New to MARS’ or new to appraisal & revalidation in Wales

Produced by the Revalidation Support Unit (RSU) within Health Education & Improvement Wales (HEIW). You can click on the topics below to take you straight to that place in the document.

- Overview
- Just got your CCT or new to Wales?
- Appraisal
  - Key principles of appraisal in Wales
  - How does it work?
  - Allocated Quarters
  - Clinical Governance
  - What do I need to include?
- The Medical Appraisal Revalidation System
  - Registration
  - Selecting an Appraiser
  - Adding appraisal information
  - Complete annual declarations
  - Agreeing your appraisal summary
  - Complete appraisal feedback
  - Revalidation Progress Page
- Revalidation
- Hints, tips & useful links
1 - Overview

This module has been created as an all-encompassing resource for Doctors who are new to appraisal & revalidation following their CCT (Certificate of Completion of Training) or Doctors who are new to the appraisal & revalidation processes in Wales.

Medical appraisal in Wales is designed to be supportive & developmental, it should acknowledge past development whilst framing plans for progress through a Personal Development Plan (PDP). Revalidation has medical appraisal firmly at the centre of information gathering, the appraisal summary has taken on more significance as important items of development will be discussed at appraisal and reflected here.

2 – Just got your CCT or new to Wales?

What you need to do now

- Ensure you have been revalidated at point of CCT

If you have just received your CCT, in most cases your Deanery should process a revalidation recommendation for you. You will then receive confirmation from the GMC and be given a new revalidation date in 5 years’ time. If you have not been revalidated you should contact your Deanery revalidation team for more guidance.

- Ensure you have a prescribed connection through the GMC

You will need to ensure you have a prescribed connection through the GMC. Your prescribed connection should be reflective of your primary employment.

If you were to move employment area you should ensure you update your prescribed connection each time. You can login to GMC connect here.

3 – Appraisal

What is it?

Appraisal is a formative, systematic and regular review of past achievements with constructive planning of future learning needs. It is not a single event but part of a continuous process of lifelong review and planning of personal & professional development and an integral part of learning during your career.

Your Appraiser does not make a revalidation decision and an individual appraisal summary only forms part of the jigsaw to allow the Responsible Officer to make a revalidation recommendation by your revalidation date.

A common misconception is that your Appraiser must come from the same speciality or grade, this is not the case, and any trained Appraiser can appraise any Doctor. In fact many Doctors have found it to be a very beneficial experience as it provides challenge and makes them think more about their practice.
Dr Chris Jones (Deputy Chief Medical Officer for Wales) was appraised by a SAS Doctor and has written his experience here.

All appraisals in Wales are facilitated by the Revalidation Support Unit through MARS.

Key Principles of Appraisal in Wales

- Provide individuals with an opportunity to reflect on their practice and their approach to medicine; reflect on the supporting information they have gathered and what that information demonstrates about their practice; identify areas of practice where they could make improvements or undertake further development; demonstrate that they are up to date
- Provide opportunities for communication between doctors and the organisations in which they work relating to skills, capacity, organisational level objectives, constraints & learning needs
- Provide assurances to the organisation/s that doctors are remaining up to date across their whole practice
- Provide a route to revalidation that builds on and strengthens existing systems with minimum bureaucracy

How does it work?

Your Appraiser plays an important part in helping you plan your personal development and in Wales you select an Appraiser each year who you would like to complete your appraisal.

Once you have access to your MARS account we recommend selecting an Appraiser as soon as possible, although you do not need to agree a meeting date until closer to the time.

Select an Appraiser

- You will need to select an Appraiser, MARS will display Appraisers based in your Health Board. It is suggested that you read the biopic of each Appraiser as this tells you when appraisals are completed, where they are completed and other pertinent information

Agree a meeting date

- Once an Appraiser has accepted your appraisal request, you will need to agree a date with your Appraiser. The Appraiser will send you available dates & times to select from or be in touch with you to discuss arrangements.

Lockout

- You are able to enter information into your appraisal throughout the year, until 7 days prior to the appraisal meeting (the lockout period where your information is locked). This allows the Appraiser to review your information prior to the meeting and prepare accordingly. You will receive automated reminders in the run up to the lockout date.

Appraisal Summary

- After the meeting the Appraiser will write the appraisal summary and will 'commit' the summary - you will get an email notification of this. You will then need to carefully read the summary to ensure you are happy, you then 'agree' the summary or 'reject' the summary if you think there is anything that needs to be changed, noting the changes you think may be necessary. The Appraiser will consider your request and may make the changes requested - the modified summary then re-enters the process as above. Once you have accepted this year's summary you should then select an Appraiser for your next appraisal.
We are currently working hard to update the online ‘Help & Support’ function to assist you on each stage of MARS. In the interim you can view the Doctor video tutorial here.

**Allocated Quarters**

MARS will give you an Allocated Quarter (AQ) based on the information you provide during the registration process.

The Allocated Quarters are January-March, April-June, July-September and October-December.

Your AQ should be around 9-12 months after your CCT date, this will allow you sufficient time to populate information for your appraisal while still ensuring you can undertake 5 annual appraisals prior to your next revalidation date. There is a recommended 9 month minimum gap between appraisals to maximise the benefits of the appraisal.

Your Designated Body (RSU) manage the Allocated Quarter protocol and change process, the system of Allocated Quarters was introduced to rationalise local delivery of appraisal and to optimise the capacity of each Appraiser.

Your AQ will remain the same each year, if you have completed your appraisal late you should contact the appraisal & revalidation office in your Health Board to determine when you should complete your next appraisal.

However, you may need to postpone your appraisal due to extenuating circumstances, these include Maternity Leave, Sabbaticals, Ill Health, compassionate leave etc. If you have experienced extenuating circumstances you will need to complete the Allocated Quarter change form on MARS. This will then be reviewed by the Designated Body and your AQ changed accordingly, this ensures you have time to gather sufficient CPD in relation to any extenuating circumstances.

**Clinical Governance**

The Appraisal of Doctors in Wales is managed by local Health Boards.

The aim of the RSU is to manage and deliver quality assured annual appraisal to every eligible Doctor with a Prescribed Connection to a Designated Body in Wales via the online appraisal system (The Medical Appraisal & Revalidation System – MARS).

*Monitoring & management of Allocated Quarters* – The RSU sends a series of reminders if you do not have an appraisal arranged in your AQ. A report can be provided on MARS to allow Health Boards to monitor engagement in Annual Appraisal.

**4 - What do I need to include?**

**Personal & Professional details** – you will need to ensure you keep your details up to date. Each year as part of the annual declarations you will need to confirm that you have checked and/or updated your personal & professional details.

*When: ANNUALLY*

*With the types of supporting information below, you should be focused on reflection, learning and outcomes. Further information on the points below can be found here.*

**CPD / Appraisal information** – there is no set minimum or maximum for the quantity of information required for appraisal, GMC guidance states that ‘during your annual appraisals, you will use supporting information to demonstrate that you are continuing to meet the principles and values set
out in Good Medical Practice”. We do not recommend any particular number of hours of CPD, however there must be sufficient material on which to base a meaningful appraisal. The emphasis should be on quality over quantity. Further information on this can be found here. You should ensure your CPD covers the whole scope of your practice.

When: **ANNUALLY**

**Review of complaints & compliments** – You must declare all formal complaints during the appraisal period. These complaints may include as yet unresolved complaints or complaints from a previous period that have been resolved during the current appraisal period. Minute details of the complaint are not required, your appraiser will be interested in the fact you are engaging in the complaint process and any learning outcomes or changes made as a result.

Compliments are an important part of feedback and should be included as such.

When: **ANNUALLY**

**Significant Events / Critical event analysis** – you should document any unintended or unexpected incident which did or could have led to harm of one of more patients. Even if you were not involved directly in the event but have learnt or changed your practice as a result, you can include this.

When: **ANNUALLY**

**Quality Improvement Activity** – This should be relevant to your work and include an element of evaluation & action.

When: **ONCE PER REVALIDATION CYCLE**

**Patient Feedback** – this is currently undertaken by Equiniti, you may also hear this referred to as ‘360 feedback’ or ‘Multi Source Feedback (MSF)’. This should cover the full scope of your practice and the process needs to be initiated by the Revalidation team in your Health Board. You can find the contact details here.

When: **ONCE PER REVALIDATION CYCLE** (If a Doctor sees patients)

**Colleague Feedback** - this is currently undertaken by Equiniti, you may also hear this referred to as ‘360 feedback’ or ‘Multi Source Feedback (MSF)’. This should cover the full scope of your practice and the process needs to be initiated by the Revalidation team in your Health Board. You can find the contact details here.

When: **ONCE PER REVALIDATION CYCLE**

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5 – The Medical Appraisal & Revalidation System (MARS)

MARS is an all-Wales system provided by the Health Education & Improvement Wales and funded by Welsh Government to facilitate the appraisal & revalidation of doctors. There are currently two MARS sites, one for GPs and one for hospital/secondary care doctors.

All doctors who have a Prescribed Connection to a Responsible Officer (RO) in Wales will need to use MARS for their annual appraisal. Various user groups play a role in the appraisal & revalidation of doctors including the Revalidation Support Unit, Responsible Officers, Revalidation Managers, Appraisal Co-Ordinators and Appraisers. MARS allows a seamless sharing of information as
appropriate within these groups to allow a revalidation recommendation to be made. Please see our **scheme of access** for further information.

**Registration**

You will need to register on **MARS**, the ‘register now’ button will take you to a new page to complete a form. You need to input your basic information including your GMC Number, locality & CTT/last appraisal date, you will also set your password at this stage and agree to the Terms & Conditions of MARS.

Once you have registered you will need to validate your email address and after this your account will need to be manually verified by the RSU. In order for your account to be activated you will need to appear on the MPL and have a Prescribed Connection in Wales with this information matching the information you have input during the registration process. Further information on this can be found in Section 2 of this module – ‘**Just got your CCT or new to Wales**’

**MARS** is an intuitive, user friendly system where you will;

**Select an Appraiser**

You will be able to see all Appraisers within the same Health Board as yourself. You are able to select any Appraiser to complete your appraisal, you can select the same Appraiser up to 2 times in any 5 year period.

**Add appraisal information**

The type of information you need to include in your annual appraisal is discussed in Section 4 of this resource – ‘**What do I need to include**’. You will add entries to your appraisal and select which
categories this should sit within, for example, CPD or Significant Event analysis. You will also need to indicate which domain the information is best suited to. The domains are;

- Domain 1 – Knowledge, Skills & Performance
- Domain 2 – Safety & Quality
- Domain 3 – Communication, Partnership & Teamwork
- Domain 4 – Maintaining Trust
- Teaching, Research, Leadership & innovation

For example, you attended a course on minor surgery and would like to include this in your appraisal folder. On MARS you would navigate to the ‘Appraisal Information’ section to add this information. You would select ‘CPD’ as the category and select whether this is ‘Personal’ or ‘Team Information’. You then need to select the Domain which this applies to and this would be Domain 1 – Knowledge, Skills & Performance. You can select more than one domain if you wish.

You can also upload Supporting Evidence to MARS to support your appraisal information, for example, a certificate from the course you have attended.

You can add appraisal information up to 7 days prior to the appraisal meeting.

**Complete annual declarations**

You will need to complete your declarations each year prior to your appraisal, you have until the start of your lockout period to complete these. You will need to agree or disagree various declarations including probity, health, complaints & safeguarding children. These declarations are mapped against GMC principles.

![Declarations Overview](image)

**Agree your appraisal summary**

After the appraisal meeting has taken place, which normally lasts around 2 hours, your Appraiser will write the ‘appraisal summary’. This is normally completed in the 14 days after the meeting, once this has been done the Appraiser will ‘commit’ the summary and you will receive an email notification that the summary is available to review.

You will log in to MARS to view the appraisal summary and then you will either need to ‘accept’ or ‘reject’ the appraisal summary. If you are happy with the appraisal summary you will need to accept this, this process is irreversible so make sure you check thoroughly before doing this.
If there is a part of the summary you think needs to be changed you can ‘reject’ the summary and indicate in the notes box what you feel needs to be changed. The summary will then go back to the Appraiser to review, this will be committed to you again following this.

**Complete appraisal feedback**

Once you have agreed your appraisal summary a feedback survey will appear for you to provide feedback on the Appraiser, process & MARS. These results are anonymised and not visible directly to the Appraiser but allow us to refine and improve the process & MARS. Any suggestions for improvement are recorded by the appropriate department and help shape the appraisal process going forward.

This is the end of the current appraisal process however we *strongly* advise that you select your next Appraiser straight away to avoid any issues securing an Appraiser at a later date.

**Revalidation Progress Page**

MARS provides a Revalidation Progress Page which provides an overview of each appraisal and maps your progress towards revalidation. The Responsible Officer will use this section along with your appraisal summaries as a basis for your revalidation recommendation.

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<thead>
<tr>
<th>Scope of work</th>
<th>24/01/2018</th>
<th>10/02/2017</th>
<th>27/02/2016</th>
<th>15/02/2015</th>
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<td>CPD</td>
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<td>Probity &amp; Health declarations</td>
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<td>Review of Complaints and Compliments</td>
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<td>Significant Events</td>
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<td>Supporting Information - Quality Improvement Activity</td>
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<td>Patient Feedback</td>
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<td>Colleague Feedback</td>
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Each year your Appraiser will mark complete, needs more work or not in appraisal against the required strands of information. The Appraiser can also make comments on each section to help guide anything which is required at your next appraisal or revalidation. Once you have been revalidated your Revalidation Progress Page will go blank for your next revalidation cycle. More information on revalidation can be found in the next section.

Further assistance from MARS can be obtained from the help & support section of MARS or the MARS Service Desk. You can view the ‘Doctor’ role video here.

6 – Revalidation

Every licensed doctor who practises medicine must revalidate. Revalidation supports you to develop your practice, drives improvements in clinical governance and gives your patients confidence that you are up to date in your learning.

You need to ensure you keep your Designated Body up to date on GMC Online (your GMC Connect account). This ensures that your Responsible Officer for Revalidation is always accurate. The GMC provide a ‘connection tool’ to assist you if you are unsure who your Designated Body is and you will need to ensure you update your connection if you move to a new employer and/or move your practice.

A revalidation recommendation is usually once every five years, however this can happen more often if your Health Board and/or GMC deem there to be a requirement to revalidate sooner.

How do I get revalidated?

You just need to complete your annual appraisals, including the required strands of information in section 4 – ‘what do I need to include?’ Your RO will have access to these appraisals on MARS and they will use this information to make a revalidation recommendation to the GMC. You will receive
If you are recording an audit, case study or an SEA on the appraisal website, use the correct templates on MARS.

Patient & Colleague Feedback (360/MSF) can be undertaken in a number of ways, but it must comply with GMC guidance. The Health Boards have commissioned Equiniti (as mentioned previously) to provide a feedback system for all NHS doctors in Wales. You’ll need to contact the Revalidation team at your Health Board to initiate this. You can find details here.

If you have had no complaints or compliments in the year leading to appraisal, it is probably worth making an entry demonstrating your awareness of your practice complaints process. If you do anything that is not mainstream General Practice, you should read about Whole Practice Appraisal (WPA) on the Wales Revalidation website.

7- Hints & Tips

In Wales we have developed the appraisal process over 10 years. We are always mindful of the important contribution of appraisal to revalidation, but never lose sight of our focus on appraisal as a formative and developmental experience for doctors, of which revalidation issues are only a small part.

Notiﬁcation of this via email. This along with an absence of clinical governance concerns gives your RO sufﬁcient information to make an appropriate recommendation.

Responsible Ofﬁcer

There is one Responsible Ofﬁcer per Designated Body, who is responsible for sending revalidation recommendations to the GMC. A list of Responsible Ofﬁcers in Wales can be found here.

Useful links

Revalidation Wales Website

Medical MARS Website

Tips from Appraisers

▪ No need to record all your CPD activity; choose examples that demonstrate you are meeting the GMC requirements or that you would like to discuss with your Appraiser

▪ You do not need to count GMC learning credits. The GMC requirement focuses on outcomes and outputs of educational activity and development.

▪ Ensure you have reviewed last year’s PDP items and they are covered. On MARS you will need to indicate whether you have fully met, partially met or not met the previous PDP items prior to the appraisal.

▪ New Doctors should add their Trainee PDP to the ‘aspirational PDP’ section on MARS for their next Appraiser to review

▪ Identify supporting information for revalidation

▪ No need to describe everything covered at meetings etc. Use examples to illustrate focus on learning reflection and how it will affect practice
- Include enough information for your Appraiser to make sense of your entry, and understand what you have done; **Quality rather than quantity!**
- Try to **avoid repeating** the same things year on year; aim for breadth over the 5 year cycle
- Try to make at least one entry in each domain to ensure you are covering all the attributes of Good Medical Practice
- Ensure that evidence relating to any additional roles or lead roles is included over the 5 year revalidation cycle
- Don’t expect to discuss every item in your folder, selected items will be discussed in depth
- Inform your Appraiser of your **revalidation date**
- Give details of any complaints received or resolved during the appraisal period
- **Read the declarations carefully** and complete these annually. If you disagree any declaration ensure you record the relevant details as an entry in the appropriate domain
- **Check the summary for accuracy** before agreeing it – it is an irreversible process
- **Refer back** to your summary and PDP throughout the year

*Resource created October 2018*