Revalidation Advisory Board meeting 10 January 2017

Report title: Revalidation progress update: Wales
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Action: To note

Executive summary

This paper is circulated for information only. It updates members on the revalidation work stream in Wales.

Recommendation

The Board is asked to note the paper.
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 September 2016 (cumulative)

<table>
<thead>
<tr>
<th>Drs connected</th>
<th>Approved recs</th>
<th>Approved recs to revalidate</th>
<th>Approved requests for deferral (insufficient evidence)</th>
<th>Approved requests for deferral (ongoing process)</th>
<th>Approved notifications of failure to engage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>6,527</td>
<td>233</td>
<td>167</td>
<td>54</td>
<td>10</td>
</tr>
<tr>
<td>%</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
<td>0.15%</td>
<td>0.08%</td>
</tr>
</tbody>
</table>

*the above table includes the stats for all Health Boards in Wales excluding Powys.

Appraisal completion figures 1 April 2015 – 31 March 2016

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

b. Integrity of the revalidation model

In March 2016 we completed the pilot Revalidation Quality Assurance Visits to Designated Bodies based on the NHS England Independent Verification model. Two Designated Bodies were visited. We are waiting for the RSU Review to confirm any capacity of
involvement the RSU may hold, if the Pilot is to be extended and conducted as a Quality Assurance process across Wales.

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.

We are presently running the 2016/2017 Appraisal Quality Assurance events across Wales. While these events focus on the Appraisal Summary element of revalidation only, they are organised and marked consistently on an All Wales basis, and are repeated annually to address areas of weakness (if any) and identify opportunities for Quality Improvement across Wales. The response to these events has been extremely positive to date, and we saw our highest attendance figures at the recent Cardiff event, which were in excess of 130 participating attendees. The results of this event will be disseminated to the Revalidation Managers in January/February 2017.

c. Implementation principles including fairness and transparency

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 also support the Health Boards with Secondary Care appraisal exceptions, ensuring that they have appropriate policies and procedures in place. These guidance documents have been agreed at an operational level at the RAIG meetings, and they have been made available on the Revalidation Wales Website for Designated Bodies to utilise as appropriate.

We have continued with the work undertaken to collate 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. This work has been undertaken by the RSU and delegates of RAIG.

The RSU are currently running a project in conjunction with Hywel Dda Health Board to look at management of Doctor Constraints. The project will identify a process which will be considered at an All Wales level, with the intention of a best practice process being agreed, and implemented in other Designated Bodies, where practicable.

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 project with Hywel Dda 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. This project is due for completion in December 2016.

e. Increasing the impact of revalidation

The Revalidation Support Unit is presently undertaking an extended Cross Sector Appraisal Project. This project is an extension of a Pilot which was conducted between two Appraisal Leads (Primary and Secondary Care) in early 2016. The extended project includes Appraiser participants from across Wales, with a varying range of experience. The project report will be available in April 2017, and will form part of a larger project (and paper) looking at ‘Out of the box appraisals’. This paper will encompass locally conducted Skype appraisals.

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. Malcolm Lewis has replaced Katie Laugharne as Collaboration Lead for Wales, and Sarah Holmes continues as Research Assistant for Wales.

The Unit has also completed a pilot project (of one Primary Care and one Secondary Care Appraiser) exploring the generic skills base of appraisers and the viability and acceptability of ‘cross sector’ appraisals ie those across primary and secondary care. This project has produced some interesting themes, and the Unit plan to undertake an extended project with more Appraisers to draw out themes from a more comprehensive data set.

f. Any other issues affecting delivery of revalidation

We are awaiting the full report of the review led by Dr Heather Payne, on the role and remit of the Revalidation Support Unit (RSU) in Wales.