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

APPRAISAL QUALITY ASSURANCE

Highlight Report

2023

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Section 1 – Introduction

The Revalidation Support Unit (RSU) facilitates an annual appraisal quality assurance (AQA) exercise to review the outputs of medical appraisal in Wales. The exercise brings together Appraisers from across Wales to review, discuss and score anonymised appraisal summaries against a set of quality criteria. The summaries are selected at random from the Medical Appraisal Revalidation System (MARS) and all identifiable information is removed by the RSU.

The exercise is intended to compliment local quality assurance undertaken by the designated bodies (DBs) in Wales.

The aim of AQA is to achieve the following objectives:

- to provide assurances on the quality of medical appraisal in Wales
- to promote best practice to Appraisers, developing their understanding of appraisal quality standards
- to share best practice between primary care and secondary care Appraisers
- to provide Appraisers with the tools and knowledge to influence the way they conduct appraisals in the future
- to identify areas for further training and development (all Wales).

The quality criteria were updated this year, Criterion 6 and Criterion 7 which are referenced in the [calibration videos](#) were merged to create the updated criterion below:

Criterion 6 - There is evidence of appropriately detailed discussion of quality improvement, significant events and complaints, including any learning and reflection.

The event took place on Thursday 16th November 2023 on Microsoft Teams and consisted of 77 attendees across Primary and Secondary Care. Attendees were placed into small groups to discuss and score the summaries; each group included a mix of primary and secondary care Appraisers where possible.

A total of 82 appraisal summaries agreed between 1st October 2022 to 30th September 2023 were scored (34 primary care and 48 secondary care). The scores were submitted by attendees via an online form and have been analysed by the RSU. The average all-Wales score this year is **71%** which is a decrease of **7%** from the previous event in 2021. A breakdown of the results in Primary and Secondary care can be found

in Section 3 and Section 4 respectively. We will not provide the results for each DB in this report, but if you would like to see your results, please contact the RSU on HEIW.RSURvQA@wales.nhs.uk

Of the 77 Appraisers who attended AQA, **38%** completed the post-event feedback survey. **76%** of respondents said they would either change or consider changing the way they produced a summary following the event.

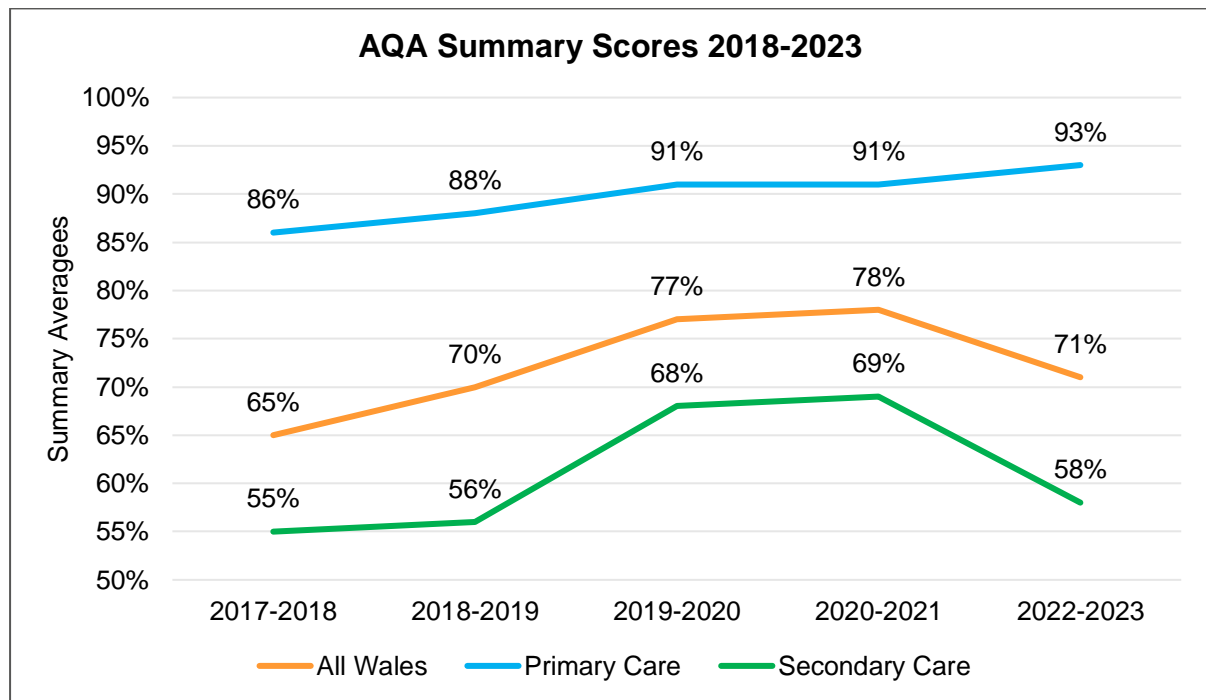
AQA's success this year was made possible with the help and support from the Appraisal Leads, experienced Appraisers, Health Board staff and RSU staff who volunteered as group moderators or participated in delivering this event.



Section 2 – All Wales Results

The average all-Wales summary score is **71%** which is a decrease of **7%** from the previous event in 2021. Graph 1 shows the average summary scores from the last five events for comparison.

Graph 1 – Average Summary Scores 2018-2023



**The RSU did not hold an AQA event in 2021-22.*

The data shows that while the quality of primary care summaries has increased by **2%**, the quality of secondary care summaries has decreased by **11%** which has brought down the all-Wales average. This is a significant decrease from 2021, but it is important to note that the scores are still slightly above those prior to 2019.

All Wales Criteria Scores

Table 1 highlights the top three highest scoring criteria across Primary and Secondary Care. The scores indicate that most summaries are being produced to a high or acceptable professional standard.

Table 1 – All Wales Highest Scoring Criteria

Quality Criteria		Score
Criterion 2	Professional Style: Apart from the doctor no other person is identifiable in the summary <i>(pre-scored by the RSU as part of the anonymisation process)</i>	100%
Criterion 3	Professional Style: The summary is of a professional standard, regarding grammar, spelling and typing	83%
Criterion 4	Professional Style: The summary is objective.	78%

Table 2 shows the top three lowest scoring criteria across Primary and Secondary Care. Additional support, training and guidance in these areas may help to improve the overall quality of the summary outputs.

Table 2 – All Wales Lowest Scoring Criteria

Quality Criteria		Score
Criterion 11	PDP: The current PDP is SMART and has clear outcomes	58%
Criterion 8	Professional Style: There is evidence of added value from the appraisal discussion	59%
Criterion 5	Professional Style: Similar entries have been linked or grouped appropriately.	63%

Section 3 – Primary Care Results

The average Primary Care summary score is **93%** which is an increase of **2%** from 2021. This increase shows the continuous improvement being made to the quality of appraisal summary outputs in Primary Care.

The majority of appraisals in Primary Care took place virtually (89%), the average score for virtual appraisals in Primary Care is **93.1%** and the score for face-to-face appraisals is **93.3%**. This shows that the quality of virtual appraisal is still consistent with face-to-face appraisal.

Table 3 shows the top three highest scoring criteria in Primary Care. These scores demonstrate that most summaries are being produced to a high professional standard.

Table 3 – Primary Care Highest Scoring Criteria

Quality Criteria		Score
Criterion 2	Professional Style: Apart from the doctor no other person is identifiable in the summary <i>(pre-scored by the RSU as part of the anonymisation process)</i>	100%
Criterion 4	Professional Style: The summary is objective.	97%
Criterion 7	Professional Style: Three or more entries are discussed and reported in depth	97%

Table 4 shows the top three lowest scoring criteria in Primary Care. Although these are the lowest scoring criteria, they still scored highly and constitute a high standard of appraisal output.

Table 4 – Primary Care Lowest Scoring Criteria

Quality Criteria		Score
Criterion 12	PDP: Progress against each item of last year's PDP has been documented, or reasons for lack of progress are recorded	86%
Criterion 9	Constraints: Where listed by the doctor, constraints are appropriately commented upon by Appraiser	88%

Criterion 3	Professional Style: The summary is of a professional standard, regarding grammar, spelling and typing	90%
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Section 4 – Secondary Care Results

The average secondary care summary score is **58%** which is a decrease of **11%** from 2021. This is a significant decrease, but it is important to note the scores are still slightly above those prior to 2019.



Most appraisals in Secondary Care took place face-to-face (55%). The average score for face-to-face appraisals is **56.67%** and virtual appraisal is **58.89%**. This reinforces that the quality of virtual appraisal is at least equivalent to that of face-to-face appraisals.

This year we also looked at the quality of cross-specialty appraisals. 47% of the summaries scored in Secondary Care were cross-specialty, with the average score as **62.2%**. This is slightly above the quality of Secondary Care summaries on average (58%). The score for appraisals within the same speciality is **54.71%**.

Table 5 shows the top three highest scoring criteria in Secondary Care and indicates that most summaries are being produced to an acceptable standard.

Table 5 – Secondary Care Highest Scoring Criteria

Quality Criteria		Score
Criterion 2	Professional Style: Apart from the doctor no other person is identifiable in the summary <i>(pre-scored by the RSU as part of the anonymisation process)</i>	100%
Criterion 3	Professional Style: The summary is of a professional standard, regarding grammar, spelling and typing	80%
Criterion 4	Professional Style: The summary is objective	67%

Table 6 shows the top three lowest scoring criteria in Secondary Care. Additional support, training and guidance in these areas may help to improve the overall quality of the summary outputs.

Table 6 – Secondary Care Lowest Scoring Criteria

Quality Criteria		Score
Criterion 11	PDP: The current PDP is SMART and has clear outcomes	34%

Criterion 8	Professional Style: There is evidence of added value from the appraisal discussion	40%
Criterion 5	Professional Style: Similar entries have been linked or grouped appropriately.	44%



Section 5 – Feedback Survey Analysis

Following the event, attendees were asked to complete a feedback survey. The purpose of the survey was to review the exercise for its value and reflect on what worked well and what could be improved, to inform future events. **38%** of attendees completed the survey.

Positive Feedback Highlights

- **93%** of respondents were either very satisfied or somewhat satisfied with the content of the delegate pack
- **90%** of respondents were either very satisfied or somewhat satisfied with the format of the appraisal summaries
- **90%** of respondents were either very satisfied or somewhat satisfied with the quality assurance scoring criteria
- **90%** of respondents were either very satisfied or somewhat satisfied with the group discussion
- **76%** of respondents said they would either change or considering changing the way they produced a summary following the event.

Respondent comments:

“A useful exercise and I will probably modify the way I complete the summary in future.”

“Selection of appraisal summaries that were sent were very varied and it was helpful to look at different styles of appraisal discussions”

“A good opportunity to discuss how you approach completing the summary document.”

“useful group discussion”

“Interesting to see the secondary care perspective to appraisal.”

Areas for consideration

The areas below are for the RSU to consider when organising the next event. These are based on the feedback provided by attendees, a selection of the comments received can be found below.

1. consider holding a face-to-face event:

“I wouldn't attend another virtual QA event- but I have previously found the face to face ones very helpful so would happily do that again.”

“Not all attendees had marked or brought the summaries so was fiddly online. Prefer face to face”

“It would be good to return to having these face to face”

“I attended a virtual QA 2 years ago as well-I seem remember there were problems with the break out groups then too. I don't feel this work lends itself to a virtual meeting”

2. explore online platforms which are suited to support large events or consider holding several smaller events to limit/avoid technical issues (if virtual):

“IT issue so delay in joining discussion group”

“I don't think doing it by Teams worked. I had problems accessing the link, then my breakout room didn't really exist as no one else had turned up- or it may just be that they too had experienced technical difficulties but after an hour there was still no one there, so the opportunity for discussion was lost.”

“Poor IT where took a long time to get into groups”

3. consider sending the summary pre-work earlier (if virtual):

“Short timeframe between receiving the delegate pack and the session, given there was a lot of prep work. Technical difficulties”

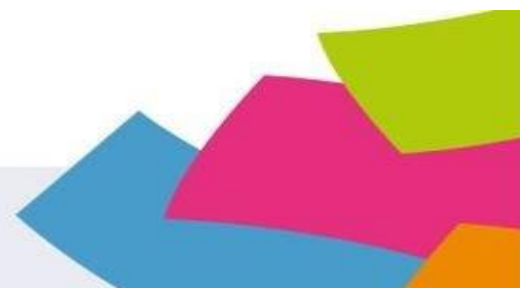
“Some in my group didn't seem familiar with the summaries.”

“was not aware until close to meeting that needed to review info/score when booked study leave > 6 weeks and would have asked for extra time as not needed when I attended previous meetings as all done on the same day”

4. inform attendees the names of those who will be in their group (if virtual):

“uncertainty of whether we were all there while waiting - more information on the chat would have been useful about what was happening and how long we would need to wait before starting our small group discussion”

“Perhaps give the moderators the names of people expected in their rooms before starting.”



Section 6 – Conclusion and Considerations

The quality of appraisal summaries in Primary Care has shown an improvement this year, but the all-Wales average has decreased overall due to the drop in the scoring of Secondary Care summaries.

Providing additional support, training, and guidance for Appraisers, particularly in the lowest scoring areas (PDP, added value and constraints), could help to improve the quality of appraisal summaries. DBs may want to consider refresher training for Appraisers and/or undertaking internal quality assurance of appraisal summary outputs.

This report will be shared with key stakeholders including the Wales Revalidation and Appraisal Group (WRAG), the Responsible Officer network, GP Appraisal Board, and the Appraisal Lead network.

The data from this event will be used to inform the future planning and organisation of our quality assurance events, guidance and training. The data will also be used to explore potential changes to the Medical Appraisal Revalidation System (MARS).

The outcomes of this exercise will also be triangulated with data arising from other quality assurance mechanisms to identify areas of best practice and development to inform the All-Wales Revalidation Action Plan.

Action Plan and Considerations

Table 7 outlines the RSU's action plan and recommended considerations going forward into 2024.

Table 7 - Action Plan and Considerations

Action	Activity	Who	When
Review the format of the event	To consider holding either a face-to-face event or several smaller online events	RSU – Rev & Qual	Jan-March 2024
Review the information provided prior to event (if virtual)	Consider sending summaries earlier and including more group information in the delegate pack	RSU – Rev & Qual	Jan-March 2024
Consideration	Activity	Who	When

Appraiser refresher training	Consider refresher training for Appraisers	DBs	2024
Internal quality assurance	Consider undertaking internal quality assurance	DBs	2024

