



Physician Associate Appraisal Pilot

Conducted jointly by

Swansea Bay University Health board

&

Revalidation Support Unit (HEIW)

## Report of findings

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## Scope of the project

The UK and Scottish parliaments have approved legislation which sets out a legal duty for the GMC to regulate Physician Associates (PAs) and Anaesthetic Associates (AAs) from December 2024.

The scope of the project was to undertake voluntary appraisals for all the PAs within Swansea Bay University Health Board (SBUHB) by the end of July 2024 (both primary and secondary care).

The key objective was to help the PA's, the health board and RSU establish and explore the learning needs of all stakeholders involved in the appraisal process, in preparation of GMC regulation. This included the use of Medical Appraisal Revalidation System (MARS) to support the PA appraisal process.

The pilot did not cover Anaesthetic Associates as there were none at the time within SBUHB.

The project documents (project initiation document, project plan & project terms of reference) can be found in **Appendix A**.

## The Project Board

A project board was formed, and its member were:

- Project Lead – Acting Executive Medical Director (Dr Raj Krishnan)
- Project Manager – Appraisal and Revalidation Manager, SBUHB (Sharon Penhale)
- Project Coordinator – Online Resources Programme Manager, RSU (Mark Connolly)
- Project Administrator – Appraisal and Revalidation Administrative Assistant, SBUHB (Lucy Leaker)
- SBUHB Appraiser and Assistant Medical Director – Medical Education (Balwinder Bajaj)
- SBUHB Appraisal Leads – Jayalakshmi Janakiraman Ramachandran, Rajesh Peter, Jeffrey Stephens, Saurabh Patwardhan
- Medical PA representative (Kelly Scott)
- Physician Associate Coordinator – SBUHB Education Centre (Ian Evans)
- Primary Care PA representative – PA, Brynhyfryd Medical Centre (Bryony Ball)
- AA representative (Dr Simon Ford)
- RSU representative – Programme Lead (Steffan Biggs)

The board met monthly to review actions and updates regarding progress.

## Project objectives

- a) Appraise all SBUHB PAs within 12 months, commencing June 2023.
- b) Appraisals to be held on the Medical Appraisal & Revalidation System (MARS).
- c) PAs are informed and become familiar with the appraisal process in readiness of GMC regulation in December 2024.

## **Actions**

- A separate section was set up in Medical MARS for the PAs. The reason being that it was easier to monitor progress as well as not impact the general appraisal figures for SBUHB
- All identified PAs were registered with accounts in Medical MARS
- All secondary care appraisals were mostly conducted by the SBUHB appraisal leads
- Several GP appraisers conducted the appraisals for Primary Care PAs (accounts were set up in MARS Medical for them also)
- Each PA was assigned an appraiser. The RSU linked each PA to their assigned appraiser on MARS
- Training was offered to each PA in the use of MARS
- Post-appraisal surveys were requested of both PAs and appraisers

## **Appraisals conducted**

Over the life of the pilot, 38 PAs were registered on MARS

- 24 Secondary Care
- 14 Primary Care

6 Secondary care appraisers were engaged, most of them Appraisal Leads.

5 GP appraisers were engaged.

Of the initial 38 PAs registered

- 27 completed their appraisals
- 11 withdrew from the pilot

A full breakdown of activities can be found in **Appendix B**.

## Post-appraisal survey feedback

An offline survey was developed for both PAs and Appraisers (see **Appendix C**). The surveys were sent to each participant once an appraisal was completed (i.e. when an appraisal summary was accepted by the PA).

At time of writing, 22 appraiser surveys and 14 PA surveys were returned. A full analysis of responses can be found in **Appendix D** but here are the conclusions for each group (PAs and Appraisers).

### PA feedback summary

*The analysis of the appraisal data reveals a generally positive outcome for the PA appraisal process, with particular strengths in engagement and the perceived value of the appraisals. However, there are clear areas for improvement, particularly in terms of pre-appraisal preparations and the flexibility of the MARS system. Addressing these areas could enhance the effectiveness of the appraisal process, leading to better-prepared appraisees and more meaningful appraisals.*

### Appraiser feedback summary

*The feedback from the appraisal process is overwhelmingly positive, with high satisfaction levels concerning the appraisers, the appraisal process, and the administrative support provided. Some areas for improvement include ensuring more consistent use of pre-appraisal meetings and considering the streamlining of appraisal systems to alleviate the burden on appraisees.*

## Positives, challenges & constraints

### Positives

1. **Fit-for-Purpose System:** MARS is a well-established and suitable system for appraisals, requiring minimal adjustments to accommodate the specific needs of Physician Associates. The system is tailored to the GMC's Good Medical Practice, ensuring that it meets the necessary regulatory standards for medical appraisals.
2. **Robust and Reliable:** MARS has been tried and tested over time, proving to be a robust system for conducting appraisals. Its reliability has been demonstrated through extensive use, making it a trusted tool for structured and consistent evaluations.
3. **Experienced Appraisers and Administrators:** The system is already familiar to appraisers and administrative staff, who have significant experience with MARS. This familiarity reduces the learning curve and facilitates a smoother implementation process for Physician Associates.
4. **Cost-Effective Implementation:** The introduction of MARS for Physician Associates does not incur additional costs for procuring or developing a new appraisal system. This is a significant advantage, particularly in settings where budget constraints are a concern.
5. **Comprehensive Training:** Physician Associates will receive full training on how to use MARS, ensuring they are well-prepared to utilize the system effectively. This training will be crucial in overcoming initial unfamiliarity and ensuring a smooth transition.
6. **Future Revalidation Support:** MARS can be utilised to support the future revalidation of Physician Associates, providing a streamlined approach to maintaining professional standards and meeting regulatory requirements over time.

7. **Integration with CODI:** With the introduction of [CODI](#) (HEIW's Single Platform development), Physician Associates could benefit from single sign-on access to MARS, along with a suite of other applications. This integration simplifies access and enhances user experience, making it easier for PAs to manage their appraisal process.

## Challenges

1. **System Unfamiliarity:** PAs may initially find MARS unfamiliar, leading to potential difficulties in navigating and utilising the system effectively. Addressing this challenge will require targeted training and support.
2. **Process Unfamiliarity:** It will take time for PAs to familiarise themselves with appraisal and revalidation requirements, and how to prepare for the appraisal itself. Timely training sessions and resources will need to be developed to support them.
3. **Appraiser Resource:** A number of pre-appraisal meetings took place between the PAs and their appraiser during the pilot. This stemmed from PA uncertainty regarding appraisal requirements. This required appraisers to spend additional time beyond what's normally expected when undertaking an appraisal, to support and reassure PAs. This could be potentially be addressed by key training and education as noted above.
4. **Confusion About the LOCK OUT Process:** The LOCK OUT process in MARS may cause confusion among Physician Associates, particularly if they are not well-informed about how it works. Clear communication and guidance on this process will be essential to prevent misunderstandings and ensure that appraisals are completed without issues.
5. **Perceived Additional Workload:** Physician Associates may perceive MARS as an additional burden, particularly if they see it as another process to complete alongside their Personal Appraisal and Development Review (PADR). This perception could lead to resistance, so it is important to emphasise how MARS can streamline and complement their existing responsibilities.

## Constraints

Although some constraints were identified by Physician Associates as part of the appraisal process, these were generally related to broader work-life balance issues rather than the specific use of the MARS system or the PA pilot. As such, these constraints are not directly attributable to the appraisal system itself but should be acknowledged as factors that could impact the overall effectiveness of the appraisal process

## **Summary**

The implementation of MARS for Physician Associates' appraisals offers several significant benefits, including cost-effectiveness, system reliability, and support for future revalidation. However, challenges related to system unfamiliarity, process confusion, and perceived workload must be addressed through comprehensive training and clear communication. While some general work-life constraints exist, they are not specific to the MARS system or the PA pilot.

Consideration should be given to establishing a separate system for PAs/AAs (like GP MARS) to provide a specialist platform for their upcoming regulation. While there is currently no capacity within HEIW to develop a separate system, it could form part of the CODI project which includes integration of MARS and Orbit360 systems.

By focusing on these areas, the transition to MARS can be managed effectively, ensuring that Physician Associates can successfully integrate this system into their appraisal process and continue to meet professional standards.

## **Lessons learned**

Some of the areas where improvements could be made include:

### **Communication**

The post-appraisal surveys identified some uncertainty by the PAs in what was expected of them, and the type of information that should be included for their appraisals. Some PAs were also unaware of the 7-day lockout period for information to be added on MARS, prior to the appraisal meeting date.

### **Training**

While training was offered throughout the pilot, it wasn't always taken up. As not all PAs sought assistance in how to prepare for an appraisal, in some instances pre-appraisals were conducted. Going forward, this may not be sustainable due to resource constraints. Therefore, consideration should be given to mandatory training in the appraisal process.

### **Engagement**

While there was good engagement with the process from the secondary care PAs, the Primary Care PAs proved more challenging as they were not employed by the Health Board. Further investigation needs to be undertaken to establish links with PAs working in primary care to ensure they are clear on appraisal and revalidation expectations.

### **Registration**

The onboarding of the PAs and linking with their assigned appraisers was undertaken by the RSU. Going forward, it is likely that the PAs will be responsible for registration and selecting Appraisers.

## Conclusions

Given that the project was to undertake 'voluntary' appraisals of all the PAs in SBUHB, the fact that all those who wanted an appraisal had one would class the pilot as a success. The appraisals were conducted within the required timeframe and the feedback from both the PAs and appraisers was very positive overall.

MARS proved sufficient for their needs, albeit unfamiliar to the PAs.

As a result of the pilot, the PAs in SBHUB will be better prepared for appraisal once regulation is introduced. In addition, there are now several Appraisers in SBUHB that have a clearer understanding of the learning needs of PAs and what approach to take regarding their appraisal.

***Appendix items can be viewed in the document accompanying this report***

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