

REVALIDATION PROGRESS REPORT (RPR) 2022-23

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

1.1 Name of designated body:	Public Health Wales
Name of Responsible Officer:	Prof. 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

Part 1 - Appraisal Figures

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	No of Doctors exempt from appraisal due to extenuating circumstances	No of completed appraisals (summary agreed)
Consultants (Including honorary contract holders)	81		49 (61%)
Staff grade, associate specialist, specialty doctor (Including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	2 Clinical Fellow 2 Hon. Consultant 5 Locum 7 SAS 3 Speciality Dr		1 Hon. Consultant 2 Locum 1 SAS 1 Speciality Dr
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)			
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)			
Other (Including some management/leadership roles, research, civil service, other employed or contracted Doctors, Doctors in wholly independent practice, etc.)			
Trainee Doctor on national postgraduate training scheme (For Deaneries only)			

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 last report, substantive posts have now been agreed and added to the team, once appointed the position will move to Green:

In post currently

- Deputy Medical Director
- Project Support Officer / EA to DMD and Deputy National Director
- Specialty Training Programmes Manager

Recruited but not yet in post:

- Business / Workforce Development Manager

Agreed post to be recruited:

- Clinical Governance Manager

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

Level of Assurance (RAG):

GREEN

Evidence for rating assessment / future plans

Establishment of Deputy RO role to ensure resilience for processes. Procedures in place to support the RO decision regarding revalidation decisions. DMD and Appraisal Lead meet regularly to scope compliance / engagement with appraisal and ensure colleagues are advised of any outstanding activities in a timely manner pre revalidation deadlines.

2.1.3 That revalidation deferrals decisions are made and managed appropriately?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
<p>Very few deferrals have ever been made for PHW employed consultants. Recent deferrals continue to be 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.</p>		
2.1.4 That there are processes in place for reviewing Whole Practice Appraisal (WPA) in the context of appraisal and revalidation?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
<p>Local appraiser training requires appraisers to explicitly record the doctor's entire clinical practice.</p>		
2.1.5 That the RO role can be covered in the event of unplanned absence?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
<p>The RO role can be covered by the Deputy Medical Director in the event of unplanned absence – the Deputy Medical Director has now been confirmed as Deputy RO with access to GMC connect. The DMD has undertaken RO training and was interim Medical Director and RO for PHW between 1st December 2020 and 31st 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?	Level of Assurance (RAG):	AMBER
Evidence for rating assessment / future plans		
<p>Reports are provided to the Quality, Safety and Improvement Committee of PHW. We are still in the early stages of the development of our Office of the Medical Director and development of new staff now in post, therefore there is still some work to do to have a fully robust system in place to review and ensure ongoing improvements are taken forward for our revalidation processes.</p>		
2.1.7 That all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
Public Health Wales continues to ensure equality and diversity through requiring all staff to engage with statutory and mandatory training.		
2.1.8 That the DB takes into consideration public and patient views regarding revalidation processes?	Level of Assurance (RAG):	AMBER
Evidence for rating assessment / future plans		
<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., WRAG and RO meetings, QA events?	Level of Assurance (RAG):	GREEN
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 both the Deputy Medical Director, Lead appraiser and Revalidation Manager roles. We are also currently engaging with HEIW on the possible modification of the Orbit360 tool to better reflect Public Health Consultant work.		
2.1.10 That thresholds applied for revalidation recommendations are in line with those of other DBs?	Level of Assurance (RAG):	GREEN
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 2.1 Revalidation Processes		
Once we have established a Business/Workforce Development Manager in post (recruited but not yet in post), we will be developing a 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):

GREEN

Evidence for rating assessment / future plans

A new Lead Appraiser is in post since July 2022, progress has also been made with recruitment of new appraisers and with the recent appointments into the OMD team we are developing a more robust approach to overseeing the appraisal system and supporting appraisals.

We have now added all our multi-professional Public Health Consultants onto the MARS system with the alignment of appraisal arrangements across our Consultant Body. Multi-professional Consultants also contribute significantly to the appraiser pool for PHW.

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

Job Planning training has now been established on a regular basis throughout the year. An Appraisal and Revalidation Guide is in development in line with the all Wales appraisal guide.

The new appointments to the Business / Workforce Development Manger role and into the Project Support Officer role will allow us to further develop our website / information for new doctors including induction processes.

2.2.3 That all doctors requiring appraisal are appraised when they should be?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
<p>As we recovered from the COVID pandemic we were challenged by the availability of appraisers and changes in personnel within the RO team at PHW, but progress has been made to recruit more appraisers. Also the Lead Appraiser appointed in July 2022, has taken forward key work to engage new appraisers and develop the appraisal policy for PHW. We are confident now that in most cases doctors requiring appraisal are appraised when they should be.</p>		

2.2.4 That reasons for non-completion are documented, and non-engagement is managed appropriately?	Level of Assurance (RAG):	AMBER
Evidence for rating assessment / future plans		
<p>The appraisal lead will include the issue of documentation of non-completion in the appraisal guide.</p> <p>To date we have had no instance of non-engagement within PHW consultant body, we are content that non-engagement would be managed appropriately when / if it occurs.</p>		

2.2.5 That appraisers are fit for purpose, appropriately trained and up to date?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
All appraisers receive training via HEIW and the lead appraiser, is also 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):	AMBER
Evidence for rating assessment / future plans		
We have made progress in relation to the appointment to the key role of lead appraiser. We are currently finalising the development of an appraisal guide for PHW and also recruited new appraisers to our pool of appraisers. Plans are in place to develop a regular meeting for PHW appraisers to discuss the appraisal guide and support appraisers in their roles. This has not been established yet, therefore reporting amber, but aiming for Green in the next reporting cycle.		
2.2.7 That appraisal outputs (summary and PDP) meet agreed standards?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
Historically our appraisal outputs have been highly rated. Review of our appraisal outputs in the recent cycle jointly by the lead appraiser, Deputy Medical Director and the RO continue to show good compliance with agreed standards. The appraisal lead is keeping under review.		

2.2.8 That appraisal and its outputs are having a positive impact on individuals and on the organisation?

Level of Assurance (RAG):

AMBER

Evidence for rating assessment / future plans

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 3 years. This is still an area that we need to develop.

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

We have made good progress making an appointment to the lead appraiser role and through that role the development of an appraisal guide is under way. New appraisers have been recruited, trained and have bolstered our appraiser numbers.

Our main areas for development now are in implementation of our appraisal guide, further support for our Consultant Body with information (website development and induction plans) and training in regard to appraisal and revalidation.

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 / requests for MPIT forms have been improved over the course of this last year, however we are still developing the Office of the Medical Director within PHW. We are awaiting the commencement in post of a Business / Workforce Development Manager and Clinical Governance Manager to bolster the office and provide support with reviewing all our processes and systems in regard to ensuring that all appropriate checks are made pre establishing a connection with a doctor.

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

As above we have made improvements in our processes over the course of the year, but still need to improve further. We will include this in the development plans for the Office of the Medical Director / RO as our OMD staffing develops with the new appointments as listed above.

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
Evidence for rating assessment / future plans		
<p>Concerns have been discussed and managed appropriately during 2022/23. RO to RO discussions have happened in regard to one specific issue during this year for example. There are regular meetings and engagement with the GMC liaison officers.</p> <p>Any concerns raised are subject to a management process which will inform the revalidation recommendation.</p>		
2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
<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>GREEN</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>AMBER</p>
<p>Reason for assessment / evidence:</p>		
<p>Improvements have been made in this area over the course of the year. Further progress is expected once we have our full compliment of OMD staffing in place.</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>GREEN</p>
<p>Evidence for rating assessment / future plans</p>		
<p>Progress has been made in the establishment of procedures and processes in support of the RO role during this last year. The Lead Appraiser and Deputy Medical Director meet regularly to review and discuss consultants approaching revalidation dates. We are working with HEIW to improve the Orbit 360 tool for the use of Public Health Consultants and in relation to patient survey requirements for Microbiology / ID consultants who have a small number of direct patient contacts.</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>GREEN</p>
<p>Evidence for rating assessment / future plans</p>		
<p>The Quality, Safety and Improvement Committee have lay members in place. The OMD regularly reports into the QSIC committee.</p>		
<p>2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?</p>	<p>Level of Assurance (RAG):</p>	<p>GREEN</p>
<p>Evidence for rating assessment / future plans</p>		
<p>The Board Executive Team regularly receive updates on the development of the Office of the Medical Director / RO as well as updates on appraisal compliance and revalidation issues. The PHW Quality, Safety and Improvement Committee is a sub-committee of the board and reports up to the board on issues of revalidation and appraisal.</p>		
<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?</p>	<p>Level of Assurance (RAG):</p>	<p>AMBER</p>
<p>Evidence for rating assessment / future plans</p>		
<p>This remains an area of work for development / inclusion in our OMD processes as we bring in our new substantive post holders.</p>		

2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?	Level of Assurance (RAG):	GREEN
Evidence for rating assessment / future plans		
<p>The Lead Appraiser and Deputy Medical Director meet regularly to review and discuss consultants approaching revalidation dates. This is done in a timely fashion allowing the Lead Appraiser to engage with Consultants to support them in achieving the requirements of the appraisal process to allow the RO to make a positive recommendation for revalidation at the revalidation date.</p>		
Please outline any areas identified for development relating to 2.3 Underpinning systems: Governance		
<p>Whilst progress has been made over the last year, we have yet to establish our full compliment of staff within the OMD. The key areas for development therefore remain to address the areas marked as Amber through the development of the team once in place.</p>		

Part 3 – Progress against Quality Visit Actions

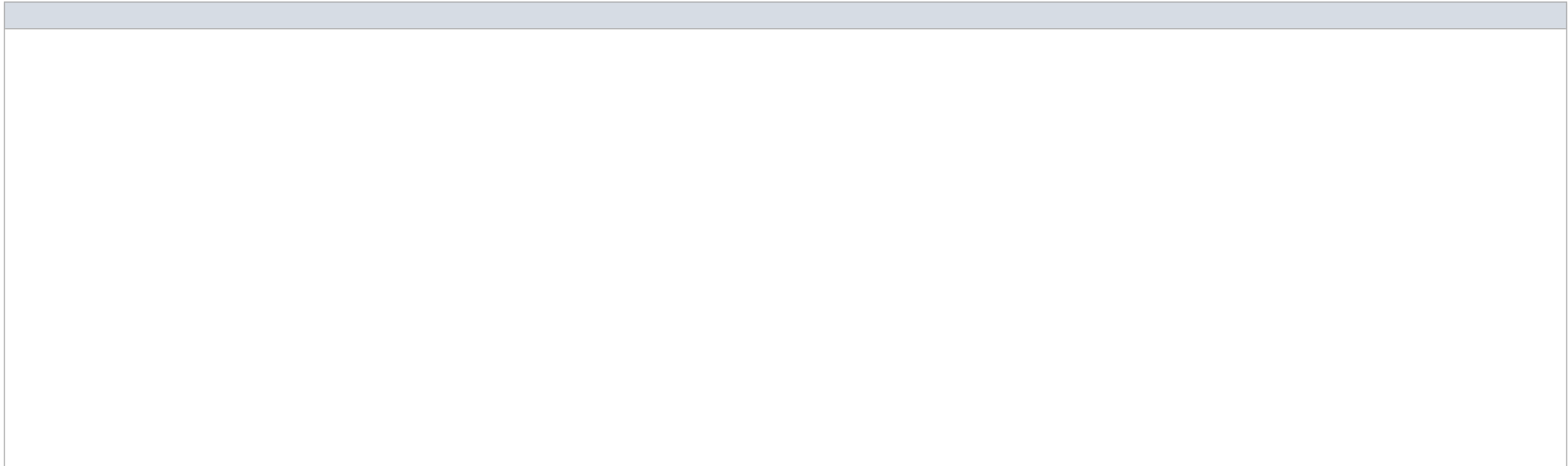
Please complete and return the progress against Quality Visits document attached to the initial e-mail

Part 4 – Internal Quality Assurance and Other Projects

If you have undertaken any internal quality assurance exercise 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:

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