes and the expectation of the appraiser role, as well as supporting doctors in conjunction with the Appraisal and Revalidation Team. There are currently 109 appraisers within secondary care. New appraisers undertake online appraiser training which are modules produced and provided by the Revalidation Support Unit.

Appraisal Leads facilitate, supported by the Appraisal and Revalidation Team Local Quality Assurance assessments of appraisal summaries with appraisers to provide support, updates, allow networking and development of their appraiser role.

Succession planning of some of the Appraisal Leads is currently being undertaken with Service Group Medical Directors.

Primary Care:

The Appraisal Co-ordinator supports and monitors GP appraisers (currently 13) within Swansea and Neath Port Talbot Locality, working closely with the Clinical Director of Quality & Safety and Service Group Medical Director of Primary Care, Community Services and Therapies.

Appraisers

This important group of specially trained doctors are supported by the Appraisal Leads and Appraisal Co-ordinators. All new appraisers are supported for their first few appraisals by their lead/coordinator to mentor them and ensure quality of appraisals. Adhoc checks of appraisals summaries are undertaken looking at the quality and content – this information is fed back to the appraiser(s) and appraisal lead/coordinator.

The Appraisal and Revalidation Team undertake annual review of appraisers within secondary care ensuring there is succession planning and sufficient appraisers available across various specialties. Online appraiser training is available for new appraisers to complete and this is also offered to current appraisers for refresher training.

The Revalidation Support Unit (RSU) recruit GP appraisers with the support of the Appraisal Co-ordinator. New appraisers have been trained and started their role earlier this year. The Revalidation Support Unit are in the process of appointing additional GP appraisers, interviews being held on 2 December, to ensure a consistent number of appraisers for GPs to access. During 2022 GPs have had difficulties accessing appraisers due to limited availability of GP appraisers.

Secondary Care Appraiser Tariff has been agreed nationally and Dr Frank Atherton, CMO, circulated a letter dated 11 March 2022 (see Appendix 2), for the appraiser role and SPA time to be recognised with the doctor's job plan. This information has circulated to all appraisers and Appraisal Leads, including members of the Medical Workforce Board. Secondary Care Appraisers have been sent a survey to establish how many appraiser have the SPA included within their job plan, and well their department support this role.

All appraisers are offered various training events both local and national to ensure that they are up to date and current to undertake their role.

External Quality Assurance

- The Revalidation Progress Report (RPR) is an annual self-reporting process designed to enable Designated Bodies (DBs) in Wales to report their annual appraisal and revalidation data. This process supports the Wales Appraisal Quality Management Framework and forms a significant part of the data set for the Revalidation Quality Assurance Reviews. The report for 2021/22 was completed and submitted by the deadline of 6 June 2022 (Appendix 2). It was used as the basis for the Revalidation Quality Assurance (QA) Review.
- Revalidation Quality Assurance (QA) Review
The Revalidation Support Unit (RSU) of HEIW has been tasked by the CMO (as higher-level RO for all Designated Bodies (DBs) in Wales) to conduct Revalidation QA visits. This was undertaken on 5 October 2022 for SBUHB. Our last review was in 2018. This second round of visits will adopt a "paper lite" approach and focus on the maintenance of the high standards demonstrated on the previous visit and enquire into progress made on any recommendations made within the previous report.

Purposes of the review include:

- to ensure management of the Revalidation process is consistent across the Designated Bodies of Wales
- to ensure that mechanisms for appraisal are robust which will include the selection, appointment and on-going training of the appraisal team.
- to ensure that appropriate support for all doctors in collecting the supporting information for Appraisal and Revalidation is in place

Following the visit, the review team will prepare a report highlighting areas of good practice and possible areas for further development, as per the feedback session held at the end of the review visit. The report will be agreed with the Designated Body and shared with the Chief Medical Officer as Higher Level RO and the Employer Liaison Adviser at GMC Wales.

This was a very positive review – please see the following comments following the visit and report in Appendix 3:

General Overview of Visit:

The Review Team felt the visit was positive with clear progress of previous visit actions and innovative quality improvement projects in progress.

The Health Board have a range of robust policies and guidance regarding the appraisal and revalidation processed locally and should look to share this knowledge as appropriate.

The actions identified for the Health Board are to further develop areas rather than related to a concern of any kind.

4. LEARNING

- The constraints section within the MARS system is an optional section for doctors and secondary care dentists to complete to record where they have experienced barriers to providing care. There are headings for Personal, Service and Hospital constraints with further sub headings to select for discussion at appraisal. The appraiser's role is to help signpost the appraisee. Anonymised high-level constraints report will be shared with the Service Group Medical Directors for information and action.
- Breaches of duty letters, provided by the SBUHB legal team, are sent on behalf of the Executive Medical to doctors following notifications from the Legal Team, and they are to discuss the breach of duty case at their appraisal. Due to feedback from a doctor stating about them being wrongly identified in a breach of duty letter this was temporarily suspended process until the SBUHB Legal Team can assure that correct doctors are identified. This has now been reinstated to ensure more accuracy in this process, and the Legal Team have agreed the following:
 - Handlers to identify factual witnesses involved from Legal & Risk letter of advice advising on liability, and to be clear on who the clinicians were in terms of responsibility for the issues in question
 - If this is not clear, handlers to contact Legal & Risk to identify
 - When requesting a BOD/Liability memo draft from SBU. Claims, to identify whether an appraisal letter is triggers or not. If one is triggered, handler to identify the clinician involved in issue/failing
 - When SBU Claims send memo for sign off, it will include information as to whether or not an appraisal letter is triggered or not – if one is triggered, SBU Claims will include clinician details and draft appraisal letter.
- The Appraisal and Revalidation Team receive regular feedback for the support they provide, as well as for other work undertaken within the department (see Appendix 4).

5. RECOMMENDATIONS

Workforce and OD Committee are asked to note the current status of appraisal and revalidation in SBUHB, and the support offered to our doctors, and the progress made in appraisal and revalidation processes post COVID Pandemic.

APPENDIX 1

Additional Step Process:

- (1) Immediately stop sending any 'missed quarter' letters, and insert a new step in the process locally prior to sending 'missed quarter letters'
- (2) Identify the clinical leads/CDs/appraisal leads for those doctors who miss a quarter
- (3) Write to the clinical leads/CDs, (copying in appraisal leads) of each doctor asking them to
 - a. personally discuss the non-engagement with the doctor,
 - b. identify any extenuating circumstances e.g. sickness, maternity etc.
 - c. inform the appraisal & revalidation team of the existence of extenuating circumstances within four weeks
 - d. remind them of the 'supportive' appraisal approach currently advocated
- (4) If nothing is heard back by the deadline, then a 'missed quarter' letter would need to be sent to the doctor

Also renamed the overdue appraisal letters for secondary care doctors:

- DB2 – Annual Appraisal Overdue
- DB3 – Non Engagement with Annual Appraisal

APPENDIX 2

REVALIDATION PROGRESS REPORT (RPR) 2021-22

Please be aware that completion of all parts of this report is required.

1.1 Name of designated body:	Swansea Bay UHB
Name of Responsible Officer:	Dr Richard Evans
Type of organisation:	NHS
Name of person completing this report:	Sharon Penhale
Job title of person completing this report:	Appraisal and Revalidation Manager

Part 1 - Appraisal Figures

Appraisal Completion Figures			
IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION SHOULD BE INCLUDED IN THIS SECTION. EACH DOCTOR SHOULD BE INCLUDED IN ONLY ONE CATEGORY	Number of prescribed connections	No of Doctors exempt from appraisal due to extenuating circumstances	No of completed appraisals (summary agreed)
Consultants (including honorary contract holders)	512	84	431
Staff grade, associate specialist, specialty doctor (Including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	237	110	143
Doctors with practising privileges (For independent healthcare providers only); all Doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	N/A	N/A	N/A
Temporary or short-term contract holders (Including trust Doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	<i>Included in figures above</i>	<i>Included in figures above</i>	<i>Included in figures above</i>
Other (Including some management/leadership roles, research, civil service, other employed or contracted Doctors, Doctors in wholly independent practice, etc.)	1	0	1
Trainee Doctor on national postgraduate training scheme (for Deaneries only)	N/A	N/A	N/A

Part 2 – Quality Assurance of Processes

2.1 Revalidation Processes. What level of assurance does the DB have:

2.1.1 That there are sufficient support structures in place to support the RO and revalidation team?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>The Appraisal and Revalidation Team (substantive appointments), consisting of a full time Appraisal and Revalidation Manager (Band 6), Appraisal and Revalidation Support Officer (Band 5), also access to Band 3 Admin Assistant to support when necessary) provide sufficient support and assurance to the RO, with the Deputy RO overseeing appraisal and revalidation. Regular checks and reconciliations undertaken, update / amending processes and guidance. The team continue to work with the Medical HR Department, Patient Feedback Team, Legal Services, Primary Care Team, Shared Services and other stakeholders.</p> <p>The Appraisal and Revalidation Support Officer provides cover for the Appraisal and Revalidation Manager during absences. The Appraisal and Revalidation Manager continues to develop her leadership role which also links in with her army reserve role, which was recognised on the Internet: Army leadership skills play crucial part in NHS role - Swansea Bay University Health Board</p> <p>Secondary Care - Appraisal Leads (ALs) within each Service Group provide the relevant support, training and guidance for appraisers ensuring engagement. 5 ALs appointed to all 5 secondary care units (2xMH, 1xSH, 1xMH&LD, 1xNPT,) to support the RO and revalidation team with engagement in appraisal and revalidation.</p> <p>Primary Care – Appraisal Co-ordinators (ACs) and Service Group MD provide relevant support and guidance. Continue engagement with AC, CD of Quality & Safety and Service Group Medical Director of Primary Care, Community Services & Therapies for governance and assurance purposes, and effective communication.</p> <ul style="list-style-type: none"> • Clinical Director (CD) of Quality & Safety in Primary Care, Dr Helen Dean, engages with appraisal and revalidation processes and acts on any concerns. • The Service Group Medical Director (Service Group MD) for Primary Care, Community Services & Therapies, Dr Anjula Mehta – works closely with the CD of Quality & Safety in Primary Care to engage in the processes. <p>The Appraisal & Revalidation (A&R) Team support RO giving assurance for doctors with a GMC connection, ensuring processes are adhered to. Additional Full time Band 3 Admin Support commenced August 2020 within Exec MD Dept, part of the role supports appraisal and revalidation. Developing strong links with all stakeholders.</p> <p>The Revalidation Support Unit provide support and guidance from an All Wales level and for the MARS and Orbit360 systems for Designated Bodies within Wales. The GMC Employer Liaison Advisor also provides support and advice to the RO and the Appraisal and Revalidation Team, either at the quarterly review meetings or adhoc.</p>		

2.1.2 That revalidation recommendation decisions are made timely and in line with GMC RO regulations?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
Revalidation recommendations are made by the submission date in line with the GMC regulations.		
Recommendations are discussed at the ROAG (Responsible Officer Advisory Group) meeting held on a weekly basis.		
Due to COVID-19 revalidation dates for doctors were moved (maximum 12 months) for those due for revalidation between March 2020 to July 2021. Revalidation recommendations continue to be submitted to the GMC in a timely manner, for those doctors who had completed GMC requirements for successful revalidation. Information is reviewed at Revalidation Decision Group meetings, including governance checks. Doctors Revalidation Review Summaries are completed for all doctors, all forms are completed online and saved to each doctor's folder. All appraisal information is reviewed and WPA governance checks undertaken.		
The temporary focussed re-introduction of 360 Workaround forms to allow doctors to discuss their multisource feedback with a colleague outside of an appraisal and document that discussion allowed doctors to revalidate as part of a supportive process, ceased at the end of December 2021. All doctors were informed and advised that their patient and colleague feedback report must now be included within their annual appraisal summaries, and workaround forms are not to be used.		
A 'one month' rule was introduced in late 2021 which requires all information that a doctor wishes to be considered as evidence to be in the MARS portfolio one month before the revalidation date. This allows a balance between the maximum time to collect the evidence and have appraisals, and time for decisions and administration to ensure the timeliness of revalidation decisions to the GMC. The A&R team in fact start reviewing the portfolios well in advance of the date, and prompt doctors to ensure contents are likely to be adequate for a positive outcome.		
The Responsible Officer Advisory Group (ROAG) has been established to provide formal advice to the Responsible Officer in relation to the management of doctors' performance, appraisal and revalidation – members of ROAG include Responsible Officer (RO), Deputy Responsible Officer (DRO), Director of Workforce & OD, (DW&OD), Assistant Director of Workforce (DoW) and Appraisal and Revalidation Manager (A&RM). Non Officer Member (NOM) invited as lay representative and attends monthly meetings.		
Any complex issues regarding a doctor's revalidation are discussed with the GMC Employer Liaison Advisor (ELA) in advance.		
Doctors are informed promptly of the outcome of the decision by the Appraisal and Revalidation Team, additional support has been given to doctors by the Team to ensure a successful revalidation decision.		

2.1.3 That revalidation deferrals decisions are made and managed appropriately?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>Deferral decisions are made following in line with the GMC guidance following review of appraisal summaries on MARS (including appraisals/ARCPs undertaken outside of the MARS system), governance checks (including external employers/WPA) and if doctors have any exceptional circumstances e.g. ongoing process / investigations, long term sick leave. etc.</p> <p>The GMC ELA is consulted for complex deferrals and advice, when required. Doctors who request deferrals are required to complete the Deferral Request Form.</p> <p>Due to COVID-19 and the suspension of appraisals doctors had the option of an ‘approved missed’ appraisal during the pandemic which has resulted in the number of deferrals increasing during 2021/22. The Appraisal and Revalidation Team have worked hard to re-engage the doctors to undertake their annual appraisals following the suspension of appraisals. The increased deferral rate has been due to a mixture of clinical pressures, sick leave and burnout for some doctors.</p> <p>The A&R team continually strive to ensure doctors have the knowledge and understanding of the GMC revalidation requirement, minimising risk of future deferrals Extra support has been given doctors to engage with the appraisal process for their revalidation cycle, when required. This includes 1:1 meetings to train and support on use of MARS, email discussions and written instructions on completion of specific components of revalidation evidence. .</p> <p>The A&R team continue to send deferral action plans to all doctors when notifying them of the revalidation decision outlining information required for a positive recommendation to the GMC.</p> <p>The GMC are sent a timeline for those doctors who have been deferred multiple times, with a full explanation of reasons.</p>		
2.1.4 That there are processes in place for reviewing WPA in the context of appraisal and revalidation?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>Practising Privileges (PP) forms are completed by the RO for independent/private hospitals. Database maintained for doctors working within private practices. Communication sent to doctors on receipt of PP forms relating to WPA.</p> <p>Appraisers are trained to discuss WPA in both primary and secondary care and ensure the information is added annually to the doctors appraisal.</p>		

WPA governance checks undertaken prior to revalidation from independent healthcare providers, including voluntary/supporting roles. Doctors are asked to include evidence of peer review, training, CPD, governance issues, and details to confirm assurance.

This is also highlighted at MARS training sessions where the team continue to raise awareness of WPA requirements for doctors to include within annual appraisal for revalidation.

Continue to send communications to doctors who register for practicing privileges with independent hospitals to add the WPA details to their personal and professional details and include information annually. Continue to monitor Personal and Professional details undertaking spot checks.

Continue to highlight WPA to doctors newly registered on MARS through training sessions, etc.

Continue to update database of doctors undertaking private practice.

A&R Team regularly communicate with PP in the area to reconcile Doctors from the HB who are practicing within private establishments. Annual reconciliations are undertaken upon receipt of updated list of doctors from each private practice provider – A&R Team check the doctor's MARS account to ensure that the WPA is listed within their Personal and Professional Information.

2.1.5 That the RO role can be covered in the event of unplanned absence?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

The lead role for appraisal and revalidation management is undertaken by the Deputy RO to support the RO.

RO and Deputy RO regularly attend meetings to keep up to date and network with other stakeholders.

Deputy RO continues to manage appraisal and revalidation overseeing the Appraisal and Revalidation Team – in the event of unplanned absences the Deputy RO or nominated person would cover the RO role.

2.1.6 That revalidation processes are reviewed for effectiveness and quality; and that key issues arising from reviews and quality improvement activity are progressed?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Revalidation Quality Assurance (QA) Reviews undertaken by Revalidation Support Unit were suspended during COVID but have recommenced in 2022. The QA review is due to be undertaken within SBUHB in September 2022. The process has changed and Designated Bodies will be reviewed once every 5 years, as minimum.

The following meetings and processes are undertaken locally to review processes for revalidation:

Meetings

- SBUHB **Internal Audit** team undertake adhoc audit within the HB for assurance.
- **ROAG (Responsible Officer Advisory Group)** receives reports on appraisal and revalidation from HEIW and the Revalidation Group Outcomes and data presented at ROAG. SBARs reported to ROAG meetings highlighting doctors or issues. Reporting to Medical Workforce Board and then to the Workforce and OD Committee (chaired by an Independent Member).
- **Revalidation Decision Group**
- **Medical Workforce Board**
- **Workforce and OD Committee (Board level committee)**
- **Appraisal Leads and A&R Team** – quarterly meetings and Local Quality Assurance Events provided for appraiser

Processes

- Continue maintaining standards and areas for improvement
- Completed Revalidation QA action plan and continue to engage with reviews
- Continue to engage with the audit processes.
- Adoption of All Wales Appraisal Policy.
- Local governance checks undertaken for doctors due for revalidation.
- Appraiser feedback given by ALs through quality assurance reviews.

Level of Assurance (RAG):

GREEN

2.1.7 That all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?		
Evidence for rating assessment / future plans.		
<p>The All Wales Appraisal Policy is adopted by the Health Board (HB) which also includes local information. The policy has been risk assessed to consider equality, diversity and inclusivity.</p> <p>Equality and Diversity training is mandatory within the HB for all staff – appraisal and revalidation team, as well as all staff working within the Executive Medical Director’s Department, are compliant for all mandatory training monitored through ESR and line manager(s).</p> <p>Continue with current systems to ensure the health board continues to work in line with equality, diversity and inclusivity and are fair and non-discriminatory.</p> <p>Adhere to equality, diversity and inclusivity policies and guidance, ensuring A&R Team members are current with mandatory training.</p> <p>Feedback from training events and adhoc feedback outlines that the A&R Team consider the health board values and treat all doctors fairly in the processes and decision making.</p>		
2.1.8 That the DB takes into consideration public and patient views regarding revalidation processes?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>Transparency in appraisal and revalidation processes to the public.</p> <p>Continue involvement of an independent member of the health board to have oversight of revalidation and appraisal systems/processes. Decisions are formally adopted at monthly ROAG meetings</p>		

Continue developing links with Patient Feedback team to highlight and promote awareness to the public. For doctors struggling to obtain patient Feedback the Patient Feedback Team are contacted to obtain generic reports regarding, for example, a ward or department of the patient/family/carer feedback.

Continued involvement of an independent member of the health board in oversight of revalidation and appraisal systems.

Working with Patient Feedback Team to include information within their webpage highlighting doctors revalidation – educating patients why patient feedback is required. Information has been added to the Internet for patients to be aware of revalidation [Feedback - Swansea Bay University Health Board \(nhs.wales\)](https://www.nhs.uk/healthboard/swansea-bay-university-health-board/feedback)

2.1.9 That the DB engages with national activity relating to revalidation, e.g. RAIG and RO meetings and QA events?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

SBUHB engages with national activity relating to revalidation by attending and participating in the following:

- WRAG and RO Meetings
- Revalidation Quality Assurance Reviews undertaken by HEIW RSU.
- Regional Appraiser Conferences and Regional Quality Assurance Events
- Appraisal Leads and Revalidation Manager meetings
- Involvement in the development of MARS
- Involvement in the development of Orbit360
- Supporting Revalidation Support Unit (RSU) reviewing new processes, guidance and projects
- Involvement and contribution at national level and supporting peer reviews
- Improve the quality of appraisal and revalidation in primary and secondary care, including involvement in regional and national events
- Support HEIW RSU with quality assurance process and reviews
- Develop and improve systems and processes on MARS to enhance appraisal and revalidation.

Orbit360 was launched in March 2020 – the Appraisal and Revalidation Team help develop and support the All Wales patient and colleague feedback system.

Continue to support RSU in developing and enhancing new guidance, projects, policies and developments on MARS and Orbit360.

The RO or Deputy RO represent the DB at the RO Network meetings and there is a 100% attendance.

The A& R Manager, Support Officer and Deputy RO are members of WRAG and the DB are represented at every meeting. Active involvement in annual Regional Appraiser Conferences (RAC) and Regional Quality Assurance (RQA) events.

Informal discussions and concerns are discussed with other Revalidation Managers within Wales, when necessary.

Share good practice and documentation of improved processes with other DBs across Wales and the RSU.

Involvement in and continue to support review All Wales documentation, processes and guidance.

2.1.10 That thresholds applied for revalidation recommendations are in line with those of other DBs?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Evidence how we compare our standards with other DBs through:

- Discussions with other DB Revalidation Managers
- National conferences, WRAG
- GMC Connect data and reports are provided to ROAG and Medical Workforce Board
- GMC meetings with GMC ELA
- Networking with stakeholders and attend meetings/events
- Reviewing comparison data on the GMC website for other DBs revalidation recommendations
- Attendance at WRAG and national events to ensure thresholds are in line with other DBs throughout Wales
- Reviewing GMC Connect data
- Promotion of Quality Assurance events to ensure appraisers and appraisal leads are operating to similar standards, thus giving confidence to RO decisions

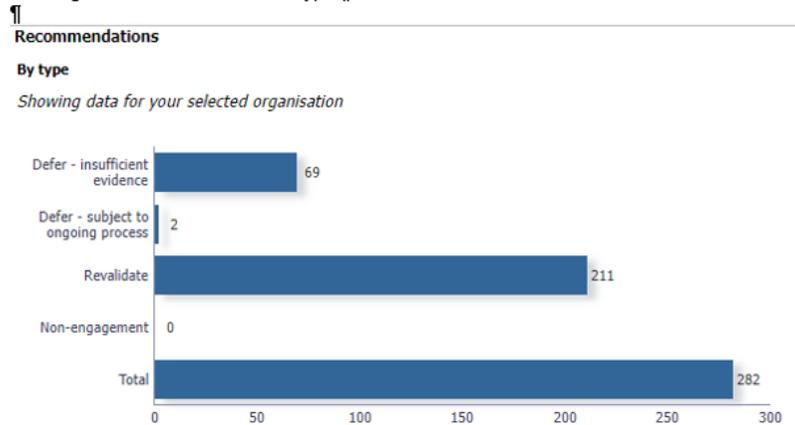
The attached report to Workforce & OD Committee provides evidence on how comparison data is provided to monitor progress against other DBs, as well as keeping the health board updated on progress and changes relating to appraisal and revalidation



2022-06-14 WOD
Appraisal Revalidati

The A&R Team continued to revalidate doctors where there were sufficient and high quality appraisals including all GMC requirements for revalidation, throughout the pandemic. The statistics are reported regularly at meetings and it was highlighted that deferrals rates appear higher in comparison to other DBs due to the pandemic and clinical pressure, for which SBUHB took the supportive approach for some doctors and allowed additional time to complete outstanding elements. It was recognised nationally that both Wales and North Ireland had higher deferral rates and the above reasons reflect this.

The statistics from the GMC Connect Dashboard for the same period, March 2021 to 2022, showing the breakdown of doctor type:



Please outline any areas identified for development relating to **2.1 Revalidation Processes**

Advise and support overseas doctors, and those taking career breaks, for appraisal/revalidation and highlight the possibility of reducing their GMC licence to registration only whilst overseas.

Identified that some GP AQs are the same quarter as the doctor is due for revalidation which may result in the doctor not having sufficient appraisals for revalidation – this was highlighted to the RSU. A&R Manager contacted GPs to make them aware and advise changing the appraisal quarter to support the doctors and will monitor all new GPs registering on MARS. Develop links with RSU to monitor new GP MARS registrations to review at quarterly meetings.

Issues and concerns regarding doctors are raised with the GMC ELA for support and advice discuss areas of improving processes and information from the GMC. Suggestion to add the option of ‘Whole Practice Appraisal’ to the deferral options for deferral of doctors – occasionally this may be information omitted for revalidation purposes.

Patient & colleague feedback – involvement and discussions with Orbit360 Team to develop and make changes to the system, FAQs, etc, for users.

In development currently is a new streamlined process for Revalidations of doctors to be recorded using Microsoft 360 Sharepoint which will allow the team to have a singular system and record for doctors due for revalidation to the end stage of submitting the recommendation, following the Revalidation Decision Group meetings.

2.2: Underpinning systems: appraisal. What level of assurance does the DB have:

2.2.1 That there is sufficient support for doctors to enable them to be appraised? Including number of available appraisers, information about appraisal, support with MARS, access to relevant data

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

- SBUHB provide sufficient support for doctors to undertake annual appraisal as outlined below:
- Continue to engage in Internal audit reviews of medical appraisal and revalidation processes undertaken which would be reported to Audit Committee.
- Continue to report to ROAG
- Continue to maintain effective process and relationship for collaborative working. Succession planning of GP appraisers to support process.
- Continue to work collaboratively with Shared Services and action Medical Performer List (MPL) updates.
- Continue to review appraisers and succession planning with ALs – ensuring adequate representation of appraisers across specialties and locations.
- Continue to provide effective communication and updates to doctors via email, newsletters, etc.
- Continue to provide in-house training sessions for MARS.
- RSU continue to support the appraiser training.
- Continue to comply and engage with Internal Audit when required.
- Report to ROAG monthly meetings -minutes produced and recommendations for revalidation are tabled and supported.

- Appraisal process effectively managed by RSU in conjunction with AC and A&R Team for primary care. Continue to work in collaboration and maintain excellent working relationship. Complex issues dealt with through appraisal or ROAG process.
- GP appraiser appointments undertaken through RSU. Maintain standards and collaborative working – currently 13 GP appraisers within Swansea and Neath Port Talbot locality. Continue recruitment and succession planning of GP appraisers to support the process.
- New GPs are sent an induction email by the A&R Team – notifications are received from Shared Services of doctors new to the DB.
- 113 secondary care appraisers (including 1 dental). Information for doctors is available on the Intranet, MARS website, all new doctors sent information about appraisal and revalidation – MARS training offered to all new starters through Microsoft Team by the A&R Team, as well as refresher training. Continued development of MARS provide users with a user friendly system adapting to users needs.
- All ALs appointed to all Units - cleansing exercise undertaken for all appraiser with ALs and appraiser list updated (annual exercise).
- Communications continued with doctors for GMC updates and changes about revalidation and appraisal during COVID-19. Newsletters were put on hold during the pandemic but continued to communicate with colleagues through email. Plan to recommence newsletters using Sharepoint.
- A&R Team continue to provide support to all doctors for appraisal and the MARS system. Technical issues relating to MARS are referred to the RSU. Feedback information collated by RSU and reported at WRAG. ALs and A&R Team providing support to appraisers. Currently re-engaging Appraisers through Local Quality Assurance events through Microsoft Teams. Appraiser Training provided by RSU through national events. GP appraiser training provided in conjunction with ACs and RSU. Feedback surveys undertaken by RSU confirm valued support. Appraisers aware to include feedback within their own annual appraisals.
- Informal feedback from doctors received (compliments published at the ROAG meetings) and constructive feedback is used to develop and change ways or working and processes.

2.2.2 That there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Induction information provided for all new starters via email communication.

Continue to work with collaboratively with Medical HR and Shared Services to ensure effective induction processes are in place for appraisal and revalidation.

Continue to review induction information to ensure that information is current and meets the needs for new starters.

Secondary Care - A&R Team continue to work collaboratively with Medical HR for secondary care doctors:

- Notifications of new starters received and doctors emailed induction email relating to appraisal and revalidation. New starters are also identified from a monthly report received from the ESR Team.
- Information about appraisal and revalidation included within Medical HR 'Welcome Pack' – doctors are required to complete and return our A&R GMC DB connection form.
- Adhoc doctors are monitored monthly through the new online Medical Bank system. Doctors who have a GMC connection to SBUHB will be included within the Starters Database for all appropriate actions and support.
- Appraisal and Revalidation Manager attends the Consultant Development Programme held for Consultants and provides information and support available for appraisal and revalidation.
- Attended In-house Registrar Teaching Event with supported by an Appraisal Lead to educate Registrars on appraisal and revalidation as part of the transition leaving the training programme.

Primary Care - A&R Team work collaboratively with Shared Services for GPs registered on the MPL:

- Notifications of new GPs received and emailed induction email relating to appraisal and revalidation.

2.2.3 That all doctors requiring appraisal are appraised when they should be?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Appraisals are monitored through Exceptions Management Process and the MARS systems for both GP and Medical monitored regularly. Formal letters sent to doctors regarding missed appraisal quarter.

Primary Care – jointly run by RSU, ACs, Service Group MD, Primary Care CD and A&R Team. Quarterly meetings recommenced in January 2021 to discuss doctors falling out of appraisal quarter (AQ). Continue to adhere to Protocol to support clearance from the Medical Performers List.

Robust handling of GPs delaying their appraisal using HB1 and HB2 letters ensure tightly monitoring.

Secondary Care – A&R Team review doctors out of AQ meet.

A new step process has been introduced in secondary care following the pandemic and continued clinical pressures – all doctors identified ‘out of quarter’ are highlighted to the Clinical Manager with a timescale to respond. Once this timescale has been exceeded those identified are sent DB2 letters, as per the Exceptions Management Process, following by a DB3 letter if doctor continues to non-engage. The ALs are made aware of the outliers to help support and discuss with doctors falling out of AQ. Service Group MDs, DRO are informed of outliers, who are actively chased by the A&R Team.

Further non-engagement for all doctors results in a completion of the GMC REV6 form – notification of non engagement with annual appraisal.

Ensure AQs are set in line with revalidation dates to ensure consistent appraisal history. Set appraisal plans for revalidation when necessary to help support doctors achieve the required number of appraisal for second and future cycles, unless there are exceptional circumstances

Actions and outcomes of quarterly review meetings are circulated to members of ROAG for information.

Exceptional circumstances are noted and recorded by the A&R Team and monitored which is then taken into consideration for appraisal and revalidation.

2.2.4 That reasons for non-completion are documented, and non-engagement is managed appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Maintain current systems and adhere to All Wales processes for both primary and secondary care

Primary Care – extenuating circumstances are managed through A&R Team. Discussed at quarterly review meetings with AC, Service Group MD/CD, A&R Manager & RSU member. AQ change forms are not received by A&R Team – details of exceptional circumstances are recorded at quarterly review meetings. The A&R Team update the Exceptional Circumstances Database with brief information and relevant dates.

Secondary Care – extenuating circumstances recorded and managed through quarterly reviews in line with A&R Team record extenuating circumstances through quarterly review meetings. This information is provided by either the doctor or department and recorded on the Exceptional Circumstances Database. Clinical/Service Managers and Appraisal Leads support the A&R Team for doctors not engaging when necessary.

A&R Team record extenuating circumstances once notified and monitor – long term sickness for secondary care doctors or doctors in difficulty are sent supporting information with relevant organisation and contacts.

ROAG are notified of certain instances to monitor and support doctors.
New (2021) GMC guidance on non-engagement discussed continues to be adhered to.

2.2.5 That appraisers are fit for purpose, appropriately trained and up to date?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Appraisal quality monitored and appraisers supported through ALs and AC. National events run by RSU available for appraisers.

Online Appraiser Training available for new appraisers (also available to support refresher training) – this is monitored by the RSU and A&R Team once the training commences.

Primary care: Appraisers monitored by Appraisal coordinator and managed through RSU processes. Demand for appraisers increased and new GP appraisers appointed (total of 13 in Swansea and NPT area)

Secondary Care:

A&R Team and ALs support 113 medical appraisers.

Local QA events – facilitated by the ALs and supported by A&R Team are available for secondary care appraisers.

Continue to monitor and undertake annual exercise reviewing numbers of appraisers in secondary care, as well as succession planning.

SPA tariff for secondary care doctors includes a nationally agreed tariff for dedicated job-planned time as an appraiser – all appraisers were sent CMO communication regarding appraiser tariff.

Continue to develop processes with ALs to enhance QA and performance management.

Continue to develop annual training programme with ALs for appraisers.

Continue to ensure appraisers complete WPA for their own appraiser role in annual appraisal portfolio evidence.

Demand for appraisers has recommenced since the pandemic since reengagement of appraisals.

Local Negotiating Committee (LNC) have not yet agreed full list of tariffs, which includes the AL and medical appraiser tariff, although no disagreement over appraisal tariff itself – awaiting BMA agreement for sign off for the whole documents of tariffs listed. However, the CMO’s recent letter effectively trumps this awaited agreement

2.2.6 That appraisers are supported and managed in their role, and are performing the role appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Primary Care – well established support system through Appraisal Co-ordinators (ACs).

Secondary Care – support provided by Appraisal Leads (ALs).

Continue to maintain well established support systems, also described in 2.2.5.

ALs appointed to Units to support appraisers within secondary care – appraisers made aware of ALs to contact.

QA undertaken for all new appraisers and supported during initial period. Online refresher training for appraisers offered within DB.

Appraisers have access to own feedback within MARS to reflect within annual appraisal and include role in ‘Activities’ section.

A tariff has been agreed nationally for Job Planning of secondary care doctors who are appraisers – 0.5 sessions per week dedicated time with an expectation of 10 completed appraisals per year and full participation in appraiser training, approved by CMO – refer to 2.2.5.

Any issues regarding the quality of an appraiser’s performance detected during review of a portfolio at a revalidation decision group is communicated to the Appraisal Lead who is tasked with discussing with the appraiser.

Continue to work with ALs to develop training and support structures for appraisers, including QA of appraisal summaries.

2.2.7 That appraisal outputs (summary and PDP) meet agreed standards?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Reviews of appraisal summaries

Continue to maintain current systems.

Continue integration of QA reviews with ACs and RSU.

ALs continue to QA new appraisers first 2 appraisal summaries. Commenced training programme for appraisers to undertake Local QA of appraisals in-house

Primary Care – appraisal summaries are reviewed by ACs. Adhoc checks by A&R Team and Deputy RO.

Secondary Care – appraisal summaries reviewed by ALs. Adhoc checks by A&R Team and Deputy RO.

Process has continued to work effectively through ACs. QA reviews undertaken at RQA annual events.

ALs QA new appraisers first 2 completed appraisals and feedback. Training programme with ALs to undertake QA sessions with appraisers in-house has had positive feedback. ALs undertake adhoc QA of appraisers.

Positive feedback and standards following las RQA event which was held virtually, relevant to both primary and secondary care. Feedback was very positive and highlighted improvement within secondary care. RQA results shared with RO, Deputy RO, ALs and AC.

2.2.8 That appraisal and its outputs are having a positive impact on individuals and on the organisation?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Assurance to health board that doctors keeping up to date and maintaining professional standard in line with GMC requirements.

Promotion positive communication in relation to appraisal to all doctors and working together with appraisers and ALs.

Evidence of positive impact on staff helping doctors to plan towards revalidation, future training, and most recently allowing A&R Team to identify Consultants appropriate to apply for a Clinical Impact Award.

Continue to promote positive outcomes to doctors, appraiser and ALs. Reporting to:

- Medical Workforce Board (MWB), ROAG and Workforce & OD Committee
- SAS Doctors Charter Survey results to ROAG and MWB
- sharing information about wellbeing events to support doctors
- provide appraiser feedback and engage at RAC and RQA events, workshops, etc
- Feedback from training events inhouse and regional.

Engagement of patient and colleague feedback continue to show a positive impact. Continued engagement in clinical audit completion registered within secondary care, Quality Improvement Awards and Living Our Values Awards.

Re-engagement of annual appraisal proved challenging which required additional support from the A&R Tea, ALs and AC.

A&R Team receive positive comments and feedback from day to day support and training events.

Report constraints through ROAG, MWB and Workforce & OD.

Please outline any areas identified for development relating to **2.2 Underpinning systems: appraisal.**

Develop better constraints reporting systems and processes – the report from MARS has issues and this has resulted in delays in developing a robust local process. All Wales reports are shared and common themes identified are shared with clinical managers and committees.

Appraiser training – possibility of combining training and resources for new primary and secondary care appraisers to ensure consistency.

2.3: Underpinning systems: governance. What level of assurance does the DB have:

2.3.1 That appropriate checks, including regarding their appraisal status and any outstanding concerns, are carried out prior to establishing a connection with a doctor?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Primary Care – continue to work with Shared Services who undertake checks for all GP registrations on the MPL and the A&R Team are notified of changes relating to the DB or Voluntary Removal. RO Transfer of Information (TOI) forms sent to previous employer.

Continue to receive notification of MPL updates and new registrations from Shared Services allowing the DB to liaise with GPs to update GMC connections
Local policy in place for GPs who undertake limited sessions per annum e.g. overseas doctors. Annual cleansing exercise undertaken by Shared Services for locum GPs not attached to a practice.

Secondary Care – Medical HR undertake recruitment checks for all doctors. All new doctors are sent Welcome Packs and are required to complete a GMC DB connection form. RO TOI form sent to previous DB. Working collaboratively with Medical HR to continue developing processes and share information in relation to doctors/dentist new to the health board.

Adhoc locum form has been created to be completed online by the doctor and data collated to confirm engagement and DB link – automated process. Link with Workforce for monthly reports. The adhoc locum doctor are monitored and the A&R Team work collaboratively with Medical HR, updating the database on receipt of completed forms and contact doctor in relation to last appraisal/ARCP for assurance.

External RO TOI requests are reported to ROAG monthly

2.3.2 That the DBs GMC Connect list is up to date (in terms of both joiners and leavers), and cross-checked against your staff records and / or the MPL?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Primary Care – Reconciliation of MPL, MARS and GMC Connect list undertaken bi-annually. Shared Services notify HB of GP changes –information is shared with the RSU, if required. Monthly reconciliation with MARS and GMC are undertaken.

Secondary Care – Reconciliation of ESR, MARS and GMC undertaken bi-annually. Monthly checks are undertaken with MARS and GMC. A&R Team receive the following notifications:

- New starters notifications sent by Medical HR
- Monthly Starters/Leavers report from ESR Team
- Doctors notifying A&R Team direct
- GMC connection emails
- Monitor doctors on career break and honorary contracts
- Planned retirements

Relevant checks and actions are undertaken by the team.

Doctors working overseas are advised accordingly in line with GMC information.

Collaborative working with Shared Services, Medical HR, Workforce and ESR has ensured that the DBs Connect list is current. Continue collaborative working with all stakeholders to ensure robust processes and checks in place.

Potential risks are identified on the Executive MD Risk Register.

2.3.3 That where concerns arise about doctors with whom you have a prescribed connection, these are managed and inform the revalidation recommendation appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Continue to check and review decisions on revalidation recommendations by:

- GMC notifications
- Doctor's Clinical Director/Lead or Service Group MD
- Medical HR advice
- Previous RO, where appropriate
- If WPA identified – external clinical or organisational lead

Continue to discuss recommendations with GMC ELA, where appropriate. Monitor and complete RO TOI forms for all doctors connecting to our DB.

Breach of duties (including all claims against the health board) are recorded on database and doctor are instructed to include reflections on these cases within appraisals by RO in writing – working with the Legal Team to ensure robust processes and reporting.

2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Primary Care – Appraisers follow well established process for escalation and are aware of the process.

Secondary Care – Appraisers follow established process for escalation and aware of process.

Appraisers in primary and secondary care have established escalation process in line with the Wales Appraisal Exceptions Management Guidance/Protocol.

Any concerns are highlighted discussed with the Deputy RO and may be discussed at ROAG meetings, occasionally these may be highlighted with the GMC ELA.

2.3.5 That should concerns arise about a doctor who works for the DB but does not have a prescribed connection with the DB, or no longer has a prescribed connection with the DB, this information is shared appropriately between organisations?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Evidence of action of concerns arising about doctors working within the DB but does not have a prescribed connection, or no longer has a prescribed connection – information is shared with current or new DB.

Continue to discuss concerns raised for doctors without a prescribed connection discussed at ROAG. for concerns raised for the following:

- Doctors in training - concerns raised through HEIW's well established process.
- Locum Agency Doctors – concerns raised with agency's Responsible Officer.

Doctor's employed by other HB/organisation – inform organisations governance process, manage concern and outcome.

Continue to hold Safeguarding Strategy Meetings, even when a locum doctor has caused concern and is attached to another designated body.

Discussed at GMC ELA meetings.

2.3.6 That governance information is consistently available relating to all doctors, including for example those who work within the DB for a short period of time?

Level of Assurance (RAG):

GREEN

Reason for assessment / evidence:

Governance information is available for doctors working or worked within the health board.

Collaborative working with agencies and Medical HR, monitoring adhoc locum doctors to ensure that employment checks are undertaken prior to commencing employment.

2.3.7 That governance data is shared appropriately with those making revalidation recommendations – including for example information about complaints and incidents, and feedback from patients?

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans.

Continue to maintain current systems:

Primary Care:

Formal process in place to check Datix and clinical governance (weekly meetings). Service Group for Primary Care.

Secondary Care:

All doctors have access to own Datix report where 'named'. Any serious incidents raised at Exec MD level and given directive to discuss at next appraisal, if necessary.

Clinical governance checks sent to Clinical Managers and Primary Care Lead prior to revalidation.

RO to RO forms sharing of information are completed promptly for transparency.

Continuing information flows with Patient Experience Team, Serious Incident Team, Risk and Legal Services. High risk and high cost cases reviewed by Executive Medical Department. Service Group MDs, CDs/CLs provide individual doctors with feedback from incidents.

2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>Ensure lay representation within the DB processes to encourage better understanding and there is continued lay involvement and membership in the following groups:</p> <ul style="list-style-type: none"> • Revalidation Decision Group (Independent Member) • ROAG(Independent Member) • Medical Workforce Board • Workforce & OD Committee • Performance Review Meetings • Audit Committee • GMC meetings <p>Information provided to meetings to review, report, inform and update members, including lay person(s), to provide assurance and scrutiny of processes in accordance with the GMC.</p>		
2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>Evidence of discussion at HB committees, as identified in 2.1.6, 2.2.8, 2.3.2, 2.3.8.</p> <p>Continue to evidence discussion and updates to HB committees,</p>		

Report appraisal and revalidation processes to Medical Workforce Board, who report to the Workforce and Organisational Development Committee and inform Joint Local Negotiating Committees. As well as report to organisation's Board through committees. Assurance is also given at ROAG monthly meetings. Internal Audit on appraisal processes reported to HB Audit Committee.

Update Executive MD risk register and monitor progress and risk level.

Performance Review meetings give the Board appropriate assurance of governance and revalidation.

The lay member is an independent member of the board.

2.3.10 That doctors' constraints identified at appraisal are reported to the Board for consideration i.e. to be included in risk register if appropriate?

Level of Assurance (RAG):

AMBER

Evidence for rating assessment / future plans.:

Appraisers continue to inform appraisees during appraisal meetings on how to escalate constraints identified.

Constraints reporting is shared with MWB and Workforce & OD Committee annually, also provided to ROAG and Unit Medical Directors.

Doctors informed of constraints section during MARS appraisal training and importance of completing this section.

A&R Team are still looking to develop service-based constraints reports, but these are based purely on coding and not free text, to provide quarterly constraint reports to Service Group MDs and ALs/ACs and include constraints in MWB report.

The free text of concerns are too difficult to extract and analyse at present and we would welcome developments from the RSU to facilitate this in the future. I.e. separate out constraints comments to be shared only with the appraiser and what can be shared anonymously with the RO

Constraints reporting needs to be more appropriate and provide better information of specific issues. Current reports available are not fit for purpose – work with RSU to develop and improve information reported.

2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans.		
<p>Governance checks, internal and external to include WPA, are undertaken and help to inform revalidation appropriately, and continue with current systems. Continue collaborative working with other departments within the HB and WPA stakeholders to inform revalidation of governance and giving assurance of processes.</p> <p>Annual appraisal and revalidation timescales enhance focus on resolution of governance issues arising and/or outstanding.</p> <p>ROAG continues to oversee performance issues and ensures revalidation and appraisals reflect known issues. Linking in with GMC ELA meetings, where appropriate.</p>		
Please outline any areas identified for development relating to 2.3 Underpinning systems: Governance		
<p>Develop service-based constraints reports locally, but these are based purely on coding and not free text, to provide quarterly constraint reports to Service Group Medical Directors and ALs/ACs and include constraints in MWB report.</p>		

Part 3 – Progress against Quality Visit Actions

Please complete and return the progress against Quality Visits document attached to the initial e-mail

Part 4 – Internal Quality Assurance and Other Projects

If you have undertaken any internal quality assurance exercise (IQA) or any other Revalidation or Appraisal Projects, including any Quality Improvement undertaken, please provide details.

1. Reviewed Appraisal Quarters (AQ) for doctors on GP and Medical MARS - ensuring that the AQs are set in line with the doctors revalidation date to allow sufficient appraisal for revalidation. Especially relevant since the 'Approve Missed' appraisals during the COVID pandemic to ensure that the doctors are on target to achieve the required information and support/advice doctors accordingly.
2. Local Quality Assurance Events – regular events have been arranged to support appraisers to continue good quality appraisals. These continue to be held virtually over the last 12 months. Anonymised appraisals are provided by the Revalidation Support Unit from a mix of primary and secondary care and scores are recorded at each event to ensure continuity.
3. Revalidation Decision Making Process –currently working with the Digital Team to streamline processes using Microsoft 365. The aim will be to have the singular system to record doctor's progress when due for revalidation, automate processes for Revalidation Decision Group meeting and

notifications. Currently using multiple different spreadsheets and documents. Plan to run the systems concurrently to pilot and make changes to the new system – will need approval and since off at ROAG (Responsible Officer Advisory Board) meeting.

4. Medical Appraisal Management Guidance 'Additional Step Process' – following the re-engagement of appraisal after the temporary suspension of appraisals by the GMC due to COVID the Appraisal and Revalidation Team re-instated the Medical Appraisal Operational Guidance for doctors overdue annual appraisal. Due to the sensitivity and continued pressures of doctors the 'additional step process' has been developed to link with the Clinical Manager(s) so support doctors and understand whether there are any exceptional circumstances.



Med Appraisal
Exception - Additior

Part 5 – Board Statement of Compliance

On behalf of the designated body (Chief executive or chairman, or executive if no board exists) I can confirm that:

The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)

Agree
 Disagree

We are satisfied with the level of assurance we have about these systems and processes, both now and throughout the year, and the way in which they support and inform revalidation

Agree
 Disagree

We are satisfied with the organisation's progress in terms of revalidation, and that there is a clear plan in place to guide further quality improvements

Agree
 Disagree

Or: we have concerns about any of the above, as described below:

Part 6 - Submission Declaration

Completed report authorised by Responsible Officer

By completing this RPR, I declare that all the requested information has been provided and the Responsible Officer or Responsible Person has agreed and authorised submission to the Revalidation Support Unit.

Agree

APPENDIX 3

Revalidation Quality Review Report

Part 1 - Overview

Designated Body (DB)	Swansea Bay University Health Board	 Review Team Pack - SBUHB (2).docx
Date of Review	5 October 2022	
Time of review	1.30-3.30pm	
Virtual/Face to Face	Virtual	

Review Team		DB Representatives	
Name	Role	Name	Role
Christopher Price	Chair	Richard Evans	Responsible officer
Sian Parker-Hornsey	RSU	Sharon Penhale	Revalidation Manager
David Lunt	Lay Representative	Alison Hughes	Revalidation Officer
Katie Leighton	RSU	Anjula Mehta	Medical Director Primary Care
	Choose an item.		

General Overview of Visit:

The Review Team felt the visit was positive with clear progress of previous visit actions and innovative quality improvement projects in progress. The Health Board have a range of robust policies and guidance regarding the appraisal and revalidation processed locally and should look to share this knowledge as appropriate. The actions identified for the Health Board are to further develop areas rather than related to a concern of any kind.

Visit Outcomes

Area for discussion	Discussion Notes	Recommendations
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<p>RPR - Appraisal Completion Figures</p>	<p>The appraisal completion rate was 88.3% for GPs. The appraisal completion rate was 84.2% for consultants. The appraisal completion rate was 60.3% for Staff grade, associate, specialty doctor.</p> <p>The review team explored the lower rates in the staff grade category. It was highlighted that is mainly due to the often-transient nature of this workforce. The Health Board do try and engage with them, highlighting that HEIW will request a summary to feed into their training process when required.</p>	
<p>RPR - Revalidation Recommendations</p>	<p>74% of total recommendations were positive. 25% of recommendations were for deferral based on insufficient evidence.</p> <p>The All Wales deferral rate is 26% so the Health Board are in line with the All Wales average.</p> <p>The review team explored what the reasons could be for higher deferral rates than pre-pandemic. The Health Board indicated that this could be due to doctors still being under pressure in the service and finding it challenging undertaking activities such as patient and colleague feedback. They do support doctors in collating the requirements and prefer to avoid deferring a doctor more than once.</p> <p>The Health Board have been encouraging doctors to do 4 appraisals minimum for revalidation, in the main Secondary Care mostly carried on with appraisal throughout 2020. The RO did highlight that he is happy to accept less than 4 appraisals if there are legitimate reasons for a lesser number being undertaken and would look at quality, especially if have an approved missed.</p>	

<p>RPR - (RAG) Revalidation Processes</p>	<p>RO and Deputy RO are supported by two members of staff dedicated to appraisal and revalidation.</p> <p>360 workaround form used on a one off occasion to avoid deferral since being discontinued.</p> <p>One month rule implemented to encourage doctors to have all revalidation information ready 1 month prior.</p> <p>The Health Board have a good working relationship with GMC Employer Liaison Advisor.</p> <p>Database maintained in the Health Board regarding WPA and practising privileges, these are checked and communicated to doctors.</p> <p>RO Deputies lead on appraisal and revalidation, whilst another leads on medical issues. Both are undertaking RO training so there is a contingency plan if the RO is unable to make recommendations themselves.</p> <p>RO advisory group established which provides appropriate oversight of the processes and links between appraisal and clinical governance information.</p> <p>The Vice Chair for the Health Board acts as the lay representative for revalidation and appraisal oversight.</p> <p>The review team explored whether this could pose a conflict of interest. The Vice Chair does not perceive that to be an issue, he attends monthly ROAG meetings which the Director of WF & OD attends also. There is also a WF committee which has a different independent member that sometimes reviews difficult revalidation issues.</p> <p>It was felt that the current lay input is appropriate and justified.</p>	
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<p>RPR - (RAG) Underpinning systems: appraisal</p>	<p>The Health Board cited good retention rates as why not many Appraisers had completed the Appraiser Skills Training (AST), with Appraisal Leads also providing refresher training. If impending retirements are known for Appraisers the team do make succession plans to mitigate any impact on appraisal capacity.</p> <p>The Revalidation Manager chases any appraisers that haven't undertaken any appraisals for a long period of time, to understand why and whether that appraiser may need to be taken off the local list.</p> <p>The Health Board highlighted that it's very useful for RSU to periodically send information of those not progressing on AST.</p> <p>New Appraisers are formally recruited, given Job Description and the SPA allocation letter sent by the CMO to ensure this is discussed during their job planning meetings. Appraisal Leads then quality assure that Appraisers summaries to start with.</p> <p>Any Appraisers that don't attend ongoing training for the role are contacted to make sure they are getting updates either nationally or locally.</p> <p>Some Appraisers undertake more than the required 10 appraisals annually but are happy to do so and supported by their department. Those who hold a management role as well may do less than 10 annually, this is still managed via their Appraisal lead. Appraisers fed back that they did not always receive the SPA allocation for their role as per the CMO guidance.</p> <p>Appraisal leads are supported via quarterly meetings and relevant updates. Medical WF reports are also made available. Appraisal Leads join the appraisal and revalidation group regularly where they can escalate any issues they have in their role, it's a good learning process for them.</p>	<p>Take steps to ensure that Appraisers SPA time is appropriately recognised within job planning</p>
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	<p>Appraisal Leads are not currently provided with feedback specific to their role or a performance review however the health Board are considering how this could be undertaken.</p> <p>Appraisers feedback session:</p> <p>The local appraisal process works well, doctors can get appraisal appointments. The constraints section can be difficult for Appraisers to discuss as there can be a lot of issues in there. Good support is provided by Appraisal Leads and Appraisers do receive feedback on their summaries and suggestions for improvement.</p> <p>A new appraiser undertook AST recently and felt the resource was a good basis for the role.</p> <p>Some Appraisers reported that SPA for the role was not taken seriously in job planning.</p> <p>Appraisal Lead feedback session:</p> <p>Currently there is no feedback route for that role specifically, MARS survey feedback is accessible for Appraiser role. Local QA events are very useful for discussions of issues throughout the appraisal process. As no review process in place for the Appraisal Lead role it was difficult for it be included as part of WPA, although ongoing training/meetings could be listed as development.</p>	<p>Develop a process for providing Appraisal Leads with a review for WPA purposes and feedback specifically on their role</p>
<p>RPR – (RAG) Underpinning systems: governance</p>	<p>The Health Board are notified of new registrations from Shared Services and transfer of information forms sent to previous employer.</p>	

	Governance information is discussed at regular ROAG meetings which includes representatives from WF.	
RPR - Internal Quality Assurance and other Projects	<p>Local quality improvement activity cited:</p> <ul style="list-style-type: none"> • A single documentation system for Drs Revalidation Decision journey hosted on Office365. • Aligning AQs with revalidation recommendation timeframes for Drs. • Additional Step process link with the clinical manager to support doctors and understand any exceptional circumstances in line with the Medical appraisal Operational guidance. • Ongoing local Quality Assurance Events. <p>The review team suggested the Health Board providing further information on the improvement projects to WRAG in the future as way of sharing good practice.</p>	To consider options for sharing good practice and quality improvement projects with other Designated Bodies
QV - Progress against agreed actions	<p>All actions have been completed, ongoing or progressed since previous visit.</p> <p>The Review Team wished to highlight the amount of hard work that has clearly gone into continuous improvement of appraisal and revalidation processes within the Health Board.</p>	
AQA - Quality of appraisal outputs	As the desk review highlighted the Health Board have good quality assurance of appraisal output scores.	

Survey - Appraiser Survey	As the desk review highlighted the Health Board have generally positive comments in the Appraiser Survey.	
Survey - MARS survey	As the desk review highlighted the Health Board have very good scores and positive comments. It was suggested by the Health Board for the GMC ELA to provide a session on the value of appraisal and revalidation.	
Constraints - MARS Constraints Reporting	The Review Team understand frustrations with constraints reporting, there have been positive steps taken towards securing MARS technical support. In the near future we hope this will lead to improvements being put in place on the system.	

Section 2

To be completed by Designated Body

Designated Body Action Plan and Comments

Designated Body General Comments:			
SBUHB will continue to provide Appraisal and Revalidation support to all doctors and improve processes. The actions below will be monitored and shared with the Revalidation Support Unit upon completion			
Action Plan completed by:			
Action	By whom	Timescale	Comment

Take steps to ensure that Appraisers SPA time is appropriately recognised within job planning	Responsible Officer / Appraisal & Revalidation Manager	October 2023	Undertake survey to establish current situation with appraisers role recognised within JP. Appraisal Leads provide report of appraisers whose role not recognised within JP – support appraisers to gain recognition. Expedite issues to Responsible Officer
Develop a process for providing Appraisal Leads with a review for WPA purposes and feedback specifically on their role	Deputy Responsible Officer / Appraisal & Revalidation Manager	April 2023	Deputy Responsible Officer to provide annual feedback to Appraisal Leads – develop AL feedback form similar to the ‘Appraiser Feedback Form’.
To consider options for sharing good practice and quality improvement projects with other Designated Bodies	Appraisal & Revalidation Manager	Ongoing	Inform Revalidation Support Unit of quality improvements within the Appraisal and Revalidation process in SBUHB, to share with other DBs in Wales e.g. WRAG, Appraisal Manager & Appraisal Lead All Wales meeting, etc

APPENDIX 4

Date received	Brief description of the compliment/thank you
08/06/2022	Doctor needed help with MARS: Alison was EXTREMELY helpful as I always find her; she knows Im useless and negotiating MARS but is so willing to help and doesn't lose her cool.
08/06/2022	Intrepid support regarding leave approvers: Thank you again for all of your help and swiftness as usual!
09/06/2022	Revalidation Deferral recommendation for a doctor: Thank you again for your ongoing support
21/06/2022	Clinical Impact Awards support: Thanks for your help. I have updated the application and submitted it. I would be grateful if you can look at in case there is anything else I need to update. Again many thanks for your help.
21/06/2022	Positive recommendations submitted to doctor: That's great news, thank you. Thanks to you and Alison for your help and assistance with this process.
21/06/2022	Revalidation Support Unit (RSU) following receipt of annual report 2021/22: Thanks you Sharon and teams
04/07/2022	Query Orbit 360 as SMC - Thank you so much for sorting this, hopefully the next steps will be ok!
04/07/2022	Advise on Revalidation & Exceptions - Thank you Alison for your email, help and advice this morning. This is much appreciated.
02/08/2022	Thank you following positive recommendation: I would like to thank you for informing me about my Revalidation and I am very pleased I got a positive feedback. That gives me strength to go on the good work and to improve myself even more. I appreciate your advice about the e-learning training and I am going to book a place to complete it.
02/08/2022	Supporting GP to find appraiser: Thank you both for your help. I'll let you know if both decline or are unable to help.
02/08/2022	Advice regarding Patient and Colleague Feedback: Thanks ever so much for adding in the colleague feedback and the other helpful advice – I really appreciate it.
12/08/2022	Issue with ESR notification: Many thanks Sharon. Highly appreciate your help.
18/08/2022	Removal from MPL query: Thanks for this Sharon, I should probably just have contacted you first! Thank you for all your help over the years. Hope all is well with you.

Date received	Brief description of the compliment/thank you
16/08/2022	Issue with approver on SEL and claiming expenses: Thank you so much for solving the problem. This has been going on since March.
23/08/2022	Appraisal support: Many thanks to all of you, for your help. I really appreciate it.
08/09/2022	Provided refreshments for a meeting: received an email of thanks saying I went above and beyond.
13/09/2022	Email regarding appraisal - Thanks for always answering queries so quickly.
27/09/2022	Email regarding appraisal - Thank you Alison for setting out a plan for me going forward, that was very helpful and I will aim to do that appraisal in the Summer
23/09/2022	Email regarding Dr on long term sick - Thank you Alison we appreciate your support
30/09/2022	Study leave support: Good to chat yesterday – many thanks for sorting my expenses claim.
04/10/2022	Support doctor for revalidation: As I've just mentioned to Webster, you have been massively supportive of me during this and I very much appreciate your efforts. Thanks.
12/10/2022	Advised Doctor regarding appraisal when due to go for operation: Thank you Alison, that is really helpful
17/10/2022	Lay membership query from other Health Board: Thank you – you are always so helpful!
18/10/2022	Support for doctor with exceptional circumstances: I really appreciate the appraisal and revalidation team supporting me.
19/10/2022	Appraiser advice - This is very helpful
24/10/2022	Positive recommendations submitted to doctor: First of all thank you very much from all your team ,specially from you and Dearest Sharon for supporting me to complete my appraisal on time .
28/10/2022	Supporting doctor to find appraiser: Thank you so much Sharon, I was getting quite worried!
28/10/2022	Reassuring appraiser and providing feedback: Thanks for the helpful chat Sharon and the support of the appraisal and revalidation team.
28/10/2022	Study leave claim issue: Thank you very much!! Much appreciated! Thanks Sharon and Sam Page for following it up
28/10/2022	Study Leave Appeal: Thanks so much for sorting out the issue for me.
31/10/2022	Positive Recommendation: Thank you for your email and feedback. Also thanks to Alison for her help and patience answering my many questions.

Date received	Brief description of the compliment/thank you
07/11/2022	Appraisal support: Thank you very much for taking my call and taking out so much time for me. I am really grateful for all the guidance you provided me with. I feel a lot more confident to complete my appraisal now. Once again thank you very much for all the help extended by you and Alison.
10/11/2022	Appraiser Survey - Many thanks to you and Mrs Penhale for the support we get from both of you .
11/11/2022	Assisting GP to link with an appraiser: I just wanted to write again to thank both of you for getting an appraiser sorted at short notice. The appraisal today went very well.
21/11/2022	Mandatory training support for ESR: Sorry to trouble you (with a non-urgent query) please. You are a victim of your own success, in that being always approachable, efficient and helpful makes you my 1st port of call for this type of organisational queries.
21/11/2022	Doctor informed dept of hospital admission: Many thanks for your kindness and support which is always appreciated .
22/11/2022	Help and Advice with MARS. Thanks Alison, sorry for inconvenience! You are always helpful.
22/11/2022	Help and Advice with MARS. Thank you so much for your kind help and support.
24/11/2022	Study Leave Appeal: Thanks Sharon, for your quick work. It is a breath of fresh air!
	Appraisal support: Thanks Sharon for all your support with this as well.
28/11/2022	Support with Study Leave & other queries: Thank you very much for the progress on getting the study leave listed on intrepid. This is now visible, after months of trying, so thanks! Now I need the access to SEL please, with a functioning username and password for my current job role as an SBUHB employee.
28/11/2022	360 & Appraisal advice: Yes sorry it's out of the quarter window but couldn't fit it all in before then – tough trying to complete appraisal and fit everything in when only got back from mat leave in July. Thank you so much for the support – it's really appreciated

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Purpose of appraisal and revalidation is to provide assurance for patients and the public, employer and other healthcare professionals that licensed doctors are up to date and fit to practise by providing a focus for doctor's efforts to maintain and improve their practice.		
Financial Implications		
None.		
Legal Implications (including equality and diversity assessment)		
None.		
Staffing Implications		
None.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None.		
Report History	Last report submitted in June 2022. Regular reports and updates to Medical Workforce Board and ROAG (Responsible Officer Advisory Group).	
Appendices	Appendix 1 – Additional Step Process, Overdue Appraisals Appendix 2 – Revalidation Progress Report 2021/22 Appendix 3 – Revalidation Quality Review Report 05/10/22 Appendix 4 – Team Compliments and Thank you's	