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# Revalidation Quality Assurance Events (RQA) 2019

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## Contents

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<b>Section 1</b>	<b>Overview</b>	<b>2</b>
<b>Section 1.1</b>	Quality Management Framework	<b>4</b>
<b>1.2</b>	Procedure	<b>5</b>
<b>Section 2</b>	<b>Analysis</b>	<b>6</b>
<b>2.1</b>	All Wales Results	<b>7</b>
<b>2.2</b>	Primary Care Results	<b>8</b>
<b>2.3</b>	Secondary Care Results	<b>10</b>
<b>Section 3</b>	<b>Delegate Feedback</b>	<b>12</b>
<b>Section 4</b>	<b>Recommendations and Future Planning</b>	<b>14</b>
<b>Appendix 1</b>	Table of progress against the 2017-18 All Wales RQA Report Recommendations	<b>15</b>
<b>Appendix 2</b>	All Wales Primary Care Individual Criterion Scores	<b>17</b>
<b>Appendix 3</b>	All Wales Secondary Care Individual Criterion Scores	<b>19</b>



## Section 1 - Overview

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Each year the Revalidation Support Unit (RSU) facilitates two Regional Quality Assurance (RQA) events across Wales. The overall aim is to review the outputs of appraisal by assessing appraisal summaries from both Primary and Secondary care against a set of quality criteria to identify all Wales themes.

This year the two half day events took place in St Asaph (OpTIC Centre) on the 3rd October and Swansea (The Village Hotel) on the 8th November.

**147 delegates attended the events, 68% of attendees completed the feedback survey and of those 100% advised that they found assessing other Appraisers summaries beneficial to their role.**

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

- To undertake quality assurance of approximately 4% randomly selected appraisal summaries in both Primary and Secondary care settings.
- To generate useful analysis to promote future action planning.
- To promote best practice to all delegates, thus developing their understanding of the quality of appraisal.
- Identify areas for further training.
- To share best practice between Primary and Secondary care Appraisers.
- To provide Appraisers with the tools and knowledge to influence the way in which they conduct appraisals in the future.

**This year the combined Primary and Secondary Care All Wales quality score was 70% which is an increase of 5% on the previous year.**

In Primary Care all 17 criteria have shown a varying increase in scores and in Secondary Care, 10 out of the 17 criteria (59%) have also shown an improved score. These results are evidence of the continuing upward trend in the quality of appraisal outputs.

It also suggests that the activities undertaken by Appraisers, the RSU, the Health Boards (HBs), Appraisal Leads and Co-ordinators (ACs) to focus on improving the quality of appraisal are having a positive impact. The RQA events, RQA report with recommendations and RAC training events have contributed to an increase in the quality scores for one of the lowest scoring Secondary Care criterion; Professional Context. Figure 3 demonstrates the progress in quality scores for this criterion since 2018 and the quality assurance activity undertaken to support the development of Professional Context within appraisal summaries.

**Figure 3 - Professional Context Quality Scores by Appraisal Quarter (AQ)**

Summary Range	Jul - Sep 2018	Oct - Dec 2018	Jan - Mar 2019	Apr - Jun 2019
Professional Context score	30%	44%	42%	43%

		RQA 2018 Events held	RQA 2018 Report released	RAC 2019 Events held
		↓	↓	↓

Recommendations have been identified following analysis of the quality assurance data including future planning around areas such as the RQA events, Secondary Care Appraiser training, and MARS. The RSU will also continue to work closely with HBs, ACs and the new network of Secondary Care Appraisal Leads (ALs) to facilitate further improvement.



## Section 1.1 - 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:

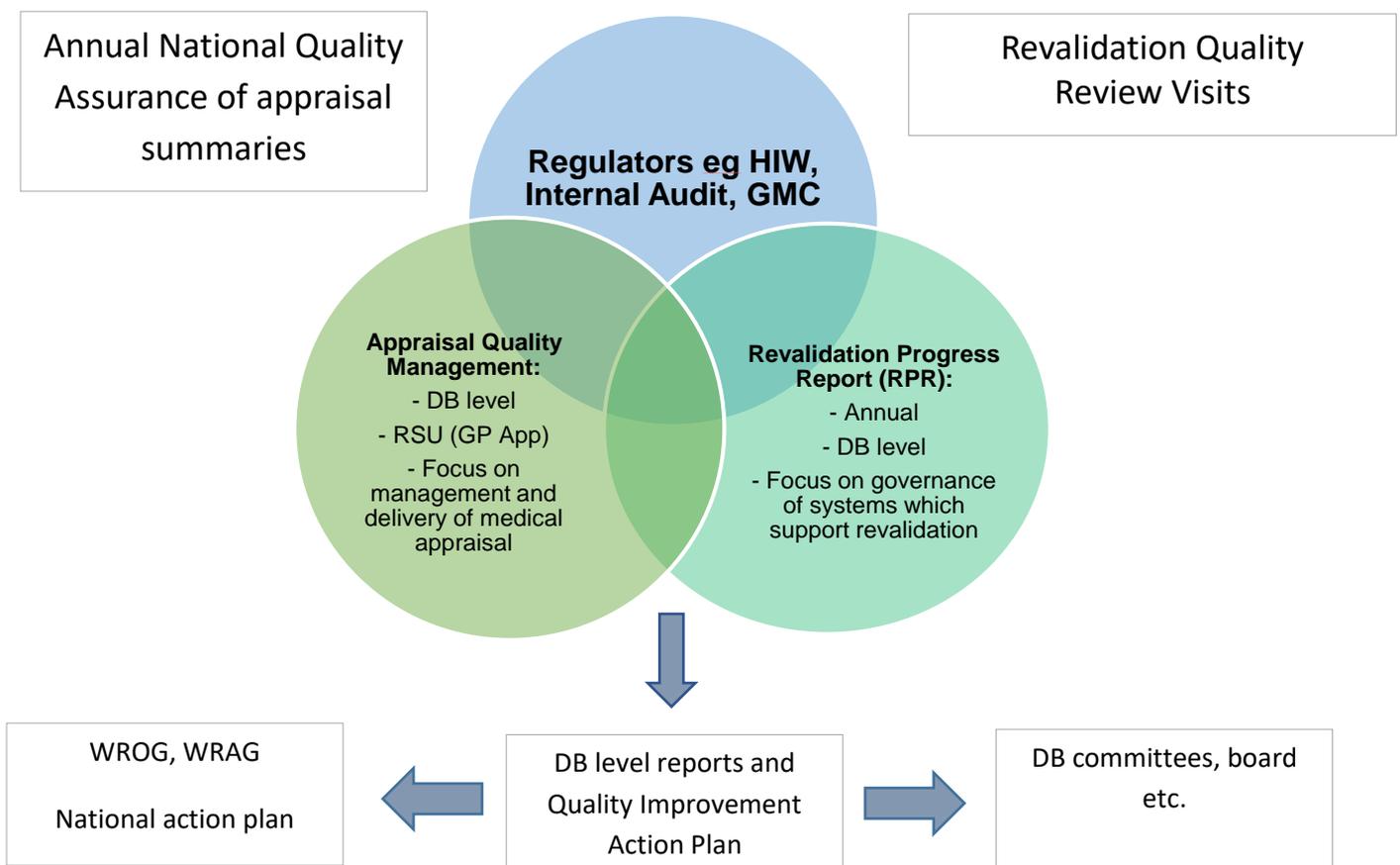
*'There is regular review of the quality of PDPs and appraisal summaries both within the DB and as part of annual quality assurance reviews.'*

Quality assurance reviews are used to inform Appraiser training and improvements to the appraisal process.

Figure 1 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 1. - The Quality Management Cycle



## Section 1.2 - Procedure

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The two half day events were marketed to all Primary Care and Secondary Care Appraisers via the MARS e-broadcast function, the ACs, ALs and the DBs. In response to feedback from last year the voluntary afternoon discussion session was removed to enable the morning session to be focused solely on the quality scoring exercise. This year's events were structured to facilitate a morning quality assurance exercise, an introduction including national updates and a brief roundup session.



In preparation for the event the existing RQA calibration video and accompanying PDF summary examples were combined to create a new user-friendly online calibration video. 4% of summaries completed and agreed were randomly selected from MARS (Medical Appraisal and Revalidation System) and anonymised. The format of the summaries was changed to reflect the version available to Appraisers via MARS. This replaced the previous version used at national events which was in excel format.

As part of the anonymisation process by the RSU, scoring criterion 2 (Professional Style: Apart from the doctor no other person is identifiable in the summary) was pre-scored. This score was made available to the attendees when completing the consensus blue scoring sheets, if there was any discrepancy, it could be noted on the scoring sheet.

In order to maximise the opportunity for networking and shared learning delegates were allocated groups based on their geography and status as a Primary care or Secondary care Appraiser. Where possible all groups included a Primary care representative and were made up of 4/5 Appraisers in total. The attendees undertook the scoring exercise in these groups which enabled discussion and consensus of a score to be achieved.

The groups were provided with summaries outside of their own individual geographical areas to assist with confidentiality.

During the event the attendees were reminded of their obligation regarding privacy and confidentiality when scoring real life summaries and support staff from the RSU and HBs were available to answer any questions.

## Section 2 - Analysis

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This year the number of summaries scored has increased from 123 (2018) to 147 with an average of 5 summaries being scored per group compared to 4 the previous year.

This increase can be attributed to the new layout of the summaries being used at RQA this year. The format used mirrored the format of summaries on the Medical Appraisal Revalidation System (MARS) which is more familiar to the Appraisers and will have helped them navigate and score the summary more efficiently.

The feedback questionnaire supports this view as 96% of those who completed the survey supported the new format and layout of the summaries. Therefore, we will continue to use this format for the summaries going forward.

Of the 147 Appraisers who attended both events 25 (17%) were from Primary Care and 122 (83%) from Secondary care. This represents 17% of active Secondary Care Appraisers and 23% of active Primary Care Appraisers across Wales attending these events.

**84%** of the delegates who completed the feedback survey stated that they **will** change the way they produce summaries in future after attending the RQA event. This statistic serves to demonstrate the importance of running such events and the benefit to the Appraisers who attend.



## Section 2.1 - All Wales Results

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Table 1 'All Wales Summary Quality Score' shows that the overall quality score for Wales has improved. It must be noted that although the overall scores for Primary Care and Secondary Care have increased, a higher proportion (20%) of Primary Care summaries were marked in 2019 compared to 2018. This will have contributed to the 5% increase in the All Wales Quality Score.

**Table 1 - All Wales Summary Quality Score 2017-2019**

All Wales Summary Overall Quality Score	2017-2018	65%
	2018-2019	<b>70%</b>
	DIFFERENCE	<b>+5%</b>



## Section 2.2 - Primary Care Results

Table 2 'Primary Care Summary Quality Score' shows the overall quality score for Primary Care summaries across Wales has increased, this is a positive indication that the quality of appraisal output continues to improve.

**Table 2 - Primary Care summary quality score 2017-2019**

Primary Care Summary Quality Score	2017-2018	86%
	2018-2019	<b>88%</b>
	DIFFERENCE	<b>+2%</b>

### Highest Scoring Criteria

In Primary care there has been no specific focus on the two highest scoring criteria identified in Table 3 but instead a focus on the overall quality of the appraisals being produced as well as those consistently scoring low. The table shows that criterion 9 remains a high scoring area through 2017 - 2019 as ensuring entries have been discussed and reported in depth is an essential part of the appraisal process. It is encouraging to see this not only remains one of the highest scoring criteria, the score itself has increased by 14%. In addition, the objectivity of the summary's scored extremely high in 2018-2019 as this is a fundamental element of appraisal. Although table 3 shows criterion 4 has replaced criterion 8, criterion 8 remains high scoring.

*A full list of the criteria and scores can be found in appendix 2*

**Table 3 - Highest scoring criteria for Primary Care**

2017-2018		2018-2019	
9. Three or more entries are discussed and reported in depth.	84%	9. Three of more entries have been discussed and reported in depth	98%
8. The Appraiser has acknowledged and recorded improvements and other changes in practice and/or patient care.	84%	4. The summary is objective	98%

### Lowest Scoring Criteria

It is important to note although the two criteria in Table 4 are the lowest scoring, the overall quality scores are significantly higher than the previous year which is encouraging to see. Criterion 11 remains a comparatively lower scoring area through 2017-2019 with criterion 5 replacing criterion 16. Since 2017-2018, criterion 16 has seen a significant increase in scores from 62% to 89%. Primary care has focused on some of the lower scoring elements from last year as part of their regional meetings however in some cases there will be a period of time for improvements to filter through to the appraisal summaries.

*A full list of the criteria and scores can be found in appendix 2*



**Table 4 - Lowest scoring criteria for Primary Care**

2017 - 2018		2018 - 2019	
11. Constraints: Where listed by the doctor, constraints are appropriately commented upon by Appraiser.	64%	11. Constraints: Where listed by the doctor, constraints are appropriately commented upon by Appraiser.	75%
16. Structure of Summary: The summary is appropriately concise yet acknowledges the professional development of the Doctor	62%	5. Similar entries have been linked or grouped appropriately	79%

## Section 2.3 - Secondary Care Results

Table 5 shows the overall quality score for Secondary Care summaries across Wales has increased slightly, which reflects the continuing long-term upward trend in the quality of appraisal output.

**Table 5 - Secondary Care summary Quality Score 2017-2019**

Secondary Care Summary Quality Score	2017-2018	55%
	2018-2019	<b>56%</b>
	DIFFERENCE	<b>+1%</b>

### Highest Scoring Criteria

The professional standard of the summaries remains one of the highest scoring areas for Secondary Care. In addition, the objectivity of the summaries scored highly which is also an important element for appraisal. Over the next 12 months, the overall quality of the output of appraisal will continue to be an area of focus.

Although the overall quality scores for the two highest scoring criteria (Table 6) has decreased it is extremely encouraging to see that over 50% of the criteria scores have improved. Improvement is shown in areas such as the PDP, progress towards Revalidation, the use of reflection and the appropriate grouping of entries.

One of the highest scoring criterion for 2017-2018, criterion 2, has shown a decrease from 80% to 53%. A reason for this decrease could be attributed to the fact that this criterion was pre-scored by the RSU as part of the 2018 -2019 anonymisation process. It may be the case that this criterion may have been under more scrutiny than it would have been at an RQA event due to the time limitations. The RSU will continue to score this criterion and will monitor the results going forward.

*A full list of the criteria and scores can be found in appendix 3*

**Table 6 - Highest scoring criteria for Secondary Care**

2017-2018		2018 - 2019	
3. The summary is of a professional standard regarding grammar, spelling and typing.	78%	3. The summary is of a professional standard regarding grammar, spelling and typing.	73%
2. Apart from the Doctor no other person is identifiable in the summary.	80%	4. The summary is objective.	72%

### Lowest Scoring Criteria

It is encouraging to see from table 7 that the lowest scoring criterion, Professional Context has improved by 9% since last year. This area has formed a key part of the Appraiser training events and discussions over the past year. Criterion 10 is an important part of the appraisal process and includes areas such as whether the Appraiser noted learning points and measurements against progress. Over the next 12 months this will be an area of focus to support improvement.

Another area which Secondary Care has focused on is criterion 17, which has seen the quality score increase from 31% on 2017-2018 to 42% in 2018-2019.

*A full list of the criteria and scores can be found in appendix 3*

**Table 7 - Lowest scoring criteria for Secondary Care**

2017 - 2018		2018 - 2019	
1. Professional Context: Have they included a professional context that gives an indication of the Doctors roles and responsibilities.	32%	1. Professional Context: Have they included a professional context that gives an indication of the Doctors roles and responsibilities.	41%
17. WPA - Whole Practice Appraisal: WPA has been included. It has been discussed where appropriate.	31%	10. There is evidence of added value from the appraisal discussion	36%



## Section 3 - Delegate Feedback

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Post event, the delegates were asked to complete an online feedback questionnaire. The questionnaire asked them to rate and provide feedback on areas such as the calibration exercise, the welcome, the scoring exercise and most importantly the impact of the event on their role as an Appraiser. They were also asked to identify positive improvements to the appraisal summary and the MARS system as well as identify topics for future Appraiser training days.

100 respondents completed the feedback questionnaire, which was **68%** of the delegates who attended both events. **90%** of delegates had attended a previous RQA event and **10%** were either new Appraisers or had not attended previously. Overall the results were extremely positive and constructive with over **80%** stating as a result of attending the event it will change the way they produce an appraisal summary in the future.

### Calibration video

Having introduced the calibration video last year, attendees were only required to complete the exercise if they had not done so previously. Despite only 10% of the responders attending RQA for the first time over 50% have completed the exercise. This means some Appraisers used the calibration video as a refresher tool for the scoring exercise this year.

- **80%** of delegates rated the ease of use of the calibration video Good or Excellent.
- Most felt that the use of the calibration itself before the event

*“helped with what to expect on the day”, “made it easier to assess summaries” and helped delegates with a “clear explanation of the exercise to be performed”.*

It is encouraging to see the updated online version of the Calibration video was useful to the attendees *“Discovering points which will enhance appraisal skills including thoroughness for future appraisal work was of benefit”*

A new version of the calibration video will be produced in 2020 to reflect changes in the scoring criteria and feedback on the accessibility of the tool. This will be one of the recommendations we will be taking forward for 2019.

### Ratings for different sessions

- **95%** of delegates rated the Welcome and Introduction as Very Good or Excellent.
- **98%** of delegates rated the Scoring Session as Very Good or Excellent.
- **96%** of delegates rated the Feedback Session as Very Good or Excellent.
- **100%** of delegates rated Assessing the Summaries as Very Good or Excellent.

### Most useful part of the event

- **44%** of delegates felt Quality Improvement of own work was the most useful part of the event.
- **21%** of delegates felt that Guidance was the most useful part of the event
- **21%** of delegates felt that the networking opportunity was the most useful part of the event
- **13%** of delegates felt the feedback was the most useful
- **1%** of delegates chose other:

*“Picked up clinical tips from the appraisal summaries”*



*“CPD for the Appraiser role. Shared good practice among other Appraisers both in Primary Care and Secondary Care setting”*

### **Three most important elements of an appraisal summary**

- Reflection on progress
- Record of Dr’s development and achievements
- Objectivity

### **Improvements to be made on appraisal summary and MARS**

Notable recurring comments from delegates were;

- A check list (Scoring criteria) for an Appraiser when completing an appraisal.
- An easier grouping facility on MARS.
- To consider the position of check/save boxes on MARS for entries with a large amount of information.



## Section 4 - Recommendations and Future Planning

Both RQA events this year have been a success, and this was achieved with the support and contributions from all the partner organisations we work with. Numerous suggestions and recommendations have been identified from both the scoring exercise itself and the feedback obtained from the attendee's post event. The areas identified for future recommendations have been grouped into the following areas RQA, Appraiser Training and MARS, (Table 8).

The key aims in 2020 will be to continue the ongoing work with Secondary Care leads to address the areas identified in the exercise which require further work and to review the tools, resources and support available to Appraisers to undertake their roles successfully. Through 2020 we will continue to work closely with the ACs to ensure that Primary Care not only maintain but improve the quality of appraisal outputs through their networks and training opportunities.

**Table 8 - Recommendations**

Action	Activity	Timeframe	By who	Status
<b>RQA</b>				
Calibration Exercise	To review the format, content and platform for the calibration exercise and include Welsh Translation	2020	RSU	NEW
RQA Summary Selection	To review the number of summaries taken to RQA.	2020	RSU	NEW
RQA Scoring Criteria	To review the existing criteria to ensure it remains up to date with appraisal expectations	2020	RSU	NEW
<b>Appraiser Training</b>				
Appraiser Training Themes	To focus on the areas for Improvement in terms of lowest scoring criteria results for RAC and Regional Meetings.	2020	RSU/ Health Boards	NEW
Appraiser Skills Training (AST) Module	To ensure the development of an Appraiser Training module incorporates the RQA criteria and calibration video	2020	RSU	NEW



### Appendix 1 - Table of progress against the 2017-18 All Wales RQA Report Recommendations

Action	Activity	Timeframe	By who	Status
<b>RQA</b>				
Interactive Calibration Exercise	To consider the format of the calibration exercise to make it more user friendly.	2019	RSU	Completed
Appraiser Progress review	To pilot a progress review project to evaluate the quality of appraisals being completed over 5 sequential summaries	2019	RSU	Ongoing
RQA Event Program	To explore the option of removing the afternoon learning exercise.	2019	RSU	Completed
RQA Feedback Survey	To include a "Story telling impact" section to gather focused positive stories that have impacted appraisal	2019	RSU	Ongoing
Online feedback Template	To collect trends for reporting and collating an action plan for 2019	2019	RSU	Completed
<b>Appraiser Training</b>				
Appraiser Training Themes	To focus on professional context, constraints and WPA throughout 2019 training opportunities	2019	RSU/ Health Boards	Completed
Appraiser Training Events	To bring RAC and NAC in line with each other to deliver complimentary workshops	2019	RSU	Ongoing
Showcase good practise across the Health Boards	To introduce opportunities for DBs to showcase good practise at appraiser events, for example, local QA events, constraints feedback, appraiser training	2019	RSU/ Health Boards	Completed
Emphasise SMART PDP	To highlight good practice for SMART PDP	Appraiser Training	RSU	Completed



Regional Quality Assurance (RQA) 2019

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	Completed
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	Completed
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	Ongoing
<b>MARS</b>				
Professional context	To consider "Professional Context" to be made mandatory on the appraisal	2019	RSU	Ongoing
Random Summary Sampler	To Sync the random sampler on MARS with the appraisal input function to ensure any MARS changes are captured in the summaries for IQA and RQA.	2019	RSU	Completed
RQA Scoring Criteria	The Criteria to be available to the Appraiser when completing an appraisal on MARS	2019	RSU	Ongoing



## Appendix 2 - All Wales Primary Care Individual Criterion Scores

ID	CRITERIA	SCORE
1	<b>Professional Context</b> Have they included a professional context that gives an indication of the doctor's roles and responsibilities?	85%
2	<b>Professional Style</b> Apart from the doctor no other person is identifiable in the summary	88%
3	The Summary is of a professional standard, regarding grammar, spelling and typing	83%
4	The Summary is objective.	98%
5	Similar entries have been linked or grouped appropriately.	79%
6	The summary demonstrates that reflection on progress has occurred	90%
7	The Appraiser has recorded the doctor's development and achievements	94%
8	The Appraiser has acknowledged and recorded improvements and other changes in practice and/or improvements in patient care	95%
9	Three or more entries are discussed and reported in depth	98%
10	There is evidence of added value from the appraisal discussion	80%
11	<b>Constraints</b> Where listed by the doctor, constraints are appropriately commented upon by Appraiser	75%
12	<b>PDP</b> Progress against each item of last year's PDP has been documented, or reasons for lack of progress are recorded	95%



13	The current PDP appears to match the learning and revalidation needs of the doctor	91%
14	The current PDP is SMART and has clear outcomes	80%
15	<b>Revalidation</b> The appraiser has recorded the doctor's progress towards revalidation	90%
16	<b>Structure of Summary</b> The Summary is appropriately concise yet acknowledges the professional development of the Doctor	89%
17	<b>WPA – Whole Practice Appraisal</b> WPA has been included. It has been discussed where appropriate	89%

**Appendix 3 - All Wales Secondary Care Individual Criterion Scores**

ID	CRITERIA	SCORE
<b>1</b>	<b>Professional Context</b> Have they included a professional context that gives an indication of the doctor's roles and responsibilities?	41%
<b>2</b>	<b>Professional Style</b> Apart from the doctor no other person is identifiable in the summary	53%
<b>3</b>	The Summary is of a professional standard, regarding grammar, spelling and typing	73%
<b>4</b>	The Summary is objective.	72%
<b>5</b>	Similar entries have been linked or grouped appropriately.	49%
<b>6</b>	The summary demonstrates that reflection on progress has occurred	60%
<b>7</b>	The Appraiser has recorded the doctor's development and achievements	67%
<b>8</b>	The Appraiser has acknowledged and recorded improvements and other changes in practice and/or improvements in patient care	64%
<b>9</b>	Three or more entries are discussed and reported in depth	53%
<b>10</b>	There is evidence of added value from the appraisal discussion	36%
<b>11</b>	<b>Constraints</b> Where listed by the doctor, constraints are appropriately commented upon by Appraiser	62%
<b>12</b>	<b>PDP</b> Progress against each item of last year's PDP has been documented, or reasons for lack of progress are recorded	68%



<b>13</b>	The current PDP appears to match the learning and revalidation needs of the doctor	66%
<b>14</b>	The current PDP is SMART and has clear outcomes	44%
<b>15</b>	<b>Revalidation</b> The appraiser has recorded the doctor's progress towards revalidation	57%
<b>16</b>	<b>Structure of Summary</b> The Summary is appropriately concise yet acknowledges the professional development of the Doctor	52%
<b>17</b>	<b>WPA – Whole Practice Appraisal</b> WPA has been included. It has been discussed where appropriate	42%