Final Report

External Quality Assurance Review of ‘Wessex Appraisal & Revalidation Service’ Processes & Systems

Final Project Report

v5. September 2013

Health Education East Midlands
1. Background

1.1 The aim of the project was to perform an external quality assurance review of the Wessex Appraisal & Revalidation Service processes and systems, to provide a validation of current practice and to inform future development and planning. Findings and recommendations are presented in this final report.

1.2 Wessex Appraisal and Revalidation Service (WARS) are based at Otterbourne in Hampshire and provide a full appraisal service to Wessex Local Area Team (LAT), (formerly NHS Bournemouth and Poole, NHS Dorset, NHS Portsmouth, NHS Hampshire. NHS Southampton City and the Isle of Wight), Solent Medical Services and Jersey Primary Care Body, as well as a proportion of appraisals on Guernsey.

1.3 The project took place within the context of Medical Appraisal and Revalidation of doctors which commenced on the 3rd December 2012.

1.4 The project was defined by the following key objectives

- To review progress against the last external review
- To review ORSA evaluation and provide validation
- To review the appraisal system against the RST Medical Appraisal Guide and Quality Assurance of Medical Appraisers (2013)
- Specific objectives were also defined in the Project Initiation Document.

1.5 The project has adhered to the values and visions it set out, it has received very positive and clear engagement by the WARS leadership, all documentation was received from the WARS programme lead and on the whole the project received positive and a wide ranging participation from the WARS team, Appraisees, Appraisers and Appraisal Leads.

2. Core Values

2.1 The Appraisal service is hosted within the Local Education and Training Board (LETB) and is led by a Senior Associate Dean. The core principle of the service is that appraisal is an educational activity and should be firmly rooted in the
development of the doctor. This principle is underpinned by the vision of the current Director of Primary Care Education and the Postgraduate Dean who have a clear understanding of a seamless journey from training to retirement and beyond.

2.2 The significance of Revalidation is maintained and the correct process followed, but the driver to this service is the belief that high quality appraisal will contribute to improving services to patients.

2.3 Strong, collaborative relationships between the hosting LETB, WARS, the LAT and the Local Medical Committee (LMC) underpin the belief that appraisal benefits both doctor and patient.

2.4 The ethos of WARS is to improve the quality of patient care by providing a highly skilled network of trained appraisers to review and support the on-going professional development of doctors within their geographical area.

2.5 The organisation has research and development incorporated as a core value. There are examples of recent publications reviewing the introduction of an appraisal system on the island of Jersey and the impact on the quality of care provided.

3. **Progress for the last QA review**

3.1 WARS submit an annual report detailing performance to the Wessex area team and other commissioning bodies. The hosting of WARS within the LETB has enabled links to be formed with other post Certificate of Completion of Training (CCT) educational providers.

4. **Support for Appraisees**

4.1 WARS have a regularly updated website which provides information about Appraisal and Revalidation.

4.2 Appraisees receive timely reminders about the appraisal process and are allocated appraisers on a three year cycle.

4.3 The core team, based at Southern house, provide ad-hoc telephone advice where necessary. This team have built up considerable local knowledge and are perceived as helpful and well informed.

4.4 Regional information sessions on Revalidation related topics have been done in collaboration with LMC and local Responsible Officer (RO).
4.5 A position has been taken by the local Responsible Officer not to restrict doctors in their choice of toolkit for the presentation of Revalidation information.

5. **Support for Appraisers**

5.1 New Appraisers are recruited, selected and trained centrally.

5.2 The standard of training provided has been acknowledged as excellent (without exception).

5.3 Appraisers who have contributed to this report have commented on how much they value support from the Appraisal leads, who were described as dedicated, enthusiastic and helpful when advice was sought.

5.4 In terms of quality assurance, the organisation has a robust process. For new Appraisers, the first three appraisals are reviewed and feedback is given by the Appraisal leads. Established Appraisers receive an annual, non-face to face review. This involves collated appraisee feedback, administration feedback and ‘PROGRESS’ scores on completed summaries. All Appraisers have their skills assessed every five years by attending a Skills Assessment session.

5.5 The organisation also offers Advanced Appraisal Skills training and opportunities to pursue a Postgraduate Certificate of Medical Education (PGCME) designed for appraisers. This resource is provided in partnership with the University of Winchester.

5.6 There is an opportunity to re-train where updating is required.

5.7 The Annual Appraisal conference is well regarded and was mentioned several times as an opportunity to learn together and refresh the enthusiasm, as were quarterly local appraiser support group meetings.

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1 PROGRESS is a standardised Quality Assurance Tool for assessing Appraisal Output
6. **Support for Appraisal Leads**

6.1 The LETB currently provides five sessions per week for the employment of the Senior Associate Dean as Service Lead. Backed by the full-time Programme Manager and four full-time appraisal administrators, this allows for central clinical and strategic leadership, underpinned by dedicated administrative support.

6.2 The LETB currently provides seven and a half sessions per week for the employment of Appraisal Leads. This employment situation allows for centralised recruitment, planned development and flexibility of usage.

6.3 In their feedback to this QA process, the Appraisal Leads cited as extremely useful the whole day development events based on MBTI.

6.4 This community of Appraisal Leads are key to the successful dissemination and benchmarking of good practice.

7. **Support for the Responsible Officer**

7.1 WARS currently provides its services on behalf of the ROs of Wessex and Solent Medical Services. The Channel Islands have yet to appoint to this role.

7.2 The current RO of Wessex described feeling reassured by having a well led, very efficient administrative service in place to organise and oversee this mandatory process.

7.3 He identified a shared belief that appraisal is one of the most valuable routes to improving patient care and recognised the value gained by commissioning an external provider to bring neutrality and high profile leadership.

7.4 The RO for Wessex has a clear vision for how Appraisal will evolve into a highly effective tool for improving patient care. This view is completely congruent with that expressed by the leadership of WARS.

8. **Significant Strengths**

8.1 WARS have a very efficient and committed core administration team who work well together and provide the framework for the Appraisal process. The team cover a wide geography which they manage in “patches”. Leadership of the administration team is done with clarity, determination and a sense of humour. Gill Watson, as Programme Lead was described as “the best boss I have ever had” by a member of her team.
8.2 There are congruent and clearly expressed leadership views across WARS, the LAT, LMC and the school of General Practice. This greatly enhances the sense of direction and purpose.

8.3 There are well developed appraisers and appraisal leads.

8.4 WARS greatly benefits from robust and appropriate hosting arrangements within the LETB, where the school of General Practice is fully committed to providing continuity for registrars remaining in the area post CCT. The WACPOT group of postgraduate medical educators allows for shared good practice and soft information exchange. There are also links with Clinical Commissioning Group (CCG) education leads, LMC and the Royal College of General Practitioners (RCGP) faculty.

8.5 There is very effective partnership working with the local LMC. This allows for there to be a balance between a totally outcome driven system and one which puts the development of the doctor at the heart of the service.

8.6 As a result of shared values and effective communication, the needs of the RO are clearly understood.

8.7 The education team in WARS has extended its training expertise to provide appraisal training in secondary care. This allows for a healthy cross fertilisation of local development.

8.8 There is a commitment to research into the impact of appraisal on clinical outcomes through strong academic links with the local universities.

9. Areas for Improvement

9.1 Direct communication with appraisees is currently through the website. This supplements information sent via the LMC. There were comments made by a few appraisees to suggest that there is still confusion about Revalidation and what might happen to anyone who does not provide sufficient evidence to revalidate.

9.2 Several people commented that the system needs to build in time for consolidation. The pace and volume of change, both nationally and locally, has been unprecedented and some felt that they need now to pause, reflect and refine the current system.
9.3 One very well respected Appraisal lead is about to retire. There is much speculation about their replacement. There is an opportunity to share strategy on how the Appraisal Leads group will develop in the future and continue to offer support to Appraisers.

9.4 The service has done a very impressive job in the establishment of systems and processes. It seems timely, as another round of commissioning is approaching, to give more thought to how the service is marketed, especially with regard to the considerable “added value" offered by such an educationally focussed culture.

9.5 Although the MAG e-portfolio is most commonly used across the geography served by WARS, there is no restriction in Wessex on allowing doctors to use any other toolkit, while doctors on Jersey are using a commercial electronic platform. This may require further training of appraisers to utilise these different toolkits.

10. Recommendations

- Consider appointing a medical deputy to support the team when the Clinical Director is performing National roles (the soon to be retired Appraisal Lead has been vital in filling the gaps during a recent sickness absence).

- Review communications with local doctors – possibly step up direct communication in addition to that provided by the LMC.

- Publish a strategic plan to demonstrate the longer term planning for consolidation and resilience in the event of commissioning arrangements changing.

- Review the marketing strategy to better incorporate the core values of the service.

- Produce a handbook for appraisers which details support for difficult situations.

- Review the interface with the Area Team to ensure that there are clear processes for disagreements in appraiser sign off statements and concerns.

- Clarify expectations over the transfer of confidential information to the Local Area Teams (LATS) and to focus awareness on the importance of this.

- Review the process of providing quality assurance and validation from the perspective of all parties to provide guidance on further deliveries.
11. Summary

This Quality Assurance exercise has highlighted the outstanding achievements of Dr Susi Caesar and her team of administrators and educators. The service is very well placed within its Health Education England (HEE) host to expand into other clinical environments.

A particular mention should be made about the excellent working relationships within the team and with key partners in other organisations. WARS have clarity and consistency in their shared values, which are at the heart of these good working relationships. Furthermore, the service has effective communication channels in place, which makes it responsive and adaptable to any changing national guidelines and/or additional requirements. What is very evident from the service is the strong mutual respect and trust across the team which supports its shared vision of how appraisal contributes to patient outcomes.

12. Acknowledgements

We would like to thank everyone who contributed to the ‘External Quality Assurance Review of Wessex Appraisal & Revalidation Service Processes and Systems Project’. With a particular thank you to the core team for their openness and hospitality especially during the quality assurance visit.

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Appendix 1 - Quality Matrix: Appraisal and Revalidation systems

Appendix 2 – Collation of Responses for pre QA WARS visit