



**GIG**  
CYMRU  
**NHS**  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

## **Revalidation Quality Assurance Reviews 2022/2023**

### **1. Background**

In January 2018, the Revalidation Support Unit (RSU) was tasked by the Wales Revalidation Oversight Group (WROG), to undertake a programme of Revalidation Quality Assurance Reviews to all designated bodies (NHS and private sector) in Wales, on behalf of the Higher-Level Responsible Officer (Chief Medical Officer).

The purpose of the Revalidation Quality Reviews is to enable discussions to take place between the key members of a designated body i.e., Responsible Officer and team, and the RSU Review Team. The discussions are focussed on gaining assurances regarding appraisal and revalidation processes within the designated body and Wales as a whole.

A key outcome of the review process is a feedback report which is agreed with the designated body and shared with the Higher-Level RO and the GMC ELA. The report highlights areas identified during the reviews as good practice, or those requiring improvement. Designated bodies are required to provide an action plan to address areas for improvement as part of their report.

All designated bodies that have been reviewed are expected to report on progress against their action plans as part of the annual Revalidation Progress Report (RPR) exercise. The RPR is an annual self-reporting process where designated bodies in Wales report their annual appraisal and revalidation data. The RPR is made up of 3 sections:

- Appraisal completion figures and revalidation recommendation data
- Quality assurance of processes in appraisal, revalidation, and governance
- Revalidation quality assurance visits, internal quality assurance and quality improvement projects

The current cycle of reviews, the second cycle undertaken by the RSU, commenced in May 2022 and ended in November 2023. The reviews have been exploring the quality and robustness of appraisal and revalidation systems within each designated body in Wales. The second cycle was due to commence in 2020 but was delayed due to the Covid Pandemic.

Reviews have been undertaken at 10 DBs in the NHS sector and 6 DBs in the public and private sector. At the CMO's request, one of the private designated bodies will be visited again in Spring 2024, due to further information being required after the RSU visited in November 2023.

## 2. Themes and Outcomes

In addition to specific improvements for designated bodies to progress as part of their individual action plans, the review process provides an opportunity to collate areas of best practice, as well as areas for development, at an all-Wales level.

Themes identified during the reviews, recommendations for further action and progress so far are included within Appendix One.

## 3. Participant Feedback and Process Impact

As part of all the reviews, the RSU has sought feedback on the review process from the designated bodies involved. This feedback helps provide insight into the impact and value of the review process.

### 3.1 Feedback on the Process

100% of respondents felt that the purpose of the Quality Assurance Reviews was clear and that review objectives were largely achieved. In addition, the majority of respondents felt that the format and topic of questions asked were appropriate.

Below is a sample of the qualitative feedback that we have received on the reviews:

- *'Comprehensive questioning relevant to the health board'*
- *'Given reassurance that our policies and processes were compliant with governance from the RSU'*
- *'Preparation and discussion facilitated very helpful reflection and sharing of thoughts'*
- *'Raises the profile of revalidation. Areas of weakness identified and actions put in place to address'*
- *'DB benefits as part of the wider process for Wales'*
- *'Personally, the session helped build on my knowledge of how revalidation is held to standard in Wales. To our team, the session was valuable in providing us with constructive feedback and suggestions on how we can strengthen the governance around appraisal and revalidation, which we can build and focus on as the OMD develops further'*
- *'It is always helpful to take stock prior to a visit and review policies and processes with a different lens i.e., an outside review process'*

### 3.2 Impact

The impact which the reviews have had also needs to be considered, in terms of whether the review recommendations have brought about improvement, both at an individual DB and across Wales level.

All DBs have been asked to feedback on progress against their individual action plans as part of their 2021/22 Revalidation Progress Report annual return. Table 2 highlights areas in which DBs have taken action locally, or are in the process of, to improve in key areas. This

demonstrates the positive impact the reviews already brought about and suggests that the review process is supporting DBs in driving forward quality improvements.

Table 2

| Themes for development (identified in DB action plans)   | No. of DBs with development need | No. of DBs to have taken action | Further information   |
|--|----------------------------------|---------------------------------|---|
| Lay representation for revalidation processes            | 5                                | 2                               | <p>Recommendations have been made in 1 DB and are waiting board approval.</p> <p>1 DB are using a HB employee not involved in revalidation processes as a Lay Rep. The Review Team asked the DB to be mindful of how impartial a HB employee can be.</p> <p>1 DB's Lay Rep has recently retired and so they are in the process of identifying a new independent member to act as the Lay Rep.</p> |
| Feedback to doctors on constraints reported at appraisal | 5                                | 3                               | <p>Measures taken include biannual constraints meetings to raise awareness among doctors, appraisers to remind doctors to take constraints forward outside of appraisal and engaging with appraisal leads to analyse constraints reports to feedback into each Unit and develop a process to</p>  |

|                                |   |   |   |
|--------------------------------|---|---|---|
|                                |   |   | feedback outcomes via appraisers.   |
| Appraiser Support              | 6 | 4 | Includes quarterly appraiser meetings, feedback to appraisers from MARS on their performance, appraiser clinics |
| Appointment of Appraisal Leads | 3 | 3 | Appraisal leads have been appointed   |

### 3.3 All Wales Areas for Development

There were a number of areas for development identified which affected most designated bodies across Wales and would therefore benefit from an All Wales approach. For example, lay representation for revalidation systems and processes is still an area for development across the majority of DBs. Above average deferral rates are also common and this is primarily down to insufficient evidence, mainly related to 360 feedback.

The RSU have captured the themes and recommendations from different quality assurance activity in the Wales Revalidation Action Plan. This action plan builds on the action plan implemented after cycle 1 of the QA visits and outlines work to be undertaken in Wales to continuously improve revalidation and appraisal support systems.

## 4. Recommendations and Next Steps

As the second cycle of visits has now concluded, it is appropriate to reflect on the process and implement improvements where necessary.

The aim of the reviews has been met, there were no DBs identified as having significant improvement needs, and assurances have been provided to the Chief Medical Officer and the GMC regarding revalidation systems and processes within Wales.

Going forward, it is important that the review process continues to remain proportionate and manageable, whilst providing a supportive and valuable role within the oversight of revalidation in Wales.

Therefore, in view of the assurances that have been gained regarding all DBs in Wales, the RSU proposes that the next cycle of visits commences in 2025, via virtual visits, followed by a more in-depth, in-person visit in 2027. This will provide sufficient time to take forward actions identified and to embed good practice examples across other areas, as well as ensuring that the focus of future reviews reflects lessons learned from this second cycle. The RSU proposes

to take forward actions identified as part of the reviews, via the Wales Revalidation Action Plan.

The following proposed timeline outlines the recommended next steps:

2024 –

- Maintain oversight of the DBs progress against action plans via existing processes e.g., annual Revalidation Progress Report and appraisal outputs quality assurance, highlighting concerns to the CMO
- Progress outstanding actions in the Wales Revalidation Action Plan from the first cycle of visits, as well as approving and implementing actions from this current cycle of visits

2025 –

- Commence next cycle of reviews, taking a ‘light touch’ approach via virtual visits, focusing on areas for improvement identified locally and Wales wide.
- All DBs to be visited over the course of the year
- Continue implementation of revalidation action plan

## **Appendix One**

### **All Wales Themes**

| Good Practice  | Development Areas   |
|--|---|
| <b>Appraiser Support</b><br>Appointment of Appraisal Leads across the majority of DBs, providing support and training to secondary care Appraisers | <b>Deferral Rates</b><br>Higher than average deferral rates across multiple health boards, primarily linked to insufficient evidence in relation to 360 feedback. Doctors in certain specialities |

|   |  |
|---|--|
|   | (ICU, Microbiology etc.) particularly struggle with obtaining patient feedback.  |
| <p><b>Appraisal Role</b><br/>Continued work being undertaken to professionalise the appraiser role in job planning, providing SPA based on the agreed national tariff</p>   | <p><b>Lay/Patient Involvement in Revalidation &amp; Quality Processes</b><br/>Whilst there is also good practice being undertaken in this area, there is still room for improvement. Some DBs are using non-executive directors or HB employees not involved with revalidation as Lay Reps and further consideration needs to be given around the implementation of external lay reps, which would be more appropriate.</p> <p>All DBs also need to consider how the patient voice factors into revalidation processes</p> |
| <p><b>Lay Representation</b><br/>Whilst there is more development required in this area, there has been an increase in the number of DBs including lay representation at various groups/meetings that discuss/review revalidation and appraisal processes</p> | <p><b>Appraiser Recruitment</b><br/>Several DBs reported that they need more Appraisers in order to meet demand. Recruitment needs to be undertaken. It also became clear that in some areas, Appraisers are doing less than 5 appraisals per year, (a minimum of 5 per appraiser is recommended) and this needs to be reviewed</p>  |
| <p><b>Revalidation Processes</b><br/>Robust structures in place to govern revalidation processes</p>  | <p><b>Internal Quality Assurance</b><br/>IQA is not being undertaken across all DBs and feedback on quality of appraisals is not consistently being provided to appraisers.</p>  |
| <p><b>Appraisal Engagement</b><br/>Doctors appear to be engaging well with annual appraisal, and DBs have processes in place to manage those who fail to engage</p>   | <p><b>Constraints</b><br/>DBs have frustrations with constraints reporting - MARS reporting doesn't provide all the information needed to address issues</p>   |