

REVALIDATION PROGRESS REPORT (RPR) 2018-19

Link to last year's RPR report



ABMU RPR 2017-18

1.1 Name of designated body:	ABMU
Name of Responsible Officer:	Dr Richard Evans
Type of organisation:	University Health Board
Name of person completing this report:	Sharon Penhale
Job title of person completing this report:	Appraisal and Revalidation Manager

Part 1 - Progress

1.2 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 (on 31.03.2019)	No of doctors exempt from appraisal due to extenuating circumstances (on 31.03.2019)	No of completed appraisals (summary agreed)	% of completed appraisals (WRDB to confirm % parameters)
General practitioners	483	46	389	89.1%
Consultants (including honorary contract holders)	599	48	500	90.7%
Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	308	71	194	81.9%
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	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)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other (Including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.)	1	0	1	100%
Trainees doctor on national postgraduate training scheme (for Deaneries only)	N/A	N/A	N/A	N/A

1.2.1 DB commentary on appraisal completion figures e.g. known reasons for late/missed appraisals or reasons for deferrals

Appraisal - there has been a slight decrease in the overall percentage rate of doctors agreeing appraisals since 2017/18 (89.5% to 87.2%). This is largely explained by the increase in the number of doctors connected to the health board from 1369 in 2017/18 to 1390 for 2018/19. The reported percentages include extenuating circumstances which include 88 newly registered/appointed doctors (who will have allocated appraisal quarters outside of the reporting year), long term sickness, maternity leave, special leave, career breaks, etc. However, this does not demonstrate the increase in the number of appraisals conducted as the policy adopted by the revalidation team is to reinforce the need for annual appraisals in keeping with the GMC requirements. This leads to some doctors having to 'catch-up' on delayed appraisals. The Exception Management Guidance has allowed doctors late undertaking appraisals, with no exceptions, to realign their appraisal quarter to complete sufficient appraisals for revalidation. The 87.2% figure for 2018/19 may not include doctors who have undertaken more than one appraisal within the reporting year, as the report only includes the last appraisal date. Revalidation - the majority of revalidation recommendations have been positive and for the doctors who have been deferred this has mainly been due to requiring further information e.g. patient or colleague feedback, QIA, or insufficient appraisal history. There has only been one late recommendation submission (1 day late) which was due to issues with the GMC website.

Reasons recorded for extenuating circumstances

Dr having difficulty doing appraisal as long term family problems x2
Dr on long term sickness leave x2
Dr on maternity leave x10
Dr working for Pharmaceutical Company for last 12 months, so removed from the MPL

Number of Recommendations split by year	2015-2016	2016-2017	2017-2018	2018-2019
Number of total approved recommendations	431	86	75	326
Number of approved positive recommendations	374	62	50	238
Number of approved requests for deferral (insufficient evidence to support a recommendation)	51	17	19	85
Number of approved requests for deferral (participating in an ongoing process)	5	7	6	3
Number of approved notifications of failure to engage	1	0	0	0

Recommendations which were due between 01 April 2018 and 31 March 2019 but were not completed on time

7 days and under	1-3 weeks	Over 3 weeks
1	0	0

1.3 Appraisers

Number of secondary care appraisers on MARS as of 31 March 2019:	189
Number of secondary care appraisers approved by the Designated Body:	189

Part 2 – Quality Assurance of Processes

Please include a copy of the DBs Revalidation Action Plan or equivalent as an appendix to this report



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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
<p>Secondary Care - Appointments of Appraisal Leads (ALs) within each Unit provide the relevant support and guidance.</p> <p>Primary Care – Appraisal Co-ordinators (ACs) and UMD provide relevant support and guidance.</p>	<p>Secondary Care - Continue engagement of ALs and ACs with the appraisal and revalidation process. Ensuring effective communication, guidance and support.</p> <p>Primary Care – Continue engagement with CD of Quality & Safety and UMD of Primary Care and Community Services for governance and assurance purposes.</p> <p>The A&R Team will continue to provide sufficient support and assurance to the RO. The team will continue to develop links with the Medical HR department.</p>	<p>Secondary Care - 6 ALs appointed to all 5 secondary care units (2xMH, 1xSH, 1xMH&LD, 1xNPT, 1xPOW) to support the RO and revalidation team with engagement in appraisal and revalidation.</p> <p>Primary Care –</p> <ul style="list-style-type: none"> Clinical Director (CD) of Quality & Safety, Dr Helen Kemp, engages with appraisal and revalidation processes and acts on any concerns. The interim Unit Medical Director (UMD) for Primary Care & Community Services, Dr Anjula Mehta – works closely with the CD of Quality & Safety to engage in the processes. <p>The Appraisal & Revalidation (A&R) Team post for Manager and Support Officer have been made permanent to ensure efficiency, continuity within the team, support structures for RO assurance. A&R Team have developed closer links with Medical HR.</p>	

2.1.2 That revalidation recommendation decisions are made timely and in line with GMC RO regulations?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Revalidation recommendations are made by the submission date in line with the GMC regulations. All appraisal information is reviewed and WPA governance checks undertaken. Any complex issues are discussed with the GMC Employer Liaison Advisor (ELA) in advance. Recommendations are also discussed at the ROAG (Responsible Officer Advisory Group) meeting held on a monthly basis.	Continue maintaining current standards.	<p>Revalidation recommendations continue to be submitted to the GMC in a timely manner. Information is reviewed at Revalidation Review meetings, including governance checks. Doctors Revalidation Review Summary forms are completed for all doctors and the form has been updated to incorporate the GMCs new deferral options.</p> <p>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.</p>	
2.1.3 That revalidation deferrals decisions are made and managed appropriately?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Deferral decisions are made following review of appraisal summaries on MARS, governance checks (including external employers/WPA) and if doctors are in an ongoing process or long term	Continue to encourage doctors to engage with the appraisal process for their revalidation cycle. Ensure doctors have the knowledge and understanding of	Deferrals to the GMC are made on a case by case basis which are considered and discussed at the Revalidation Review meetings. Deferrals are reported to the ROAG meetings.	

sick leave. The GMC ELA consulted for complex deferrals and for advice, when required. Doctors who request deferrals are required to complete the Deferral Request Form.	the GMC revalidation requirement, minimising risk of future deferrals. Continue to send deferral action plans to all doctors when notifying them of the revalidation decision.	Deferral Action Plan Form developed and sent to all doctors outlining the outstanding requirements for revalidation.
2.1.4 That there are processes in place for reviewing WPA in the context of appraisal and revalidation?		Level of Assurance (RAG): GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
<p>Practicing 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.</p> <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 contact details to write and confirm assurance.</p>	<p>Continue to raise awareness of WPA requirements within annual appraisal for revalidation to doctors.</p> <p>Continue to send communications to doctors who register for practicing privileges with independent hospitals.</p> <p>Continue to highlight WPA to doctors newly registered on MARS.</p>	<p>Database maintained and updated by A&R Team regularly.</p> <p>Communications sent to doctors highlighting WPA e.g. email, newsletter.</p> <p>MARS enhances WPA within the Revalidation Progress Review section. Evidence entry within MARS to detail WPA within appraisal.</p> <p>New doctors advised to include WPA during MARS appraisal training.</p> <p>Doctors Revalidation Review Summary form used for decision making at revalidation includes WPA checks.</p>

2.1.5 That the RO role can be covered in the event of unplanned absence?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
The lead role for appraisal and revalidation management is undertaken by the Deputy RO to support the RO.	Maintain current process. RO and Deputy RO must undergo formal training	<p>The Deputy RO role manages appraisal and revalidation – in the event of unplanned absences the Deputy RO or nominated person would cover the RO role.</p> <p>Deputy RO and RO attended two day residential training in Leeds in December 2018</p>	
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Revalidation Quality Assurance (QA) Review undertaken in ABMU February 2018. Reviews undertaken a minimum of once every 2 years.	Continue to review and complete Revalidation QA action plan and engage with reviews.	Action plan from Revalidation QA review progressed and monitored. Actions are reported to Medical Workforce Board (MWB) and ROAG.	
The ABMU Internal Audit team undertake audits within the HB for assurance.	Complete any outstanding priorities within the action plan and continue to engage with the audit processes.	Internal Audit undertook audit on 'Medical Appraisal to Support Revalidation' in December 2018 – final report and action plan completed March 2019 – to provide assurance of appraisal and revalidation processes within HB. Action plan identified 3 areas with low/moderate priority levels which are reported to MWB and ROAG.	

		 039 Medical Appraisal to Support	 039 Medical Appraisal to Support
2.1.7 That all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
<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 compliance monitored through ESR.</p>	<p>Maintain 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>Continue to adhere to equality, diversity and inclusivity policies and guidance, ensuring A&R Team members are current with mandatory training.</p> <p>SBUHB Deputy RO is currently surveying all SAS doctors and consultants to review the health board's performance against the SAS <i>Doctors' Charter</i> using an anonymous online survey. This includes questions about equality, diversity and inclusivity.</p>	
2.1.8 That the DB takes into consideration public and patient views regarding revalidation processes?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
<p>Lack of transparency in appraisal and revalidation processes to the public</p>	<p>Involvement of an independent member of the health board in oversight of revalidation and appraisal systems</p>	<p>Martyn Waygood, (Non Officer Member of SBUHB), has agreed to provide independent oversight of processes</p>	

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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
<p>Attendance at RAIG and RO Meetings</p> <p>Revalidation Quality Assurance Reviews undertaken by HEIW RSU.</p>	<p>Continue involvement and contribution at national level.</p> <p>Continue to improve the quality of appraisal and revalidation in primary and secondary care, including involvement in regional and national events.</p> <p>Continue to support HEIW RSU with quality assurance process and reviews.</p>	<p>The RO or Deputy RO represents the DB at the RO Network meetings and there is a 100% attendance.</p> <p>The A& R Manager, Support Officer and Deputy RO are members of RAIG and the DB are represented at every meeting. Active involvement in annual Regional Appraiser Conferences (RAC) and Regional Quality Assurance (RQA) events.</p> <p>Revalidation Quality Assurance Reviews implemented by Revalidation Support Unit. DB reviewed every 2 years.</p> <p>A&R Manager and Deputy RO panel members for other external reviews within Wales (Powys THB and DVLA in 2018).</p>	
2.1.10 That thresholds applied for revalidation recommendations are in line with those of other DBs?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence how we compare our standards with other DBs	<p>Continue attendance at RAIG to ensure thresholds are in line with other DBs throughout Wales.</p> <p>Monitor comparison data on the GMC website for other DBs revalidation recommendations.</p>	RO training gave opportunity (December 2018) to reference SBUHB standards with English DBs.	

		<p>RO meetings give opportunity for discussing problem cases and agreeing common approaches and standards</p> <p>Thresholds applied in line with other DBs as agreed at RAIG for an All Wales consistent approach in line with GMC requirements.</p> <p>Comparison data for revalidation recommendation within the UK and Wales is available on GMC website, and is referred to frequently by the deputy RO and used in correspondence with doctors when explaining decisions.</p>
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Assurance – <ul style="list-style-type: none"> Internal Audit Responsible Officer Advisory Group 	<p>Internal audit reviews of medical appraisal and revalidation processes reported to Audit Committee.</p> <p>Set up ROAG</p>	<p>Monitor and review audit action plans. Report shared with Audit Committee and Medical Workforce Board and action plan monitored.</p> <p>Continue to engage in internal audit reviews, complete action plans and report to relevant committee.</p> <p>ROAG meets at least monthly and minutes produced/ Recommendations for revalidation are tabled and supported</p>

<p>Primary Care –</p>	<p>Continue to maintain effective process and relationship for collaborative working. Succession planning of GP appraisers to support process.</p> <p>Continue to work collaboratively with Shared Services and action Medical Performer List (MPL) updates.</p>	<p>Appraisal process effectively managed by RSU in conjunction with AC and A&R Team. Continue to work in collaboration and maintain excellent working relationship. Complex issues dealt with either through appraisal or RO process. Appointment of GP appraisers undertaken through RSU. Maintain standards and collaborative working. Continue recruitment 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.</p>
<p>Secondary Care –</p>	<p>Continue to review appraisers and succession planning with ALs – ensuring adequate representation of appraisers across specialties and locations.</p> <p>Continue to provide effective communication and updates to doctors via email, newsletters, etc.</p> <p>Continue to provide adhoc training session for MARS.</p> <p>RSU continue to support the appraiser training.</p>	<p>All ALs appointed to all Units - cleansing exercise undertaken for all appraiser with ALs and appraiser list updated (annual exercise).</p> <p>Newsletter has been produced and distributed Secondary Care Dashboard development – awaiting IT support</p> <p>189 appraisers (including 3 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 as well as refresher training. Continued enhancement of MARS provide users with a user friendly system adapting to users needs</p> <p>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 RAIG. ALs providing</p>

		appraiser training with support from the A&R Team in line with Appraiser Training provided by RSU. GP appraiser training provided in conjunction with ACs and RSU. Feedback surveys undertaken by RSU confirm valued support.	
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence of robust induction	Continue to work collaboratively with Medical HR and Shared Services to ensure effective induction processes are in place for appraisal and revalidation.	<p>A&R Team work collaboratively with Medical HR for secondary care doctors:</p> <ul style="list-style-type: none"> • Notifications of new starters received and doctors emailed induction email relating to appraisal and revalidation. • Information about appraisal and revalidation in Medical HR 'Welcome Pack' – doctors are required to complete and return our A&R GMC DB connection form. <p>A&R Team work collaboratively with Shared Services for GPs registered on the MPL:</p> <ul style="list-style-type: none"> • Notifications of new GPs received and emailed induction email relating to appraisal and revalidation. <p>Current Survey of SAS Charter will help reveal any current issues with SAS doctor's induction efficacy</p>	
2.2.3 That all doctors requiring appraisal are appraised when they should be?		Level of Assurance (RAG):	AMBER

Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
<p>Formal Letters to doctors regarding missed appraisal quarter</p> <p>Reports to the GMC for repeated failure to engage with appraisal</p>	<p>Continue to maintain current systems.</p> <p>Continue to 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.</p>	<p>Appraisals are monitored through Exceptions Management Process.</p> <p>Primary Care – jointly run by RSU, ACs, UMD, and A&R Team. Quarterly meetings held to discuss doctors falling out of appraisal quarter (AQ). Protocol developed and agreed to support clearance from the MPL.</p> <p>Also robust handling of GPs delaying their appraisal using HB1 and HB2 letters ensure tightly monitoring. E.g. three letters in quarter 4.</p> <p>Secondary Care – A&R Team meet with ALs discussing doctors falling out of AQ. UMDs, DRO informed of outliers, who are then actively chased.</p> <p>Undertaking exceptions management process on quarterly basis with ACs and ALs.</p> <p>Minutes of quarterly review meetings are circulated to members of ROAG for information.</p> <p>In 2018/19, one doctor was formally reported to the GMC for repeated failure to engage with the appraisal process.</p>

2.2.4 That reasons for non-completion are documented, and non-engagement is managed appropriately?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
See 1.2.1	Continue to maintain current systems in both primary and secondary care.	<p>Primary Care – extenuating circumstances are now managed through A&R Team. Discussed at quarterly review meetings with ACs, UMD/CD, A&R Manager.</p> <p>Secondary Care – extenuating circumstances recorded and managed through quarterly reviews in line with A&R Team record extenuating circumstances through quarterly review meetings and AQ change forms – copies of AQ changes forms sent to A&R Team by RSU.</p> <p>A&R Team record extenuating circumstances once notified.</p> <p>Minutes of the quarterly review meetings circulated to ROAG for information.</p>	
2.2.5 That appraisers are fit for purpose, appropriately trained and up to date?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Monitoring of Appraisal Quality	<p>Continue to maintain current systems.</p> <p>Develop processes with ALs to enhance QA and performance management.</p>	<p>Primary Care – appraisers are appointed, trained and subject to QA through established professional processes</p> <p>1, training of new appraisers – 2 day intense course where each part of the appraisal</p>	

Develop annual training programme with ALs for appraisers.

process (prep / discussion/ write up) is taught , practiced and reviewed by AC
2, First 3 -5 summaries of new appraisers reviewed and fed back on by AC
3, Probation process – reviews - initially / 5 months / 9 months before recommendation for full appointment with potential to extend probation if underperformance identified
4, along with annual PDR of all appraisers (staggered through the year done via the line manager (Appraisal co-ordinator for each region)) – at least annual review with formal feedback of appraisal summaries – potentially done more often if appraiser struggling or problems identified.
5, At least annual review of appraiser questionnaire – info on website and discussed with appraiser at annual review
6: Attendance at regional group meetings 3x per year
7: Attendance at National Appraisers Conference yearly
8: Regional Quality Assurance - a day of anonymous summary reviews across primary and secondary care run by the RSU done in north and south Wales from which a report is produced

Secondary Care – appraisers appointed and trained in line with QMF standards and completed appraiser skills training.

Appraiser Skills training is provided by RSU and in-house programme developed to include refresher training.

		<p>Help and support for appraisers is available on MARS.</p> <p>Appraisers are strongly encouraged to attend the regional appraiser conferences</p>
2.2.6 That appraisers are supported and managed in their role, and are performing the role appropriately?	Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Evidence that appraisers are supported and managed within their role	<p>Maintain current systems and processes.</p> <p>Continue to work with ALs to develop training and support structures for appraisers, including QA of appraisal summaries.</p>	<p>Primary Care – well established support system through Appraisal Co-ordinators (ACs).</p> <p>Secondary Care – support provided by Appraisal Leads (ALs).</p> <p>Continue to maintain well established support systems.</p> <p>All ALs appointed to Units to support appraisers within secondary care – appraisers made aware of ALs to contact.</p> <p>QA undertaken for all new appraisers and supported during initial period. Refresher training for appraisers offered within DB.</p> <p>Appraisers have access to own feedback within MARS to reflect within annual appraisal.</p> <p>A tariff has been agreed for Job Planning of secondary care doctors who are appraisers – 0.5 sessions per week dedicated time with an</p>

		expectation of 10 completed appraisals per year and full participation in appraiser training
2.2.7 That appraisal outputs (summary and PDP) meet agreed standards?		Level of Assurance (RAG): AMBER
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Reviews of appraisal summaries	<p>Maintain current systems. Continue integration of QA reviews with ACs and RSU.</p> <p>ALs continue to QA new appraisers first 2 appraisal summaries. Develop training programme for appraisers to incorporate QA of appraisals in-house.</p>	<p>Primary Care – appraisal summaries are reviewed by ACs.</p> <p>Secondary Care – appraisal summaries reviewed by ALs</p> <p>Process has continued to work effectively through ACs. QA reviews undertaken at RQA annual events.</p> <p>ALs QA new appraisers first 2 completed appraisals and feedback. Developing training programme with ALs to undertake QA sessions with appraisers in-house. ALs undertake adhoc QA of appraisers.</p> <p>QA criteria changed last RQQ which is more relevant to both primary and secondary care. Feedback was positive but highlighted secondary care as requiring more development. RQA results shared with ALs to discuss with relevant appraisers.</p>

2.2.8 That appraisal and its outputs are having a positive impact on individuals and on the organisation?		Level of Assurance (RAG):	AMBER
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
<p>Evidence of positive impact on staff</p> <p>Evidence of positive impact on organisation</p>	<p>Continue to promote positive outcomes to doctors, appraiser and ALs</p> <p>Continue to report to MWB.</p>	<p>Appraiser feedback, RAC and RQA events</p> <p>Positive impact shown through engagement of patient and colleague feedback. Continued engagement in clinical audit completion registered within secondary care. Doctors continue engaging with annual appraisal (number of doctors overdue appraisal has reduced at quarterly reviews).</p> <p>Organisation has assurance of doctors keeping up to date and maintaining professional standard in line with GMC requirements.</p> <p>Promotion positive communication in relation to appraisal to all doctors and working together appraisers and ALs.</p> <p>Monitored through reports to MWB.</p> <p>Constraints report to be reported to ROAG</p> <p>SAS Doctors Charter Survey results to be reported to ROAG and MWB</p>	

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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Evidence of checks and action on concerns	<p>Continue working collaboratively with Shared Services who undertake the initial GP checks prior to GMC connection.</p> <p>Continue to send and monitor RO TOI forms for all doctors.</p> <p>Continue to work collaboratively with Medical HR to ensure robust systems and processes are in place for doctors establishing a GMC connection</p>	<p>Primary Care – Shared Services undertake checks for all GP registrations on the MPL and the HB are notified of changes relating to the DB. RO Transfer of Information (TOI) forms sent to previous employer</p> <p>Notification of MPL updates and new registrations from Shared Services allow the DB to liaise with GPs to update GMC connections</p> <p>New local policy in place, agreed in December 2018, 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.</p> <p>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, continued developing processes and share information in relation to doctors/dentist new to the HB.</p>

		Developed ' <i>Adhoc locum form</i> ', which is sent out by Medical HR to monitor adhoc locums working within secondary care. A&R Team update database on receipt of completed forms and contact doctor/dentist in relation to last appraisal/ARCP for assurance.
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Evidence list is up-to-date	<p>Continue collaborative working with Shared Services and RSU to ensure robust processes and checks in place.</p> <p>Continue collaborative working with Medical HR and ESR Team to ensure information is correct and up to date – A&R Team will continue to action notifications/reports received.</p>	<p>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.</p> <p>Secondary Care – Reconciliation of ESR, MARS and GMC undertaken bi-annually. A&R Team receive the following notifications:</p> <ul style="list-style-type: none"> • New starters notifications sent by Medical HR • Monthly Starters/Leavers report from ESR Team • Doctors notifying A&R Team direct <p>Relevant checks and actions are undertaken by the team.</p> <p>Collaborative working with Shared Services has ensured that the DBs Connect list is current.</p> <p>Reconciliation exercises and regular notifications from Medical HR and ESR have ensured that the GMC Connect list is current.</p>

		The reconciliation development within MARS, which highlights doctors not linked to DB on GMC Connect, has allowed the A&R Team to undertake monthly checks.	
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence that concerns are handled and not ignored	Continue to maintain current systems	<p>Decisions on revalidation recommendations are informed by checks:</p> <ul style="list-style-type: none"> • Against GMC notifications • Doctor's Clinical Director/Lead or UMD • Medical HR advice • Previous RO, where appropriate • If WPA identified – external clinical or organisational lead <p>Discuss recommendation with GMC ELA, where appropriate Continuing to maintain current systems.</p> <p>RO TOI forms are completed for all doctors connecting to our DB.</p> <p>All doctors who were transferred to Cwm Taf Morgannwg and who had concerns had an appropriate transfer from RO to RO a month in advance of transfer.</p>	

2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence that concerns are handled when raised	Continue to maintain current systems.	<p>Primary Care – Appraisers follows well established process for escalation.</p> <p>Secondary Care – Appraisers follow established process for escalation.</p> <p>Appraisers in primary and secondary care have established escalation process in line with the Wales Appraisal Exceptions Management Guidance/Protocol.</p> <p>Several doctors have had their connection removed when their appraisal or revalidation request identified that their clinical work history meant a safe recommendation could not be made</p>	
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence of action	Continue to maintain current systems.	<p>Continuing to maintain current systems.</p> <p>Concerns raised for doctors without a prescribed connection discussed at ROAG.</p>	

		<p>For concerns raised for the following:</p> <ul style="list-style-type: none"> Doctors in training - concerns raised through HEIW's well established process. Locum Agency Doctors – concerns raised with agency. <p>Doctor's employed by other HB/organisation – inform organisations governance process, manage concern and outcome.</p> <p>Safeguarding Strategy Meetings have been held in ABMUB/SBUHB even when a locum doctor has caused concern and is attached to another designated body</p>
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?		<p>Level of Assurance (RAG):</p> <p>GREEN</p>
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
Evidence of action	<p>Continue collaborative working with agencies.</p> <p>Continue monitoring adhoc locum doctors and collaborative working with Medical HR.</p>	<p>Agency locums employed through one contract with Medacs who are responsible for managing governance issues.</p> <p>Adhoc/locum, MTI doctors monitored through Medical HR recruitment processes. Continued established links with Medacs.</p> <p>Adhoc locum database updated by A&R Team on receipt of completed 'Adhoc locum form', issued by Medical HR. Relevant recruitment checks undertaken by Medical HR.</p>

		RO TOI forms completed for all adhoc doctors with a GMC Connection to DB.	
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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence of sharing and processes	Continue to work collaboratively across the primary care and secondary care sector ensuring robust reporting systems are in place.	<p>Primary Care: Formal process in place to check Datix and clinical governance (weekly meetings). UMD of Primary Care</p> <p>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.</p> <p>Clinical governance checks sent to Specialty Lead prior to revalidation.</p> <p>Continuing with current systems and reporting.</p> <p>RO to RO forms with sharing transformation of information are completed promptly</p> <p>All doctors who were transferred to Cwm Taf Morgannwg were screened for forthcoming revalidation and were revalidated within the allowed 4 months window (or deferred), to avoid disruption to medical care.</p> <p>Continuing information flows with Patient Experience Team, Serious Incident Team, Risk</p>	

		<p>and Legal Services. High risk and high cost cases reviewed by Executive Medical Department. UMDs, CDs/CLs provide individual doctors with feedback from incidents.</p> <p>Updated clinical governance email to specialty leads for each doctors revalidation.</p>
2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?		<p>Level of Assurance (RAG):</p> <p>GREEN</p>
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan
See answers to question 2.1.8	Continue to ensure lay representation within the DB processes to encourage better understanding.	<p>The DB has lay involvement and membership in the following groups:</p> <ul style="list-style-type: none"> • Revalidation Review Meetings • ROAG • Medical Workforce Board • Workforce & OD Committee • Performance Review Meetings • Audit Committee. <p>These meetings review, report, inform and update members, including lay person, to provide assurance and scrutiny or processes in accordance with the GMC requirements.</p>

2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Evidence of discussion at HB committees	Maintain current reporting processes.	<p>Appraisal and revalidation processes report Medical Workforce Board, who report to HB Workforce and Organisational Development Committee.</p> <p>Initial and follow-up audit reviews have been undertaken by Internal Audit on appraisal processes, reported to HB Audit Committee. Continue to report to organisation's Board through committees. Assurance is also given at ROAG monthly meetings.</p> <p>The Corporate Performance Review meetings give the Board appropriate assurance of governance and revalidation.</p> <p>Full audit review undertaken in December 2018 – final report submitted to HB Audit Committee March 2019.</p>	

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
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Constraints Report	<p>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.</p> <p>Provide quarterly constraint reports to UMDs and ALs/ACs and include constraints in MWB report.</p> <p>Inform doctors the importance of reporting constraints and the process involved.</p>	<p>Doctors are advised by appraisers during their appraisal meeting on how to escalate constraints identified.</p> <p>Constraints reporting is currently reported to MWB annually (last report June 2018).</p> <p>Constraints reports to ROAG and Unit Medical Directors</p>	
2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?		Level of Assurance (RAG):	GREEN
Reason for assessment / evidence:	Areas for development / Action plan:	Progress against last year's action plan	
Governance checks are occurring	Continue to maintain current systems.	<p>Governance checks undertaken for all doctors, including WPA, are undertaken as part of the revalidation process.</p> <p>Annual appraisal and revalidation timescales enhance focus on resolution of governance issues arising and/or outstanding.</p> <p>Continued collaborative working with other departments within the HB and WPA stakeholders to inform revalidation of</p>	

		<p>governance and giving assurance of processes (see 2.3.7).</p> <p>ROAG oversees performance issues and ensures revalidation and appraisals reflect known issues</p>
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Part 3 – Quality Visits, Internal Quality Assurance and Other Projects

3.1 Revalidation Support Unit Quality Assurance Review

3.1.1 Has the DB participated in a quality review from the Revalidation Support Unit? (if no go to question 3.2)

Yes

Date of Visit

21/02/2018

Please provide details of the DB action plan

Please provide details of the steps taken against the action plan to date

Progress against steps taken

Support for secondary care appraisers through appointments of ALs within each Unit.

ALs have been appointed within all Units to support appraisers.

Completed.

Tariff for appraisers will be added to appraiser job description (JD).

Amended appraiser JD to include appraiser tariff.

Completed.

ALs will undertake AQ of appraisals for appraisers link to their Unit. New Appraisers identified will receive support from ALs.

AL meeting planned July 9 2019 to develop QA programme for appraisers. ALs informed of new appraisers to QA and support initial appraisals undertaken.

Partially completed. Develop QA programme with ALs to be completed by end August 2019.

Appraisal and Revalidation Team posts will be re-advertised as permanent posts.

Appraisal and Revalidation Team posts have been appointed to and made permanent.

Completed.

Develop links with governance team/departments to feed information into revalidation and develop processes. Datix incidences are already linked. Develop links with Patient Experience Team (PET) to highlight information available to doctors and develop processes.

We have met with PET team and discussed the possibility of running reports – patient, family, friends feedback reports are created by ward and reported to UMDs currently. Difficult to highlight doctors within the information created. Appraisal Leads to undertake pilot exercise (September 2019) to understand whether information can be utilised.

Ongoing.

Review appraisers annually to ensure that appraisers are active.	Cleansing exercise undertaken with ALs and will continue to review annually.	Completed.
Highlight different dashboards and information to all appraisees – update Appraisal and Revalidation website with additional information/links.	Developing Sharepoint site for Appraisal and Revalidation information to include relevant links. Current Intranet updated for Revalidation and Appraisal information.	September 2019.
Engage with ALs to analyse constraints reports to feedback into each Unit and develop process to feedback outcomes via appraisers.	AL meeting planned to discuss constraints reporting. Provide constraints reports at quarterly review meetings for ALs and ACs and provide information to UMDs/DRO/RO.	Appraisal Leads meeting Jan 2019. Next quarterly review meeting booked for July 2019.

3.2 Internal Quality Assurance exercises

3.2.1 Does the DB undertake internal quality assurance exercises (If no, go to question 3.3)	No	Date of last exercise	Click or tap here to enter text.
	Please provide details of the resources used i.e. RSU calibration video, scoring criteria, sample summaries etc.	Please provide brief details of the outcome of the quality assurance exercise	
3.2.2 Please provide a copy of the most recent Internal Quality Assurance outcomes with your RPR return (if applicable).			

3.3 Other Revalidation or Appraisal Projects

3.3.1 Has the DB recently completed or is currently undertaking any projects relating to appraisal and/or revalidation?

No

Date of last project

Click or tap here to enter text.

Project 1. Please provide details of the project.

Project 2. Please provide details of the project.

Project 3. Please provide details of the project.

Completed a standard protocol for GPs who conduct low volumes of clinical work. This helps with ensuring a consistent and fair approach to managing the clearance of the medical performers list, whilst not reducing potential GPs who could work in the area




Model Policy for
Removal final MPL.p

3.3.2 Please provide a copy of your project report with your RPR return


Part 4 – DB Statement of Compliance

4.1 Completed report authorised by Responsible Officer

Name	Signature	Date.
Dr Richard Evans		31/05/2019

4.2 Board statement of compliance

Signed on behalf of the designated body (Chief executive or chairman, or executive if no board exists)

Name	Role	Signature	Date.
Tracy Myhill	Chief Executive Officer		03/06/2019

I can confirm that:

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

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

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

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