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Shared Services Partnership
Audit and Assurance Services

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

FINAL INTERNAL AUDIT REPORT 2018/19

ABM University Health Board

Medical Appraisal to Support Revalidation

(ABM-1819-039)

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Service

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NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:
This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Abertawe Bro Morgannwg University Local Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

This assignment originates from the 2018/19 internal audit plan.

In December 2015, a Limited Assurance report was issued following the review of arrangements in place for medical appraisal to support revalidation (report reference 040/2014). In May 2016, a follow up report was issued that again reported Limited Assurance (1516-042).

In the Audit Committee meeting, November 2017, the Medical Director presented a paper indicating progress against this area but noted that the implementation of some actions associated with ensuring the quality of medical staff appraisal was dependent upon the appointment of staff to Appraisal Lead roles within the units. The area was not ready for re-audit but the Committee asked for management update at a future meeting.

In December 2017 the Medical Director approached Internal Audit and requested deferral of this audit into the 2018/19 Audit Plan as completion of action and further information relating to quality assurance arrangements was dependent upon the Appraisal Lead roles which were going through job planning but not yet complete. In January 2018, the Audit Committee approved the request for further deferral.

1.2 Scope and Objectives

The objective of the review is to confirm that adequate arrangements are in place to support revalidation of the Health Board's medical workforce. In particular, the review will consider compliance with the ABMU Medical Appraisal Policy (adopted from the All Wales Policy) and the General Medical Council Good Medical Practice framework for appraisal and revalidation requirements.

The audit will consider mechanisms in place to ensure the effectiveness of appraisal processes with both primary & secondary care, though those functions undertaken by the Wales Deanery will be excluded from testing. The following actions will be reviewed within the scope of this audit:

- There is reconciliation of ESR and GMC Connect data to ensure all doctors with a connection to the Health Board are captured;
- An Appraisal Lead has been identified and appointed in each unit;
- Completed appraisals have an agreed summary and Personal Development Plan;

- The Health Board has an Appraisal Operating Plan;
- Supporting information provided by doctors for appraisal includes:
  - Continuing professional development
  - Quality improvement activity
  - Significant events
  - Feedback from patients or those to whom they provide medical services
  - Feedback from colleagues
  - Compliments and complaints
- Doctors identified as not engaging with the appraisal process are managed in line with the All Wales Escalation Policy;
- There is effective monitoring and reporting of appraisal completion rates for Primary and Secondary care;
- Reporting requirements of Board Committees is clear and documented, and information is reported as required.

1.3 Associated Risks

The following inherent risks were considered during this audit:

- The appraisal process for Primary and Secondary care may not be undertaken in line with Quality Management Framework;
- Records relating to medical appraisal and revalidation may be unreliable;
- There may be lack of engagement by consultants / GPs with the appraisal and revalidation process;
- There may be inadequate monitoring and reporting of appraisals and revalidation information within the Health Board.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the

governance structures and arrangements within the Medical Appraisal to Support Revalidation is **Reasonable** Assurance.

RATING	INDICATOR	DEFINITION
Reasonable assurance	 - + Yellow	The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

3 KEY FINDINGS & RECOMMENDATIONS

3.1 Key Findings

The Corporate Appraisal and Revalidation Team have provided comprehensive supporting arrangements and information within the Health Board to support medical personnel in both Primary and Secondary Care.

The key issues identified during this audit are:

- In February 2018 the Health Boards Appraisal and Revalidation process was the first in Wales to be subjected to an external Revalidation Quality Review. The review was largely considered positive and included an action plan. The report was presented to Medical Workforce Board but not reported to the Board or any of its Committees. The Appraisal Manager is monitoring progress against the agreed action plan, however the progress is not being reported internally.

Audit recognised that a key action towards good quality assurance within the appraisal/revalidation process has been achievement of appointing Appraisal Leads to the Secondary Care SDU's. The initial Leads were appointed to post in April 2018 with Morriston the final SDU to appoint to post in October 2018. At the time of audit it was noted that the Appraisal Leads were still in training and not fully active in all aspects of their roles.

3.2 Design of System / Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the system/control design.

3.3 Operation of System / Controls

The findings from the review have highlighted 2 issues that are classified as weaknesses in the operation of the designed system/control.

3.4 Summary of Recommendations

The audit findings and recommendations are detailed in Appendix C together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	**0**	**2**	**0**	**2**

4 AUDIT FINDINGS

Audit findings are reported below. Full details with associated improvement recommendations are provided in Appendix C.

4.1 Objective: There is a reconciliation of ESR and GMC Connect data to ensure all doctors with a connection to the Health Board are captured.

Secondary Care

To ensure all Doctors within the Health Board are being captured for revalidation the Corporate Appraisal Team are currently reconciling three electronic systems ESR, GMC Connect & Medical Appraisal Revalidation System (MARS). The Appraisal Team evidenced during the review that they are currently conducting a bi-annual full reconciliation (most recently December 2018) across all three systems to ensure all doctors within ABMU are being captured.

In addition to the bi-annual full reconciliation, the Appraisal Team also receive monthly reports from ESR that highlight any new starters to the Health Board and also any leavers. On receipt of this, the Appraisal Team will issue a new starter email pack to all doctors new to the Health Board in a non-training grade role; the email includes a request to sign up to MARS and a MARS user guide. The email also includes the Health Boards Appraisal Policy; we found that the policy being issued to new starters was the May 2012 policy but a more recent policy is available. This was highlighted during the audit for the team to make an update to the starter pack. In terms of leavers, an email is issued requesting them to update GMC to their new Health Board or make the GMC aware of their future intentions.

The Appraisal Team also conduct monthly reconciliations between MARS and GMC. This reconciliation highlights Doctors currently linked to ABMU on GMC connect but not MARS. A sample of 15 individuals across Primary and Secondary Care who were identified as not on MARS in December was selected. All had now been linked to the Health Board on MARS with the exception of one GP that was disconnected from MARS. Audit were satisfied the appraisal team made appropriate effort to contact the GPs to update the link themselves.

Primary Care

The responsibility for conducting the GP appraisals rests with the Health Education Improvement Wales (HEIW) with the Health Board responsible for ensuring that all GPs have registered on MARS and completed an annual appraisal. All GPs are included on a Medical

Performer List (MPL) that records all approved GPs to practice within the Health Boards area. The Medical Performers List (MPL) is administered by NWSSP (Primary Care Services) function who notify the appraisal team when a GP has entered or left the Health Board. A GP may apply to join the list at any time and will be required to register on MARS within 3 months of joining the MPL. All locum or salaried GPs on the list are written to annually in respect of their continued presence on the MPL, with the ABMU Health Board Primary Care & Community Services Unit AMD and CD for Quality & Safety liaising with the NWSSP team on an annual basis to discuss removing any non-responders and those responses deemed inadequate.

It was noted during the review that the ABMU Appraisal Team were in the latter stages of drafting a policy that would give structure and consistency to the decision making in terms of removing a GP from the Medical Performer List.

No matters arising

4.2 Objective: An Appraisal Lead has been identified and appointed in each unit.

During the 2015/16 follow up review into Medical Appraisals to Support Revalidation, the Executive Medical Director at the time outlined his intentions to support quality assurance of the appraisals by identifying and appointing Appraisal Leads into each of the Service Delivery Units (SDU's).

The role of the Appraisal Lead is to lead a team of appraisers and co-ordinate all appraisal activities within the SDU. The Lead is expected to contribute to the training of appraisers within the SDU(s) and Health Board. In October 2017, the Executive Medical Director followed up on his intention by issuing a letter to all the Unit Medical Directors highlighting the requirement to appoint Appraisal Leads within each SDU to help support the quality assurance of the appraisals in line with the Wales Deanery Standards. In April 2018, the first leads were identified and appointed to roles within the Princess of Wales, Neath Port Talbot and Mental Health & Learning Disabilities units. This was followed up by the appointment of a Lead Appraiser in Singleton in August 2018. Due to the volume of appraisers and appraisals within the Morriston SDU, in October 2018 two leads were identified and appointed to the role.

The Appraisal Leads should play a role in reviewing the quality of appraisals and contribute to ensuring consistency of the process. To support quality assurance, all the appointed Appraisal Leads have attended the National Revalidation Support Unit who have supplied training to each if the Leads.

The Leads are scheduled to meet on a quarterly basis. We note the initial meeting took place in October, prior to the Morriston appointments. Meeting notes indicate that the meeting concentrated on reviewing annual appraisal compliance.

Audit noted the Appraisal Leads are in their early stages of maturity and that as documented by the extract of the job description below the full requirement of the role will include:

- Lead a team of appraisers and co-ordinate all appraisal activity within the Service Delivery Unit(s) (SDU).
- Contribute to the training of appraisers within the SDU(s) and Health Board. Review the quality of appraisals undertaken by the appraisers and inform the development and management of appraisal through actively contributing to quality assurance and appraisal management meetings on a regular basis.
- Contribute to issues relating to consistency of operation, quality assurance, development and implementation of appraisal processes.
- Encourage appraisees to engage with appraisal processes. Provide advice and guidance on appraisal to a variety of stakeholders.
- Escalate ad hoc issues to the Deputy Medical Director / Deputy Responsible Officer (DRO), as appropriate.

No matters arising currently, recognising that the contribution of appraisal leads should develop over time now that they are appointed.

4.3 Objective: Completed appraisals have an agreed summary and Personal Development Plan.

An appraisal is an annual requirement for all doctors which should be a positive process which adds value for the doctor and the organisation. Every appraisal will result in an agreed Summary and Personal Development Plan (PDP) which is accessible to the Responsible Officer/Deputy Responsible Officer via MARS to inform their revalidation recommendation.

Audit sampled 20 staff from across Primary (6) & Secondary (14) Care who had been recommended for revalidation by the Responsible Officer/Deputy Responsible Officer between September and December 2018. A review of MARS identified that all appraisals for each individual were supported by a Personal Development Plan and Summary agreed within a timely manner (less than 28 days) after the conclusion of the appraisal meeting.

As well as keeping a record of the Appraisals on MARS, the Deputy RO also signs a Doctors Revalidation Review Summary form that is used as a checklist to confirm review before giving a recommendation to revalidate. As part of the audit the Doctor Revalidation Review Summary for each individual was reviewed to confirm the Deputy RO checks were recorded. The review identified that all forms had written the dates of each appraisal and all summaries had marked that the Personal Development Plans had been reviewed and signed off. It was stated that due to the volume of revalidations the Deputy RO does not have the capacity to review all PDP's per revalidation but he will sample from each individual's cycle. All will be reviewed if he is not satisfied with the content.

Internal Audit were informed that as part of the suggested Quality Assurance process the Appraisal Leads will select a number of complete appraisals by the new appraisers, to ensure they are of quality expected by the GMC. This will be alongside selecting random appraisals to review quality of current appraisers. It is anticipated that any issues will be reported by the Lead to the Appraisal Team and relayed to the Deputy Responsible Officer.

No matters arising, recognising that the contribution of appraisal leads should develop over time now that they are appointed.

4.4 Objective: The Health Board has an Appraisal Operating Plan.

During the review, it was noted that the Policy on the intranet had passed its review date. The policy included the requirement that the Health Board have an Appraisal Operating Plan. It was brought to Audit's attention that the Workforce and Operational Development Committee had ratified a new Health Board Appraisal Policy in March 2018. The new Policy, in line with the All Wales Appraisal Policy, does not state that the Health Board requires an Appraisal Operating Plan in place.

The new Appraisal Policy has not been uploaded to the Health Board's Intranet site and is not widely accessible to those who require it.

See Finding 1 at Appendix C

4.5 Objective: Doctors provide supporting information within their appraisal.

Doctors should record the scope and nature of the work they carry out as a doctor to ensure that the appraiser and the Responsible Officer understands the doctor's work and practice. This should include all roles and positions in which the doctor has clinical responsibility and any other roles for which a license to practice is required. To help support this the doctor is required to provide supporting information.

The supporting information should relate to the doctor's complete scope and nature of work. The GMC describes the six types of supporting information that a doctor will be expected to provide and discuss at appraisal at least once during each five year revalidation cycle. These are:

1. Continuing Professional Development
2. Quality Improvement Activity
3. Significant Events
4. Feedback From Colleagues
5. Feedback From Patients
6. Review of Complaints and Compliments

This enables the doctor to demonstrate their practice in the four domains of the GMC's good medical practice framework for appraisal and revalidation. These four domains are:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust.

The supporting information is important in itself, but it is also a doctor's reflection on the information and the record of that reflection that informs the appraisal discussion, allowing the appraiser and the doctor to discuss the doctor's practice and performance.

The Deputy RO will complete a revalidation summary outlining the information reviewed on MARS across the six areas of supporting information followed by a revalidation recommendation.

We reviewed completed summaries for a sample of 20 (6 Primary, 14 Secondary Care) doctors recently recommended for revalidation (September – December 2018) against the information within MARS. This was to consider the information contained within the summaries and not the appropriateness of the doctors' supporting information contained within MARS.

From the review of MARS it was identified that all individuals had supplied completed supporting information for the six areas required, with the exception of one doctor who failed to supply any patient or colleague feedback, this was amended on the Deputy RO's review summary as the feedback was received within seven days of the appraisal and therefore unable to be uploaded onto MARS.

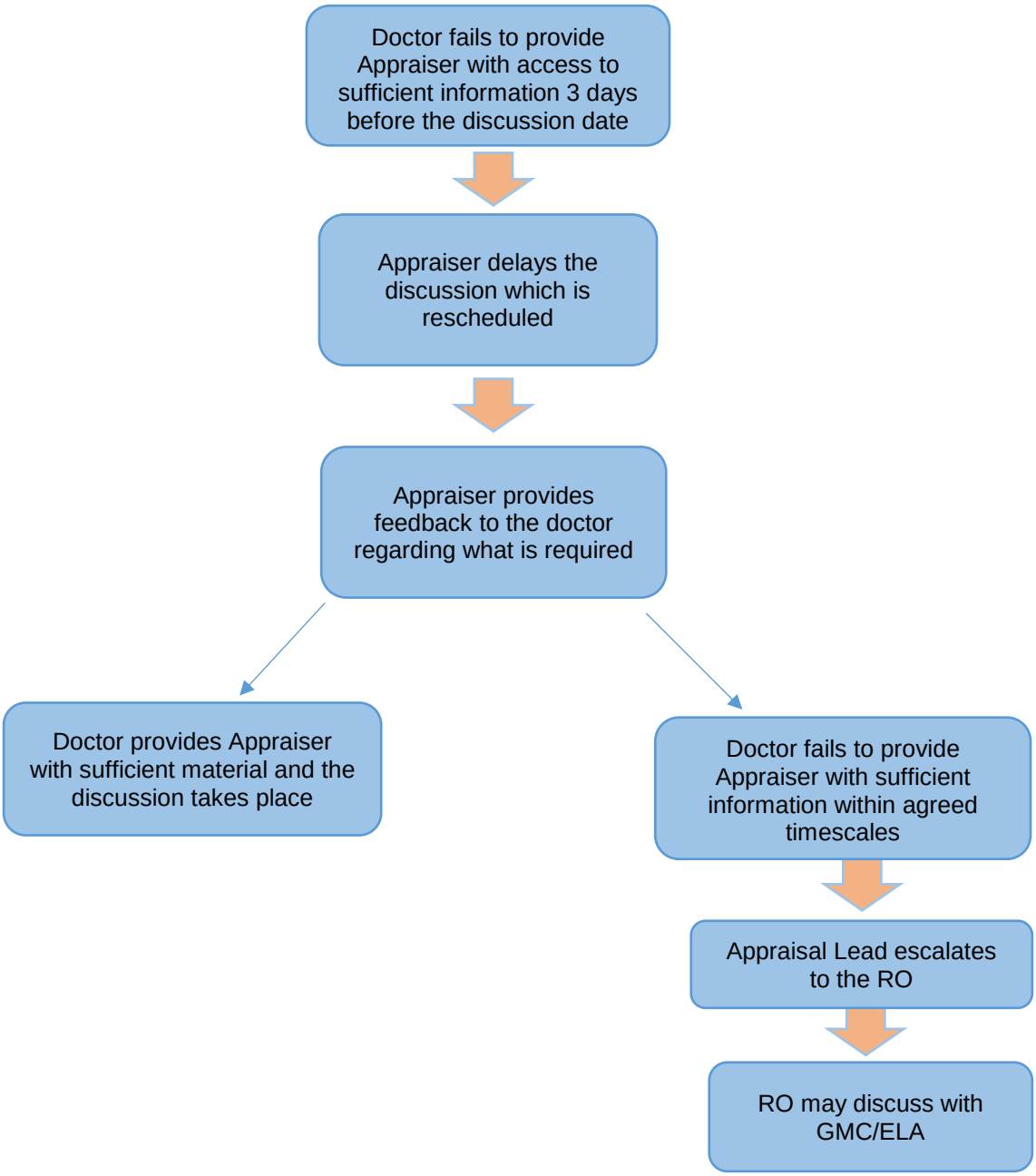
The summaries provided demonstrative evidence that the Deputy RO is reviewing MARS before making a recommendation with all summaries selected being signed and dated as reviewed.

It was noted that six of the 20 sampled had previously been deferred by the Deputy RO due to gaps in appraisals or the required supporting evidence.

No matters arising

4.6 Objective: Doctors identified as not engaging with the appraisal process are managed in line with the All Wales Escalation Policy.

All licensed doctors must take responsible steps to arrange a recommendation for their revalidation. If a doctor or GP fails to engage with revalidation in line with the GMC guidance, without reasonable excuse, steps can be taken by the GMC to bring forward their revalidation date which could ultimately result in the withdrawal of the individual's licence to practice. The GMC process for non-engagement in secondary care is as follows:



The Appraisal Team clarified that although they have deferred several revalidations there has been no need for further escalation beyond the initial notification to the GMC. It was noted that although there is a local procedure in place within the team, there is no written documentation to outline the process of non-engagement from the Appraisal Team's perspective.

This is noted for management consideration and action as considered appropriate.

It was noted that the Appraisal Team support doctors to engage in appraisals with MARS issuing automatic reminders to doctors when their appraisal quarter is approaching. MARS produces a report each quarter that highlights any staff due for an appraisal in the previous quarter but did not complete one. In this event the team will issue a letter to the individual informing them of a missed appraisal and potential non-engagement (HB1 and HB2 letter for GPs and DB2 and DB3 letter for Medical (Secondary Care) Doctors). For the individuals who fail to follow up the HB1 letter, the team will issue a REV6 form to the GMC stating a date they wish the individual to engage by, prompting the GMC to get in contact with the said individual. The team track all non-engagement REV6 letters issued via a database.

Of the 251 recommendation made by the Deputy Responsible Officer during 2018, 59 were recommended to be deferred. Internal Audit walked through the process of one deferred revalidation. It was noted that when a revalidation recommendation is deferred by the Deputy Responsible Officer, the appraisal team will compose an action plan to direct the individual on what is required in order to be recommended for revalidation. This is provided alongside an explanation of why the deferral has occurred. If an individual is deferred twice the team will write to the GMC to explain the reason for deferral.

No further matters arising

4.7 Objective: There is effective monitoring and reporting of appraisal completion rates for Primary and Secondary care.

The Executive Medical Director has established a Responsible Officer Advisory Group (ROAG) which is the body within the Health Board that is providing formal advice to the Responsible Officer of the monitoring and management of doctors' performance, appraisal and revalidation. The group is still in its early implementation stage with the inaugural meeting taking place in early January, with the group now due to meet on a monthly basis.

The appraisal/revalidation compliance rate is monitored via the Medical Workforce Board with the Appraisal Team required to supply evidence and updates of appraisals and revalidation at each meeting with a report from the team presented. The reports outline the current year appraisal date and also the rate for the previous 12 months. It also outlines any change in the Appraisal process such as the appointment of Appraisal Leads or change to the quality assurance process.

No matters arising

4.8 Objective: Reporting requirements of Board Committees is clear and documented, and information is reported as required.

The Appraisal Team are currently producing and submitting Appraisal and Revalidation Reports to the Medical Workforce Board at each meeting. The report contains compliance rates for appraisals in the current financial year along with the rate of compliance for the previous 12 months. It also makes the Board aware of any developments in the Appraisal & Revalidation process, such as appointment of Appraisal Leads or feedback from groups meetings or conferences. It was identified that the appraisal compliance figures for 2017/18 were provided to the Workforce & Organisational Development Committee in August, and Health Board performance to August provided in January 2019.

On a monthly basis the Revalidation Manager issues the appraisal figures for the previous 12 months to the Strategy team. The figures are included into the Integrated Performance Report, which is presented at the Performance and Finance Committee. We note that in some reports the appraisal figures are combined with the non-medical PADR rates.. The Integrated Performance Report is also presented to Board meetings.

In February 2018, the Health Board were the first in Wales to be subjected to an external Revalidation Quality Review. The review was conducted by:

- RAIG Chair (Lead Reviewer)
- RSU Organisational Lead
- RSU Quality & Revalidation Manager
- Head of Education, Aneurin Bevan HB
- Lay Representative

During the review, the panel met with several representatives from the Health Board including the Responsible Officer, Deputy Medical Director and Appraisal and Revalidation Manger. The visit was largely considered positive with many areas of good practice identified as well as several areas for development. The review concluded with a report and a supporting action plan to be considered, with the intention of a repeat audit in two years. The final report encouraged the Health Board to circulate the findings and associated action plan to the Executive Board for their consideration.

We note that the report had been issued to the Medical Workforce Board in June 2018 but not presented to the Workforce & OD Committee.

The Appraisal Manager has been regularly updating progress against the action plan.

See Finding 3 at Appendix C

Audit Assurance Ratings

 **Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited assurance -** The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.