

<b>Agenda item:</b>	<b>6.3</b>
<b>Report title:</b>	<b>Revalidation progress update: Wales</b>
<b>Report by:</b>	<b>Chris Jones</b> , Deputy Chief Medical Officer, Welsh Government, <a href="mailto:chris.jones@wales.gsi.gov.uk">chris.jones@wales.gsi.gov.uk</a> , 02920 801147
<b>Action:</b>	<b>To note</b>

## **Executive summary**

The below paper updates members on the revalidation work stream in Wales.

## **Recommendation**

The Revalidation Advisory Board is asked to note the progress update.



### UK Revalidation Advisory Board Progress Update: Wales

To facilitate reporting, we have structured this update in accordance with the Board's objectives.

a. Revalidation delivery progress

#### Revalidation recommendations to end March 2016 (cumulative)

	Drs connected	Approved recs	Approved recs to revalidate	Approved requests for deferral (insufficient evidence)	Approved requests for deferral (ongoing process)	Approved notifications of failure to engage
<b>No</b>	6,749	6,217	5,512	653	37	15
<b>%</b>		92%	82%	10%	1%	0.22%

#### Appraisal completion figures 1 April 2015 – 31 March 2016

Designated Body	Prescribed Connections (from GMC)	Meetings Booked	Summaries Committed	Appraisals Completed (summary agreed)	Appraisal rate 2015/16 based on Appraisals Completed against Prescribed Connection	Ext Circumstances - New Starters/Mat Leave/Sabbatical etc (Self Reported)	Appraisal Rate 2015/16 including Exceptions
<b>NHS</b>	6642	5632	5503	5427	82%	630	91%
<b>Independent</b>	7	7	7	6	86%	0	86%

b. Integrity of the revalidation model

We have completed a pilot of **Revalidation Quality Assurance Visits** to Designated Bodies based on the NHS England Independent Verification model. Two Designated Bodies were visited. The visits focus on the following areas:

- Revalidation processes and structures
- Underpinning systems: appraisal and governance

A report on the pilot was considered at the March meeting of the Wales Revalidation Delivery Board and the report indicated that the process has been of benefit to both the visitors and the visited DB, and has identified areas of good practice as well as potential areas for development.

In March, the previous CMO (as the high level RO) concluded a programme of visits across Wales to all non-NHS designated bodies. The visits provided organisations with the opportunity to raise any issues in relation to the revalidation process. The visits were informative and have helped strengthen communication lines between non-NHS organisations and the Welsh Government. The acting CMO for Wales will replicate these visits with all NHS designated bodies, commencing in June.

Alongside this the **Annual Appraisal and Revalidation Report** (akin to the NHS England AOA process) which streamlines our existing revalidation progress and appraisal quality management reporting processes has been sent out to all Designated Bodies for completion. The new format is based on the same areas identified above to provide a more holistic and coherent view of assurances about revalidation processes and the systems underpinning them.

To ensure **consistency** of implementation, we now have in place a number of **networks** which meet regularly: Responsible Officers; Revalidation Managers and Professional Leads; Appraisal Leads; Appraisers.

c. Implementation principles including fairness and transparency

A **tripartite statement on annual appraisal** between Welsh Government, BMA Wales Cymru and the Revalidation Support Unit (Wales Deanery) has now been sent to all doctors in Wales. The statement reinforces the importance of annual appraisal and reminds employers and doctors of agreed good practice relating to appraisal and revalidation.

Existing processes for **ensuring engagement** with GP appraisal have been extended to encompass all doctors in Wales, ensuring that non-engagement is managed promptly and consistently. Analysis of exceptions is now being included in our ongoing appraisal reporting processes, which facilitates transparency of the data.

We have commenced work collating guidance on appraisal and revalidation for **locum doctors**. This suite of guidance includes advice for those doctors on gathering the required supporting information and how to utilise the online system (MARS) effectively, and how to access appraisal arrangements in their current Designated Body. WRDB has agreed that a) locum doctors should be able to access appraisal from whichever DB they are connected to when their appraisal is due (regardless of length of contract) and b) MARS is the preferred route to appraisal for all locum doctors, exceptions would have to be agreed with the RO.

d. Benefits to patients and patient safety

We continue to monitor and review the contract with Equiniti for delivery of **Multi Source Feedback** and await the latest report on feedback from patients. We continue to review the role and nature of lay involvement in revalidation in Wales.

In Wales doctors have an opportunity as part of their appraisal to identify and consider management of **constraints**, those factors which may be constraining their development or delivery of care. We have commenced a piece of work to analyse trends in constraint reporting, and to identify and encourage good practice in the use of this data which has the potential to inform organisational quality improvement processes.

e. Increasing the impact of revalidation

The Revalidation Support Unit's **publication** of their evaluation of the impact of revalidation on GP Appraisal was included in the March / April edition of *Education for Primary Care*. The Unit continues to lead for Wales the work to support the **UMbRELLA** evaluation of revalidation and welcomed the recent publication of the interim report.

The Unit have also initiated an interesting project exploring the generic skills base of appraisers and the viability and acceptability of **'cross sector' appraisals** ie those across primary and secondary care.

f. Any other issues affecting delivery of revalidation

We look forward to welcoming Sir Keith Pearson to Wales on 24<sup>th</sup> May as part of his review of revalidation arrangements across the UK.

In parallel, a review has commenced, led by Dr Heather Payne, of the role and remit of the Revalidation Support Unit (RSU) in Wales. Dr Payne will publish her report in early July.

The new CMO, Frank Atherton will start on 1<sup>st</sup> August.