

## REVALIDATION PROGRESS REPORT (RPR) 2021-22

Please be aware that completion of all parts of this report is required.

<b>1.1 Name of designated body:</b>	Public Health Wales
Name of Responsible Officer:	Dr Fu-Meng Khaw
Type of organisation:	NHS
Name of person completing this report:	Dr Eleri Davies
Job title of person completing this report:	Deputy Medical Director



Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

## Part 1 - Appraisal Figures

<b>Appraisal Completion Figures</b>			
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	No of Doctors exempt from appraisal due to extenuating circumstances	No of completed appraisals (summary agreed)
<b>Consultants</b> (including honorary contract holders)	82	0	68%
<b>Staff grade, associate specialist, specialty doctor</b> (Including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	2 x Associate Specialists 3 x Speciality Doctors	0	
<b>Doctors with practising privileges</b> (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)			
<b>Temporary or short-term contract holders</b> (Including trust Doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)			
<b>Other</b> (Including some management/leadership roles, research, civil service, other employed or contracted Doctors, Doctors in wholly independent practice, etc.)			
<b>Trainee Doctor on national postgraduate training scheme</b> (for Deaneries only)			



Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

## **Part 2 – Quality Assurance of Processes**

## 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):

**AMBER**

Evidence for rating assessment / future plans.

Progress has been made since the 2020/21 position when we were under a significant amount of pressure due to retirements of key individuals and the COVID pandemic. Since 1<sup>st</sup> June 2021 PHW has a new Medical Director / RO – Dr Fu-Meng Khaw and since 1<sup>st</sup> April 2022 a substantive Deputy Medical Director (Dr Eleri Davies). A lead appraiser has been appointed, taking up post from 1<sup>st</sup> July 2022. The Office of the Medical Director with more administrative support and business support is also being developed. Project Support Officer in post since May 2022, with further appointments due to be made.

2.1.2 That revalidation recommendation decisions are made timely and in line with GMC RO regulations?

Level of Assurance (RAG):

**AMBER**

Evidence for rating assessment / future plans.

We are developing our new processes to support the RO with the revalidation recommendations given the new posts appointed to recently. However revalidation recommendations are in general being made in a timely fashion, but will be more assured once support processes have been agreed and implemented.

2.1.3 That revalidation deferrals decisions are made and managed appropriately?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
Only a very small number of deferrals have ever been made for PHW employed consultants. Recent deferrals have in the main been related to disruption caused by COVID service requirements leading to Consultants needing more time to complete Revalidation requirements. All were evaluated carefully and managed appropriately.		
2.1.4 That there are processes in place for reviewing WPA in the context of appraisal and revalidation?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
Local appraiser training requires appraisers to explicitly record the doctor's entire clinical practice.		
2.1.5 That the RO role can be covered in the event of unplanned absence?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
The RO role can be covered by the Deputy Medical Director in the event of unplanned absence – we are in the process of arranging GMC connect access for the Deputy Medical Director. The DMD has undertaken RO training and was interim Medical Director and RO for PHW between 1 <sup>st</sup> December 2020 and 31 <sup>st</sup> may 2021.		

<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?</p>	<p>Level of Assurance (RAG):</p>	<p><b>AMBER</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Reports are provided to the Quality, Safety and Improvement Committee of PHW, however we plan to make improvements to our revalidation processes and evaluation of those with the development of our Office of the Medical Director and development of the new staff now in post.</p>		
<p>2.1.7 That all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?</p>	<p>Level of Assurance (RAG):</p>	<p><b>GREEN</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Public Health Wales continues to ensure equality and diversity through requiring all staff <a href="#">to</a> engage with statutory and mandatory training.</p>		
<p>2.1.8 That the DB takes into consideration public and patient views regarding revalidation processes?</p>	<p>Level of Assurance (RAG):</p>	<p><b>AMBER</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>The Public Health Wales Quality and Safety Committee has lay members, we have few direct patient interactions. We need to bring this issue into focus as we develop our Revalidation action plan alongside our development of the office of the Medical Director / RO for PHW.</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):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
We have engaged with WRAIG and RO meetings and have included engagement with national activity / support networks in the job descriptions of the Deputy Medical Director and Lead appraiser roles recently appointed to.		
2.1.10 That thresholds applied for revalidation recommendations are in line with those of other DBs?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
The RO and DMD will continue to attend the national engagement meetings, with opportunities to discuss and benchmark arrangements re revalidation recommendations and thresholds.		
Please outline any areas identified for development relating to <b>2.1 Revalidation Processes</b>		
With the new posts in place and planned posts in process of being recruited to the Office of the Medical Director, we are committed to developing a new Revalidation action plan for PHW to improve processes and resilience around the delivery of the revalidation process.		

## 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):

**AMBER**

Evidence for rating assessment / future plans.

During the pandemic PHW had a number of retirements from key roles – Medical Director and RO retired end November 2020, Lead appraiser and AMD retired February 2021. The new Medical Director and RO commenced on the 1<sup>st</sup> June 2021 and a new Deputy Medical Director role was created and substantively appointed to from April 2022. A Lead appraiser has just been appointed commencing from July 2022. The impact of the pandemic has also led to the loss of a number of others who have previously given significant amount of time to appraisal also through retirement. A previously secure position has become more precarious during this last year, but we are making progress with recruitment of new appraisers and with the recent appointments are developing a more robust approach to overseeing the appraisal system and supporting appraisals. We are also working to include all our multi-professional Public Health Consultants onto the MARS system and aligning appraisal arrangements.

A key part of the roles of the new appointments and the developing office of the Medical Director / RO will be to ensure that information about appraisal and support with MARS is available in-house.

2.2.2 That there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation?

Level of Assurance (RAG):

**AMBER**

Evidence for rating assessment / future plans.

The new appointments to DMD and Lead Appraiser roles will be taking forward induction / job planning training and the development of a new appraisal and revalidation guide. We aim to be in a better position next year once this work has been taken forward.

2.2.3 That all doctors requiring appraisal are appraised when they should be?	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future plans.		
We have been challenged by the availability of appraisers and changes in personnel within the RO team at PHW, but are making progress to recruit more appraisers. Key role of newly appointed Lead Appraiser will be to support the appraisal process across PHW.		
2.2.4 That reasons for non-completion are documented, and non-engagement is managed appropriately?	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future plans.		
Again this will be a key role of the newly appointed Lead Appraiser.		
2.2.5 That appraisers are fit for purpose, appropriately trained and up to date?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
All appraisers receive training via HEIW and the lead appraiser, newly in post will also be charged with ensuring support for appraisers and link into the lead appraiser network.		

2.2.6 That appraisers are supported and managed in their role, and are performing the role appropriately?	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future plans.		
This is a key role for the newly appointed lead appraiser.		
2.2.7 That appraisal outputs (summary and PDP) meet agreed standards?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
External QA was paused during COVID, but historically our appraisal outputs have been highly rated. As the appraisal process re-started from April 2021 the summaries reviewed by the interim MD (up to 31/05/21) were of a high standard. Under the new RO from 1 <sup>st</sup> June 2021 the high standard has been maintained. The newly appointed lead appraiser will be asked to review and provide assurance going forward.		
2.2.8 That appraisal and its outputs are having a positive impact on individuals and on the organisation?	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future plans.		
Historically appraisal outputs have been favourably received with positive feedback. Due to the COVID pause and transition arrangements in PHW we have not been able to review / receive feedback from individuals regarding this issue over the last 2 years. We will review with the newly appointed lead appraiser over the course of this next year.		

Please outline any areas identified for development relating to **2.2 Underpinning systems: appraisal.**

This is a key area for development as we welcome the new Lead Appraiser into post and develop the Office of the Medical Director / RO to support appraisals.

**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):

**AMBER**

Evidence for rating assessment / future plans.

Workforce checks have not changed since previous response, however with the new set up of the Office of the Medical Director we are reviewing all our processes and need to ensure that we have a clear agreed process in place.

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):

**AMBER**

Evidence for rating assessment / future plans.

We need to improve our cross-checking arrangements and will include this in the development plans for the Office of the Medical Director / RO and our medical staffing support developments.

<p>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?</p>	<p>Level of Assurance (RAG):</p>	<p><b>GREEN</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Concerns are discussed with the RO and the RO works with the GMC liaison officers. During 2021/22, the RO has discussed a concern with the GMC liaison officer, which helped with the decision to recommend revalidation for the doctor.</p>		
<p>2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?</p>	<p>Level of Assurance (RAG):</p>	<p><b>GREEN</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Appraiser training brings to the attention of appraisers the need to bring serious concerns to the attention of the RO. All PHW appraisers undertake the training.</p>		
<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?</p>	<p>Level of Assurance (RAG):</p>	<p><b>GREEN</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>The RO is aware of the need to liaise with fellow ROs in relation to sharing concerns between organisations.</p>		

<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>	<p>Level of Assurance (RAG):</p>	<p><b>AMBER</b></p>
<p>Reason for assessment / evidence:</p>		
<p>In this transition period with new RO in place and given the challenges faced during COVID with the urgent need to employ temporary staff in support of the emergency response, we need to review our policies and procedures to ensure that governance information is consistently available relating to all doctors, in particular on short term / agency contracts. We will be addressing this urgently with the development of the Office of the Medical Director / RO over this coming year.</p>		
<p>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?</p>	<p>Level of Assurance (RAG):</p>	<p><b>AMBER</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p>Establishment of procedures and processes in support of the RO role are a key priority for the new appointments to lead appraiser and Deputy Medical Director posts.</p>		
<p>2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?</p>	<p>Level of Assurance (RAG):</p>	<p><b>GREEN</b></p>
<p>Evidence for rating assessment / future plans.</p>		
<p></p>		

Lay members are part of the Quality and Safety Committee.		
2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		
The Board Executive Team have recently received a paper on the development of the Office of the Medical Director / RO and plans to improve governance and revalidation processes. The PHW Quality and Safety Committee is a sub-committee of the board and reports up to the board on issues of revalidation and appraisal.		
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):	<b>AMBER</b>
Evidence for rating assessment / future plans.:		
Due to the transition to new RO and new appointments to Lead Appraiser and DMD roles, we will need to review our processes and arrangements for review of doctors' constraints. A key item to take forward in this year's work plan.		
2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future plans.		
Due to the transition to new RO and new appointments to Lead Appraiser and DMD roles, we will need to review our processes and arrangements to ensure that revalidation information is being evaluated appropriately.		

Please outline any areas identified for development relating to **2.3 Underpinning systems: Governance**

As we establish the new team and develop the Office of the Medical Director / RO over this coming year all the elements that are currently AMBER in this section will need urgent attention to improve the Governance arrangements.

## Part 3 – Progress against Quality Visit Actions

Please complete and return the progress against Quality Visits document attached to the initial e-mail



Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

## **Part 4 – Internal Quality Assurance and Other Projects**



Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

If you have undertaken any internal quality assurance exercise (IQA) or any other Revalidation or Appraisal Projects, including any Quality Improvement undertaken, please provide details.



Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

## Part 5 – Board Statement of Compliance

On behalf of the designated body (Chief executive or chairman, or executive if no board exists) I can confirm that:

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

Agree  
 Disagree

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

Agree  
 Disagree

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

Agree  
 Disagree

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



Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

## Part 6 - Submission Declaration

**Completed report authorised by Responsible Officer**

**By completing this RPR, I declare that all the requested information has been provided and the Responsible Officer or Responsible Person has agreed and authorised submission to the Revalidation Support Unit.**

Agree