



Meeting Date	15 June 2021	Agenda Item	3.2
Report Title	Medical Appraisal and Revalidation		
Report Author	Sharon Penhale, Appraisal and Revalidation Manager		
Report Sponsor	Alastair Roeves, Deputy Responsible Officer / Interim Deputy Executive 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 will also be submitted to Workforce and OD Committee for information, approval and/or ratification of guidance, policies, etc.		
Key Issues	This report sets out the recent work of the Medical Appraisal and Revalidation team.		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the recent work of the Medical Appraisal and Revalidation team. 		

MEDICAL APPRAISAL & REVALIDATION UPDATE

1. INTRODUCTION

To inform ROAG of current status of appraisal and revalidation and provide further information and updates to be considered and/or agreed.

2. BACKGROUND

2.1 GMC Revalidation Recommendations

Doctors due for revalidation are discussed and reviewed at the Revalidation Decision Group meetings and outcomes reported to ROAG (Responsible Officer and Advisory Group).

Month	Positive Recommendation	Deferral	Subject Ongoing Investigation to	Non Engagement	Total
Jan-20	22	8	0	0	30
Feb-20	30	7	0	0	37
Mar-20	2	0	0	0	2
Apr-20	0	0	0	0	0
May-20	0	0	0	0	0
Jun-20	3	0	0	0	3
Jul-20	4	0	0	0	4
Aug-20	38	0	0	0	38
Sep-20	22	0	0	0	22
Oct-20	16	0	0	0	16
Nov-20	20	0	0	0	20
Dec-20	25	0	0	0	25
TOTAL	182	15	0	0	197

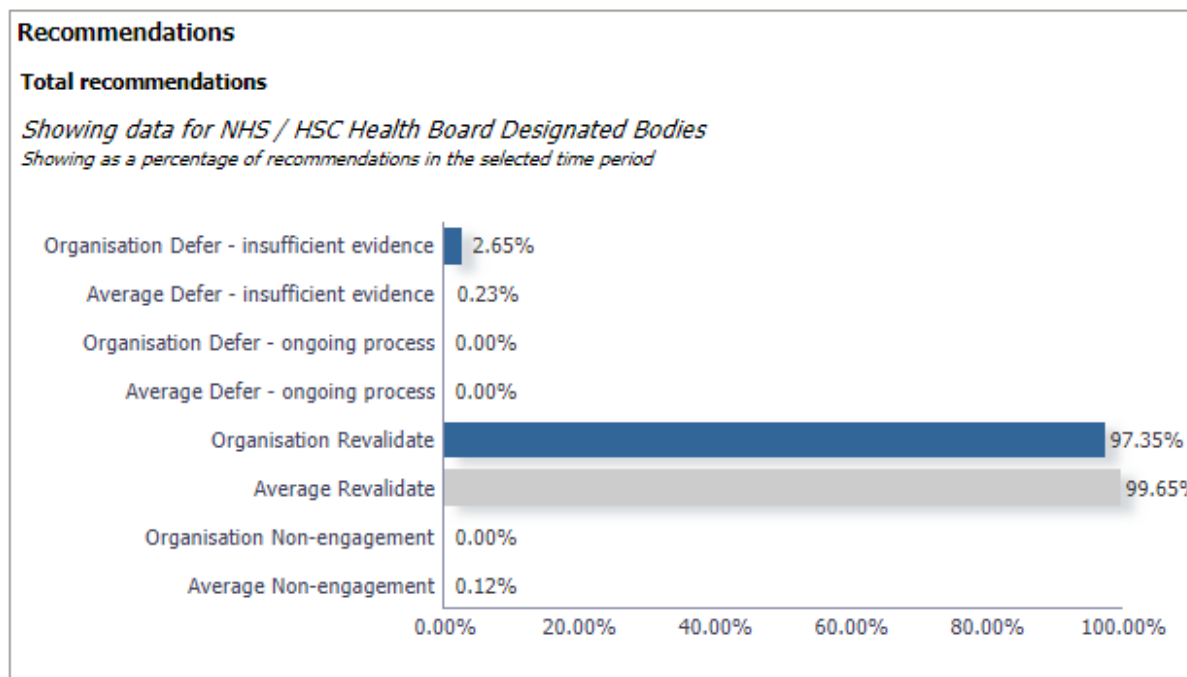
During the COVID-19 pandemic revalidation dates were moved by the GMC. There were limited recommendations during 2020. Positive recommendations continued to be submitted for doctors who had completed the GMC requirements, where possible last year, in order to reduce workload for Appraisal and Revalidation Team.

Month	Positive Recommendation	Deferral	Subject Ongoing Investigation to	Non Engagement	Total
Jan-21	9	3	0	0	12
Feb-21	9	1	0	0	10
Mar-21	20	4	0	0	24
Apr-21	15	4	0	0	19
TOTAL	53	12	0	0	65

Due to the clinical pressures and increased workload during the pandemic there may be an increase in deferrals to the GMC. The deferral period will allow the doctor time to complete any outstanding elements required by the GMC for a positive revalidation recommendation.

Deferral Action Plans are sent to each doctor outlining the requirements which should be included within their annual appraisal.

The GMC Connect Revalidation Dashboard graph (below) shows the percentage of recommendations submitted during 01/01/2021 to 07/04/2020 in comparison to other Designated Bodies within the UK and Northern Ireland:



Return to Appraisal from 1st April 2021

Dr Frank Atherton, Chief Medical Officer/Medical Director NHS Wales has confirmed that the approved missed appraisal period for doctors has come to an end as of 31st March 2021. As a result, from **1st April 2021** appraisal will be reintroduced for all doctors in Wales with a supportive, wellbeing theme. Virtual appraisal will continue to be an acceptable option until the end of 2021

The following online resources remain available:

- [Returning to Appraisal - a guide for Appraisees and Appraisers](#)
- [Virtual Appraisal Guidance](#)

The above communication has been cascaded via MARS to all GPs and GP Appraisers in Wales, WRAG (Wales Revalidation and Appraisal Group) and the RO (Responsible Officer) Network members. We encourage HBs to circulate to their Medical Appraisers to allow any local context to be added to the central communication in relation to their Appraiser work in the local settings.

Revalidation and Quality

Appraiser Skills Training

The Introductory Appraiser Skills Training Module (AST) is available to all new Appraisers and those existing Appraisers who wish to refresh their skills. To request Appraiser access to this module please visit [Revalidation in Wales](#)

Appraisal Lead Training

The RSU hosted a training session in collaboration with Swansea Bay UHB for their new Appraisal Lead on 19th March.

2.2 Revalidation Progress Report

The Revalidation Progress Report (RPR) 2019-20 was submitted to the Revalidation Support Unit by the deadline of **Monday 18th January 2021** which was signed off by the Executive Medical Director and Chief Executive Officer. Due to COVID-19 the RPR was delayed for approximately 6 months by the Revalidation Support Unit, due to other pressures. Amber actions were identified and action plan produced and monitored. Reports and action plans are shared and discussed at ROAG (Responsible Officer Advisory Group) and Medical Workforce Board meetings.

The next RPR report for 2020-21 has been received and is required to be completed and submitted to the RSU by **14th June 2021**.

2.3 New Lay Member

Stephen Spill, Vice Chair, is the new lay member for appraisal and revalidation – taking over the role from Martyn Waygood. Relevant information has been shared in relation to local processes and GMC requirements. The Revalidation Support Unit are looking at developing training to support lay members. In the interim Stephen Spill attended the Appraisal Lead training to have a better understanding. Regular attendance at the Revalidation Decision Group meetings as an observer to oversees the process.

2.4 Appraisal Leads in Secondary Care

Appraisal Leads have piloted a virtual Local Quality Assurance (LQA) session which has now been rolled out to all secondary care appraisers – in order to provide support and development for appraisers. Monthly LQA events have been arranged for the remainder of 2021.

Appraisal Leads continue to update appraisers on requirements and/or changes and the expectation of appraiser role. The Appraisal and Revalidation Team meet with the secondary care Appraisal Leads on a quarterly basis.

A new member of staff has been appointed as the new Appraisal Lead for Mental Health and Learning Disabilities, commencing this month. Relevant training has been arranged to support them within this role.

The All Wales Appraisal Lead and Revalidation Manager bi-annual meeting was held on 25 July 2021 which provide updates and networking across Wales.

2.5 Career Breaks

Doctors who request career breaks are required to seek advice from the Appraisal and Revalidation Team, as this may affect their annual appraisal and/or revalidation date. If a doctors career break is overseas the GMC guide has further information on their website [The GMC protocol For making revalidation recommendations](#). There is the option to undertake appraisals over a video call and the benefits of continuing to undertake annual appraisal even if the doctor isn't able to provide all the Information Services (IS) required or not able to return due to the pandemic – this would need to be agreed by the Responsible Officer or Deputy Responsible Officer.

2.6 All Wales Constraints Report 2019-2020

This highlight report contains data collected from Primary and Secondary care Doctors prior to the Covid-19 pandemic. Although it is important to report on these constraints, the RSU (Revalidation Support Unit) recognise that Doctors and HBs are facing new challenges and constraints currently. New Covid-19 related constraint categories were incorporated into the MARS system on 8 April 2020 to enable Doctors to capture and reflect on these at appraisal:

- Change in working practices due to Covid-19 – Practice
- Prolonged Self isolation - Personal
- Cancellation of educational events – Personal
- Covid-19 infection - Personal
- Telephone consultation -Practice
- Changes to work environment - Practice

A constraint is recognised as a factor in a Doctor's environment, personal or professional life that is impacting on their development or performance. MARS (Medical Appraisal and Revalidation System) enables Doctors to record constraints in three sections; Personal, Service and Practice/Hospital. The purposes of constraints being identified at appraisal are multiple:

At a Personal Level:

- To allow discussion with the Appraiser and to see if there are any steps that can be taken to mitigate the issue
- To record issues getting in the way of development which may be relevant in a revalidation decision
- To explain why something is less than perfect e.g. NICE guidance cannot be implemented due to service constraints

At a Service, Practice/Hospital Level:

Health boards have access to aggregated.

The report is shared with the Service Group Medical Director's and members of Medical Workforce Board.

2.7 Appraiser Quality Assurance (AQA) Event 2020

The AQA event was run virtually over a period of a few days facilitated by the Revalidation Support Unit (RSU). Although the full AQA highlight report is not due to be released until early 2021, the RSU are able to share some initial findings:

- 24 Sessions completed
- 80 Attendees
- 85 Summaries scored (32 primary care, 53 secondary care)

Comments from the post event feedback survey:

"Excellent and excellent moderator...Would be nice to do more with secondary care colleagues"

"It was good to interact with GP Appraisers- mixing secondary care and GP Appraisers is a good idea"

"Thought it worked really well and in some ways, better than the face to face event (felt more focused in the small groups)"

"Good moderator who encouraged as much participation as possible and had clearly prepared well for the session"

Initial Feedback survey statistics

Of the delegates who completed the survey:

- 85% completed the pre-scoring exercise
- 98% rated the group discussion as good to excellent.
- 93% rated the networking opportunity as good to excellent
- 80% stated that attending the event may/will change how they produce a summary in the future

2.8 GMC Recommendations for Non-Engagement

The GMC have updated the non-engagement in revalidation where all of the following criteria have been met:

- the doctor has been given sufficient opportunity and support to engage in appraisal or other activities designed to support a revalidation recommendation, but has failed to do so, or the level of engagement is insufficient to support a recommendation to revalidate
- you do not have, and do not anticipate having, sufficient information on which to base a recommendation about the doctor's revalidation
- you have assured yourself that the doctor does not meet the criteria for a [recommendation to defer their submission date](#) and there are no reasonable grounds that account for the doctor's failure to sufficiently engage with revalidation and meet all the requirements

- all reasonable local processes have been exhausted in attempts to rectify the doctor's failure to engage
- where applicable, you have notified us of any unaddressed concerns about the fitness to practise of the doctor
- where applicable, you have discussed any public interest concerns raised by the doctor with your employer liaison adviser (see [Recommendations where a doctor has raised public interest concerns](#))
- as a consequence of their non-engagement, you cannot envisage being able to make a recommendation by the doctor's submission date.

A non-engagement recommendation must not be used as a way of raising concerns about a doctor's fitness to practise. You must refer fitness to practise concerns that meet our threshold through our existing processes, as soon as those concerns arise.

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 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	Previous reports have been submitted via Medical Workforce Board and ROAG (Responsible Officer Advisory Group).	
Appendices	None.	