

2017 All Wales Regional Quality Assurance Report

1. Aims and Objectives

During late 2017 the Revalidation Support Unit (RSU) provided three Regional Quality Assurance (RQA) events; St Asaph (Optic Centre) 26th October 2017, Swansea (Moriston) 10th October 2017 and Cardiff (Cardiff Football Stadium) 24th November 2017.

The overall aim was to review the outputs of appraisal by reviewing appraisal summaries against agreed quality criteria. This ensures quality assurance regarding appraisers performances, ongoing training and appropriate decision making for revalidation requirements. It also supports a continual quality improvement environment by identifying development opportunities to be taken forward in the aim of raising standards in both Primary and Secondary Care appraisal outputs.

The focus of the quality assurance events was to achieve the following;

1. To undertake quality assurance of a minimum of 4% of appraisal summaries in both primary and secondary care settings This was during the timeframe of 1st October 2016 – 30th Sept 2017.
2. To generate useful analysis to promote future action planning
3. To promote and ensure best practice for all delegates, thus developing their understanding of the quality of appraisal
4. Identify areas for further training
5. To share best practice between primary and secondary care appraisers

2. Quality Management Framework

The RSU and Designated Bodies (DBs) operate within an all Wales agreed Quality Management Framework (QMF). This enables a review of their organisational level arrangements for, and governance of, the appraisal process for all doctors in Wales. The quality assurance of appraisal outputs forms part of that framework of quality management. As such it states:

'There is regular review of the quality of PDPs and appraisal summaries both within the DB and as part of annual quality assurance reviews.'

Quality assurance reviews are used to inform appraiser training and improvements to the appraisal process. The annual quality standard to meet is;

'There has been internal review of at least one appraisal summary and PDP within the year for each active appraiser.'

Figure 2 highlights the relationship between quality control, quality assurance and quality improvement, forming the quality management cycle. In terms of appraisal outputs the following applies:

- Quality control – quality criteria
- Quality assurance – regional quality assurance events
- Quality improvement – recommendations being implemented from quality assurance activity

Figure 2: Quality Management cycle



3. Procedure

The 3 half day events were marketed and attended mainly by secondary care leads and appraisers and a smaller number of primary care appraisers. There were 265 attendees (10% primary care and 90% secondary care representatives) to assist with scoring the summaries. The events were composed of a morning of a RQA and an afternoon Regional Appraiser Conference (RAC) were designed for secondary care appraiser training.

Prior to the event delegates were sent preparation exercises (to enhance familiarisation with the activities of the day). The quality assurance criteria was used to analyse one example summary (purposely constructed to illustrate both strong and weak entries) as part of an initial calibration exercise.

The structure of the day enabled an hour session for a calibration exercise to help assist with consistency of scoring. Using an example summary and the scoring criteria groups worked through the meaning and understanding of the criteria and how to score the summary, looking at coming to a consensus within their small groups.

Following this attendees were split into small groups of 2 or 3, and asked to review a maximum of 5 summaries which consisted of a mixed sample of primary and secondary care.

Summaries were randomly selected from both primary and secondary care MARS instances across the designated bodies and primary care teams from the period of 1st October 2016 to 30th September 2017.

It was agreed by primary and secondary care quality leads there would be a number of areas to focus the analysis. Secondary care wanted to look at the consistency of the marking of their summaries. It was agreed the summaries would be marked for a second time to allow the designated bodies to look at the potential variance of marking.

During 2017 the introduction of the upgraded MARS system also came into operation effective from 23rd August 2017. A small sample of 27 summaries from the new system have also been captured and reviewed. They made up just 0.5% of the total number of summaries reviewed.

4. Analysis

The number of summaries reviewed totalled 4% of both primary and secondary care appraisals. In total a random sample of 246 (4.3%) summaries of both primary and secondary care summaries have been scored for analysis. Due to the time period for summaries reviewed a 10% sample of the total number (27 summaries) were produced via the upgraded MARS system.

To further analyse the summaries the data was split out into appraisal and revalidation specific criteria. The scoring criterion questions 1-10 and 16-18 was grouped as appraisal aspects of the summary. The scoring criterion questions 11-15 were grouped as the revalidation aspects of the summary.

Across the designated bodies 131 secondary care summaries were double marked. However for the purpose of the analysis the 1st scoring was used for the lead mark.

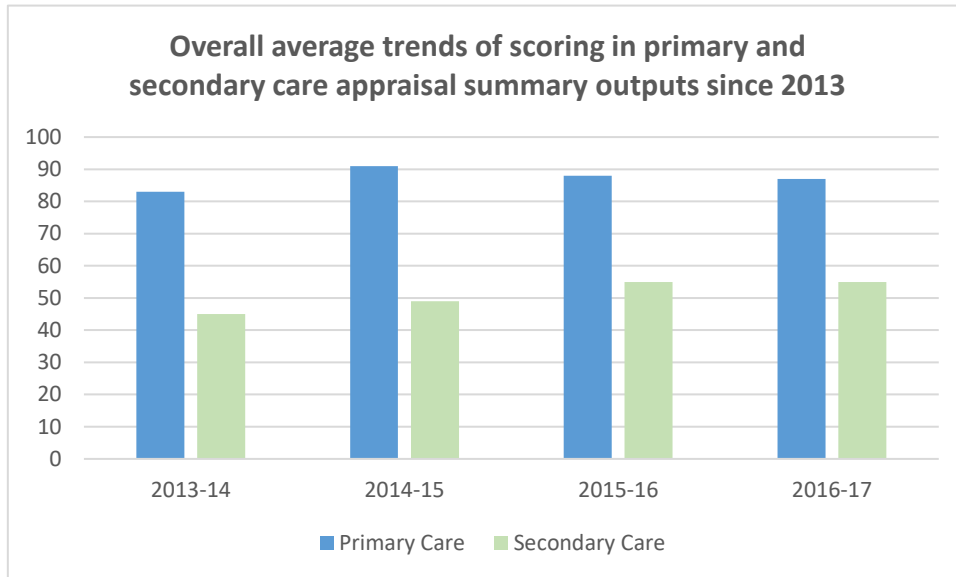
The outcome of the second marking identified a variance between the 1st marking and 2nd marking which ranged from 15% for Appraisal criteria (1-10 and 16-18) and 22% around the revalidation criteria (11-15).

The average overall summary scores are shown in Table 4.0 below and were also considered across the 4 years during the first cycle for all doctors to be revalidated in Wales.

Table 4.0 The All Wales Average Scoring for primary and secondary care summaries in 2016-17.

	Appraisal	Revalidation	Overall Average	Previous Year's Average 2015-16
Primary Care	88%	83%	87%	88%
Secondary Care	57%	45%	55%	55%
Combined	68%	49%	67%	67%

Figure 4.0



Since the inaugural quality assurance exercise in 2013-14 it can be seen there is a continued high standard of appraisal outputs in primary care with an average increase of 6% across the 4 years. In secondary care you can identify a sharper increase of 10% over the 4 years. There are many factors which can be associated with a lower score in secondary care including a later take up of appraisal compared to primary care.

Table 4.1 Overall secondary care summary scores by achievement categories

Secondary Care:		Total number of summaries completed			
Appraisal Criteria		Revalidation Criteria		Combined Criteria	
Achieved 90% - 100%	9	Achieved 90% - 100%	27	Achieved 90% - 100%	8
Achieved Criteria 80%-89%	18	Achieved Criteria 80%-89%	2	Achieved Criteria 80%-89%	15
Achieved 70% - 79%	22	Achieved 70% - 79%	6	Achieved 70% - 79%	19
Achieved 60% - 69%	22	Achieved 60% - 69%	31	Achieved 60% - 69%	26
Achieved 50% - 59%	30	Achieved 50% - 59%	6	Achieved 50% - 59%	26
Achieved < 50%	67	Achieved < 50%	96	Achieved < 50%	74

Table 4.2 Overall secondary care summary scores by achievement categories

Secondary Care Summary scores by Designated Body	AB	ABMU	Betsi	CAV	Cwm Taf	Hywel Dda	Powys	PHW	Velindre
Combined Criteria									
Combined Achieved 90% - 100%	0	2	2	0	1	0	0	3	1
Achieved Criteria 80%-89%	2	3	4	3	2	1	2	0	1
Achieved 70% - 79%	4	1	2	5	4	2	4	4	1
Achieved 60% - 69%	4	6	5	5	3	2	1	2	1
Achieved 50% - 59%	3	6	2	6	3	5	1	1	1
Achieved < 50%	12	16	16	14	5	6	1	1	4

In secondary care more than half of the overall summaries score above 50%. The breakdown of appraisal and revalidation criteria identifies the revalidation criteria scores lower overall. Again this supports the requirement to review the criteria to ensure the criteria is asking the correct questions when it comes down to revalidation and they are relevant to every appraisal.

The breakdown scores are helpful to see the overall performances within the designated bodies and can then be linked into to the Appraisal lead networks and ongoing training and development of appraisers.

Table 4.3 Overall primary care summary scores by achievement categories

Primary Care:		Total number of Summaries completed			
		93			
Appraisal Criteria		Revalidation Criteria		Combined Criteria	
Achieved 90% - 100%	55	Achieved 90% - 100%	64	Achieved 90% - 100%	47
Achieved 80% - 89%	20	Achieved 80% - 89%	1	Achieved 80% - 89%	28
Achieved 70% - 79%	10	Achieved 70% - 79%	4	Achieved 70% - 79%	10
Achieved 60% - 69%	7	Achieved 60% - 69%	9	Achieved 60% - 69%	6
Achieved 50% - 59%	0	Achieved 50% - 59%	3	Achieved 50% - 59%	1
Achieved < 49%	1	Achieved < 49%	12	Achieved < 49%	1

Table 4.4 Overall primary care summary scores by achievement categories

Primary Care Summary Scores by Designated Body	AB	ABMU	Betsi	CAV	Cwm Taf	Hywel Dda
Combined Achieved 90% - 100%	9	9	11	6	4	6
Achieved Criteria 80%-89%	6	7	5	5	1	4
Achieved 70% - 79%	1	2	1	2	3	1
Achieved 60% - 69%	1	0	1	2	0	2
Achieved 50% - 59%	0	0	0	1	0	0
Achieved < 50%	0	0	0	0	0	1

Table 4.5: Comparison of all Wales primary care highest and lowest scoring criterion compared to last year 2015-16.

2015-2016 Highest Scoring Criterion (PC)	Score	2016-2017 Highest Scoring Criterion (PC)	
<i>Professional Style</i> The names of any individuals other than the doctor, is not discernible in the text written by the appraiser (1)	98%	Where complaints have been declared, there is evidence the complaint has been dealt with appropriately (15)	100%
Some entries are discussed and reported in depth (at least 3 (6)	96%	Some entries are discussed and reported in depth (at least 3) (6)	98%
The Summary is objective and free from bias or prejudice.(3)	95%	<i>Professional Style</i> The names of any individuals other than the doctor, is not discernible in the text written by the appraiser (1)	97%
2016 Lowest Scoring Criterion (PC)		2017 Lowest Scoring Criterion (PC)	
Where identified constraints are recorded and discussed (8)	69%	Colleague Feedback There is evidence that it has been discussed, including learning outcomes where appropriate (14)	76%
There is evidence it has been discussed, including learning outcomes where appropriate (15)	70%	The current PDP matches the learning and revalidation needs of the doctor and has clear outcomes (10)	77%
There is evidence that it has been discussed, including learning outcomes where appropriate. (16)	70%		
Where appropriate evidence of feedback, challenge and/or added value is evident. (7)	78%	It is clearly recorded whether; it meets revalidation requirements, or that further work is required (12)	78%

Table 4.6 Comparison of all Wales secondary care highest and lowest scoring criterion compared to last year 2015-16.

2016 Highest Scoring Criterion (SC)	Score	2017 Highest Scoring Criterion (SC)	Score
The Summary is of a professional standard, regarding grammar, spelling and typing (2)	79%	<i>Professional Style</i> The names of any individuals other than the doctor, is not discernible in the text written by the appraiser (1)	86%
<i>Professional Style</i> The names of any individuals other than the doctor, is not discernible in the text written by the appraiser (1)	76%	The Summary is of a professional standard, regarding grammar, spelling and typing (2)	80%
Progress against each item of last year's PDP has been documented, or reasons for lack of progress are recorded	60%	The Summary is objective and free from bias or prejudice.(3)	69%
2016 Lowest Scoring Criterion (SC)	Score	2017 Lowest Scoring Criterion (SC)	Score
There is a single entry about revalidation progress, towards completing the six strands of evidence, over the five year cycle.	38%	There is a single entry about Revalidation progress, towards completing the 6 strands of evidence, over the 5 year cycle. (16)	35%
Evidence of Challenge and added value in entries reported in depth. Where appropriate evidence of feedback, challenge and or added value is added	40%	It is clearly recorded whether it meets revalidation on requirements or that further work is required (11)	39%
The summary gives the RO assurance that the whole of the doctor's practice/scope of work have been included (19)	44%	Colleague Feedback: There is evidence it has been discussed, including learning outcomes where appropriate (14)	40%

Table 4.7 Overview of the number of appraisers' summaries which were quality assured within their geographical team.

Primary AC Teams (Managed across localities rather than DB.)	Cardiff	Gwent	Mid Glam	North East	North West & Powys	South West	West	Combined
Number of Appraisers in AC Team	15	18	14	13	12	13	13	98
Number of Appraisers Summaries scored	8	11	12	7	6	8	6	58
Number of total Summaries scored*	12	17	17	12	8	13	13	92
% of Appraisers' summaries quality assured	53%	61%	86%	54%	50%	62%	46%	59%

*some appraisers have had more than one summary scored.

The national event aim is to provide a snapshot of quality across Wales. The table shows within primary care how a minimum of half of all appraisers' are subject to one of their summaries being randomly selected as part of the event. In primary care there is an experienced team of Appraisal Co-ordinator (AC), who throughout the year provide continued support and training to their appraisers. The MARS system also provides ongoing appraiser feedback directly from appraisees which is reviewed annually by the AC with the appraiser. The ACs receive individual reports from the RQA to give assurances regarding their management of their team and where to focus ongoing training on.

Table 4.8 Overview of the number of appraisers’ summaries which were quality assured within their DBs.

Designated Body Teams	AB	ABMU	BC	C&V	Cwm Taff	Hywel Dda	Powys	PHW	Velindre
Number of Appraisers	89	198	154	174	38	49	12	10	9
Number of Summaries scored	25	34	31	33	18	16	1	3	2
% of Appraisers' summaries quality assured	32%	27%	28%	26%	49%	36%	25%	38%	29%

In secondary care the number of appraisers’ summaries randomly selected for inclusion is less than 50% within each DB. This is due to the higher number of appraisers within secondary care and the larger number of doctors to appraise within a huge variety of specialities. There is a growing network of senior appraisers within DBs to support appraisers. Some of the recommendations from this event has requested for more regular feedback for secondary care appraisers from their appraisees and this will be considered through the MARS system. It will also be important to look at local quality assurance exercises and training through the Wales Revalidation Appraisal and Implementation Group (RAIG) for secondary care appraisers to ensure regular feedback and support is available.

5. Delegate Feedback

During the agenda participants at the three events were asked to complete an activity form which requested feedback in key areas; Appraisal summaries and PDPs, The appraisal process, revalidation, the day’s quality assurance review and appraisers role. 185 respondents submitted the forms back for review. Not all questions on the form were completed. Therefore, this was quantitatively analysed on a question by question basis. Please see questions that were highlighted in last year’s report for comparison.

Table 5. Question 1b. Did you identify any areas you feel appraisers would benefit from further support or guidance in relation to producing the appraisal summary

	Cardiff	St Asaph	Morrison	Combined	% of respondents
How to 'challenge' and how to document it.	23	5	3	31	17%
Reviewing Revalidation Information	13	0	4	17	9%
Mars Training on New MARS	11	0	2	13	7%
PDP skills i.e. SMART and review previous years	10	1	0	11	6%
How to produce a good summary	4	3	4	11	6%
How to group entries for new appraisers	2	3	1	6	3%
Receive regular feedback on appraisals (less than 5 appraisals via MARS)	5	1		6	3%
To attend RQA as a Mandatory Training event	4	0	2	6	3%

In relation to data on this same question received in 2016, the area of challenge remains the highest scoring area but with a reduced overall percentage of 8% from attendees. There are still questions about ensuring the meaning of the word ‘challenge’ is positive for appraisers, as it sometimes feels negative, and summative rather than formative. In relation to receiving individual appraiser feedback this has reduced by 1% and is 6th area of interest from the feedback. This may be partly due to the increasing number of Appraisal leads in secondary care designated bodies and perhaps the number of appraisers undertaking in excess of 5 appraisals per year and then being able to view the MARS appraiser feedback. Example scenarios and summaries has also reduced by 2% possibly as appraisers gain in confidence of their role. New areas of interest for appraisers this year are revalidation requirements and templates such as QI, SEA and WPA. Also New MARS training which is topical with the new update being released in August 2017. The website has new revalidation templates included i.e QIA and WPA, the removal of the additional PDP and a revalidation scorecard. There were a very small number of new MARS summaries viewed during this exercise but they will be the focus of the 2017-18 RQA events. It is natural appraisers will require training on the new functionality and webinar training will continue to be provided via the RSU over the year.

Table 5.1 Question 3a. Best Features of appraisal summaries scored with respect to the revalidation process

	Cardiff	St Asaph	Morryston	Combined	% of respondents
Benchmark own work against good and bad examples of summaries with variety of styles	27	10	3	40	22%
Concise but comprehensive summaries	11	3	8	22	12%
Documented learning needs and SMART actions in the PDP	16	2	1	19	10%

In relation to data on this same question received in 2016. Being able to learn from the variety of examples of the summaries seemed the most overriding theme. In 2016 it was information regarding the revalidation page that was most useful but this criteria was not included in 2016-17 due to the upgrade of the MARS website it will be reviewed as part of the criteria review which elements of MARS will be included for future quality events. The other two elements of the summary, clarity through being concise but comprehensive and the SMART PDPs, continue to remain as the 2nd and 3rd feedback areas for appraisers. This highlights the importance of these areas in the training and development of appraisers.

6. Recommendations and Future planning.

In summary there was great consistency between appraiser scoring in both primary and secondary care. The areas identified for quality improvement and further interpretation are listed below grouped into the following areas RQA, Appraiser Training, MARS and Appraisee Feedback.

The key aim in 2018 will be to review the criteria and scoring system in line with the upgraded MARS system and criteria in the area of challenge. There will be RQA events for 2018 using the newly defined criteria to help further develop appraiser training systems and support.

Action	Activity	Timeframe	By who
RQA			
Model for RQA events in primary and secondary care.	To provide two RQA events for combined attendance for primary and secondary care. One geographically North and one South Wales.	Autumn 2018	RSU
New RQA scoring criteria	Review criteria in light of functional improvements of MARS and impact on the summary output and training element for appraisers.	Jan-Mar 2018	Quality Management Team co-ordinated by RSU
New RQA Criteria	Review criteria in the area of Challenge could be better explained by added value – challenge sounds summative not formative	Jan-Mar 2018	Quality Management Team Co-ordinated by RSU
Interactive Calibration Exercise	Develop video and interactive resources for calibration	Autumn 2018	RSU
Explore targeted RQA Exercises or focus for events	To consider options for such activity i.e. revalidation consecutive appraisals, review one appraisal for each appraiser.	Jan-Mar 2018	Quality Management Team.
Explore local RQA activities within designated bodies.	To ensure appraiser receive regular feedback and ensure the consistency of appraisal.	2018	RAIG
Online feedback Template	To collect trends for reporting and collating an action plan for 2019	Autumn 2018	RSU
Appraiser Training			
Model for training in secondary care.	To separate out the RAC and RQA events. To provide additional appraiser training events for secondary care.	Jan-Mar 2018	RSU Senior Management team
Emphasise SMART PDP	To highlight good practice for SMART PDP	Appraiser Training	RSU
Focus on revalidation elements i.e., QIAs, SEA and WPA	To highlight good practice to share QI documentation standards. How to consider elements for revalidation and document progress for revalidation.	Appraiser Training	RSU

Grouping of entries	Share grouping documentation for appraisers particularly for new appraisers and within secondary care specifically with the inception of New MARS.	Appraiser Training	RSU
Consistency over RO expectation of what to include in summaries for revalidation requirements.	To facilitate discussions on consistency within DBs in relation to summarising and inclusion of certain elements for appraisal and revalidation.	2018	RAIG / RO Network
Reflection training	How to document reflections from discussions. Consider development of an Online Module.	Appraiser Training	RSU
MARS			
Ongoing development programme for MARS regarding Revalidation requirements	To ensure the Revalidation progress box is implemented for appraisers to document a summary of progress towards revalidation.	2018	RSU
Add Revalidation Date	MEP update	2017	Completed
Simplified PDP (past, current, aspirational)	Remove additional PDP	2017	Completed
Appraiser Feedback	For Health Boards to be able to provide regular appraiser feedback i.e. after a minimum of 2-3 appraisals	April 2018	Completed
Appraisee Feedback			
Constraints Report	To provide feedback to doctors on Constraints	2018	RAIG