Oxford Deanery – The Quality Management of Medical and Dental Training

Approved by the Oxford Deanery Executive Team: August 2009
Reviewed & updated: February 2011
The Quality Management of Medical and Dental Training

Summary

1. This paper sets out the revised principles, roles and responsibilities, governance and processes for quality management (QM) within the Oxford Deanery. Central to this revision has been the need to streamline processes and clarify lines of accountability.

2. Figure 1 provides an overview of the quality framework for postgraduate medical education and training in the UK. This framework provides the basis of QM of postgraduate medical and dental education and training in the Oxford Deanery.

Figure 1

Introduction

Background

3. The General Medical Council (GMC) has published Generic Training Standards for training and trainers and a set of Standards for Deaneries. The GMC expects deaneries to quality manage training in accordance with these standards. [The GMC Standards for Foundation Training have been incorporated into the Generic Training Standards]

4. The GMC takes a risk-based approach to quality assurance, in line with the Better Regulation Executive’s five Principles of Good Regulation.

5. The GMC focuses on checking deanery quality management systems, requiring deaneries to have in place robust local systems. It requires deaneries to produce annual reports describing how they quality manage training. The GMC also undertakes a cycle of quality assurance visits to deaneries.
6. The GMC has adopted the principle of “externality” in all aspects of its quality assurance activities.

7. The GMC expects deaneries to involve royal college and faculty representatives locally, as well as training providers and others involved in the organisation and funding of training, in quality management processes.

8. The GMC publishes the key findings of its quality assurance processes.

Vision and scope


10. The Deanery is committed to ensuring that all trainees have access to excellent clinical training that meets the GMC Standards for Deaneries, GMC Quality Framework for Specialty and GP training and the Quality Assurance of the Foundation Programme.

Guiding principles

11. Building on the Better Regulation Taskforce’s key principles, quality management in the Oxford Deanery should be:
   a. Proportionate: appropriate to the risk posed, and costs identified and minimised;
   b. Accountable: clear lines of accountability;
   c. Consistent: joined up and implemented fairly;
   d. Transparent: available for all to access on the deanery website;
   e. Targeted: risk-based and focused on current and potential problems; and
   f. Outcome-based: focused on strategies that improve trainee and patient safety, outcomes and experience.

12. In addition, all quality management processes must be mapped to GMC domains and standards and aligned to the requirements of the NHS South Central Dean for Medical Commissioning.

Quality management roles and responsibilities

13. This section sets out the roles and responsibilities of those involved in deanery quality management. Externality is discussed below.

14. The Postgraduate Dean is responsible for ensuring that postgraduate training is delivered in accordance with the standards set by the GMC. The Dean is accountable to the Strategic Health Authority and the University of Oxford for quality management within the Oxford Deanery.

15. Associate Dean for Quality chairs the Deanery Quality Management Committee, supports heads of schools in their quality management role and makes recommendation to the Postgraduate Dean for the allocation of trainees to posts and programmes. The Associate Dean is supported by the Deanery Quality Manager (see below).
16. **Deanery Quality Manager** coordinates the Deanery’s quality management process. This includes providing secretarial support to the Deanery Quality Management Committee.

17. **Heads of School** are responsible for coordinating the delivery of high quality training across their Schools’ programmes, monitoring the quality of training and providing regular reports to the Deanery Quality Management Committee. These regular exception reports draw upon data gathered through meetings, visits, trainee surveys, trainer surveys, exit interviews or surveys and ARCPs/RITAs.

18. **Training Programme Directors** are responsible for coordinating training across posts and rotations for a specialty, specialties or a stage of training (e.g. foundation). They report to the Head of School and must ensure that they work closely with the Directors of Medical Education of the trusts that are part of their programme. Their responsibilities include contributing to the trust’s quality control processes and the Deanery’s and School’s quality management processes.

### Quality Control roles and responsibilities

19. **Medical Directors** are accountable to their Trust Board for the quality of training within the trust. The Medical Director is responsible for ensuring that the trust (typically through the Director of Medical Education) provides an annual report to the Deanery and addresses any training issues that arise.

20. **Directors of Medical Education (DME),** acting on behalf of medical directors, are responsible for the quality control of training within the trust. This includes establishing robust systems and processes to monitor training, improve quality and address any issues that may arise. The DME is responsible for providing an annual report to the deanery, typically ahead of the annual visit, and providing regular updates about any issues that have been identified.

### Externality

21. The deanery has developed extensive processes for the involvement of lay representatives and external trainers (from outside of the deanery) in quality management. This builds on the requirement of the Gold Guide to involve lay and external trainers in ARCPs.

**Lay representatives**

22. Lay representatives provide a non-clinical perspective and serve two functions: to act as advocates for the public and trainees; and to scrutinize and challenge deanery quality management processes.

23. There is a formal process for the recruitment of lay representatives. They are appointed for four years with a review after two years. In exceptional circumstances, they may be invited to serve for an additional period of up to 4 years.

24. They report to the Associate Dean for Quality, who is responsible for undertaking their appraisal every two years.
25. Most lay representatives are assigned to Schools and participate in ARCPs, interview panels and school boards. The Gold Guide sets minimum expectations for external scrutiny of ARCP decisions. Assignment to schools is for a minimum of one year and a maximum of two years.

26. A small number of lay representatives exclusively contribute to the Quality Management Committee, annual deanery visits and any deanery exceptional visits. To remain impartial, these lay representatives do not participate in ARCP panels, interviews and school boards. These assignments are for a minimum of one year and a maximum of two years.

**External trainers**

27. External trainers contribute to ARCPs and interview panels. The Gold Guide sets minimum requirements for the external scrutiny of ARCP decisions.

28. Heads of School may wish to invite a specialty specific external trainer to be part of their School Board.

29. An external trainer representative will be invited to sample the Quality Management Committee activities and will be invited to consider the robustness of decisions rather than specialty-specific issues.

30. External trainers (from outside of the deanery) should be included in exceptional visits. Senior educators from within the deanery [but not the trust being visited] contribute to the specialty-specific visits.

31. The deanery is committed to working with Specialty Advisory Committees to align data gathering for quality of training reports and reviews. Specialty Advisory Committees will be invited to input into Deanery and School QM processes but the exact processes will vary by specialty.

**Governance**

32. Quality will be a standing item on the agenda of all meetings of the Deanery Executive, School Boards, Heads of School meetings and termly meetings of DMEs.

**The Quality Management Committee**

33. The generic Deanery Quality Management Committee is responsible for confirming the suitability of posts and programmes on behalf of the Postgraduate Dean. It has replaced the specialty-specific Deanery Approval Committees, which typically met annually. Terms of reference are set out in Appendix 1.

34. This committee is chaired by the Associate Dean for Quality. Its functions include:

   a. To receive and scrutinize all reports and makes recommendations to the Postgraduate Dean about the continued suitability of posts and programmes.

   b. To receive and scrutinise the quantitative and qualitative data presented in the annual and interim reports from the schools;

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1 Also see separate paper on the governance of quality management in the Deanery
c. To identify patterns and trends with particular Local Education Providers (LEP) or across the deanery;
d. To review/streamline/strengthen QM processes;
e. To monitor the Deanery Quality Issues and Actions Log;
f. To manage the visit schedule, approve the deanery visit reports and receive the LEP responses to visit reports; and
g. To develop and monitor the implementation of the annual deanery report and action plan.
h. To sign off the Annual Deanery Report to the GMC
i. To consider and sign-off reports to the Dean for Medical Commissioning

35. The Quality Management Committee typically meets every other month and uses an exception reporting approach. Recognising the value of inviting Heads of School to provide a report of the quality of their posts and programmes on an annual basis, meetings will be held more frequently in late Summer/Autumn. This approach allows the Postgraduate Dean, through the Quality Management Committee, to hold the Heads of Schools to account for the quality of their training programmes and enables a degree of consistency in managing risk.

36. Membership includes the Postgraduate Dean or deputy, the Deanery Business Manager, the Deanery Quality Manager, lay representation, trainee representation, and external representation (but not specialty specific). Heads of School are invited to present their reports at least once per year at a monthly meeting.

School Boards

37. School Boards will consider their School’s Annual Report before it is passed to the Deanery Quality Management Committee.

38. School Boards contain trainee, and lay representation. In addition, Schools Boards contain external medical representatives eg from Royal Colleges or Heads of Schools from other Schools in the Deanery.

Deanery Quality Management

39. The Oxford Deanery’s approach to QM uses a risk-based approach.

40. Deanery QM triangulates data from a range of sources including visits, trust reports, the National Trainer Survey, the National Trainee Survey, local (trust or school) trainee surveys, local trainer surveys, exit interviews or surveys, trust reports, heads of school reports, and lay assessors’ reports. This allows the deanery to determine whether training is being delivered in accordance with the GMC’s Quality Framework for specialty and GP training and the Quality Assurance of the Foundation Programme.

Visits

41. The Deanery visits trusts to inspect the trusts’ local quality control processes. The primary purpose of visits is to ensure that there are robust systems and processes to support local quality control in accordance with GMC Standards.
42. The Deanery undertakes generic and specialty-specific visits. There are routine visits and exceptional visits (see table 1).

**Table 1 – Types of visit to local education provider**

<table>
<thead>
<tr>
<th></th>
<th>Routine</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td>Annual – led by Postgraduate Dean</td>
<td>As required – led by Postgraduate Dean</td>
</tr>
<tr>
<td><strong>Specialty-specific</strong></td>
<td>Triennial – led by Head of School</td>
<td>As required - led by Postgraduate Dean</td>
</tr>
</tbody>
</table>

43. The Postgraduate Dean visits trusts on an annual basis. The triennial specialty-specific visits typically occur in the same week as the Postgraduate Dean’s visit to allow the Dean to provide a preliminary report at the end of the visit.

44. The final report from the annual visit, which includes the findings of the triennial specialty-specific visits, should be sent to the Trust Medical Director by the Postgraduate Dean within four weeks.

45. The Deanery is working with the Strategic Health Authority to align the annual Deanery visits with Learning Development Agreement inspection visits.

46. Table 2 sets out who should be involved in the routine generic (annual) visit and those who will contribute to the specialty specific (triennial) visit.

47. Deanery exceptional visits should only occur at the direction on the Postgraduate Dean. Participants in exceptional visits will be determined by the specific concerns.

**Table 2 – participants in visits**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Generic</th>
<th>Specialty-specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postgraduate Dean</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Associate Postgraduate Dean, Quality Management</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Deanery Business Manager</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Deanery Quality Manager</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Head of School</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lay representative</td>
<td>✓</td>
<td>Not typically</td>
</tr>
<tr>
<td>Trainee representative</td>
<td>✓</td>
<td>✓ from same specialty</td>
</tr>
<tr>
<td>Senior educator from within school (not same trust)</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Trust Reports**

**Self assessment by training providers and programme directors**

48. In secondary care specialties the principle sources of evidence for the Head of School report will be the Director of Medical Education or Clinical Tutor Report by Trust and the reports from TPDs. The Postgraduate Dean will invite DMEs to complete their reports, and the Heads of School will invite programme directors to do the same. In each instance, the DME and the TPD will probably ask specialty
tutors working in the trusts to complete reports on their specialty – the tutor will only need to produce one report which can be used for both higher level reports. All reports will include self-assessment against the GMC standards, using the Wessex Deanery traffic light system, which is based on the GMC grading categories Appendix 2

49. For general practice the principles will be the same. Training practices and programme directors will complete self assessment reports which will be considered by the School Board alongside the most recent accreditation visit report.

50. The Deanery has adapted two report templates structured around the GMC Generic Training Standard domains, one of which is specialty based, for use by the Head of School and the TPDs, and one which is trust based, for the DME and Trust based specialty tutors.

51. Information from these forms will be collated to provide a commentary on common themes in specialty training across the Deanery.

The Head of School Report/triangulation

52. Heads of School Reports will be informed by data from a variety of sources, as follows:

Information from trainees

53. The GMC Trainee Survey analysis, with cumulative evidence from each iteration of the survey, together with the GMC Trainer Survey, will inform Head of School reports.

54. The Deanery has established a Trainees Advisory Committee [TAC]. The TAC has a two-way function and can advise the Postgraduate Dean and Executive Team of matters of concern to trainees and seek ways to respond to these concerns, as well as inform trainees of the Deanery’s activities and to consider matters suggested for discussion by the Dean and the Executive.

55. The Deanery, via the Heads of School will collect additional trainee feedback by undertaking school based trainee surveys using an on-line questionnaire module on the Intrepid system. For example, the Foundation School has introduced an annual exit survey, complementing the General Practice exit questionnaire; the Schools of Psychiatry and Obstetrics & Gynaecology conduct annual questionnaires. Schools will also be encouraged to circulate pre-visit questionnaires to trainees in advance of their 3-yearly visit. This activity will continue in accordance with the GMC’s requirement that questionnaire completion does not take place at the same time as the GMC Annual Survey.

Performance in national assessments

56. Royal colleges are required to submit an annual report to the GMC and Deaneries containing specialty-specific examination results.

2 All GP training practices in the Deanery are visited when they first apply for approval and then receive a re-accreditation visit every three years from thereon in
57. Key trends drawn from this data and information collected from the ARCP process will be collated and included in the Head of School Annual Report.

**Other sources of information to inform Deanery quality management**

58. The Head of School Annual report will also be informed by any GMC visit reports and visits undertaken by the Postgraduate Dean.

59. Information provided by medical external and lay representatives will also be crucial in drawing up Head of School reports.

60. The Deanery will be considering the role of its Postgraduate Education Centres which could provide information on, for example, the take up of formal education sessions by trainees in all specialties.

**Lay Representatives Reports**

61. Lay Representative reports are shared with the Deanery Quality Assurance Manager, Business Manager and Head of School as well as the relevant Programme Manager. Reports which raise concerns are shared with the Associate Dean for Quality Management and the Postgraduate Dean.

**Publication**

62. The Deanery will share the Annual Deanery Action Plan to the GMC in the Quality Management section of the Deanery website, together with annual report of quality improvements in training posts which have resulted from the quality management cycle.

**Author**

Original policy: Dr Simon Plint, July 2009
Reviewed policy: Tessa Candy and Dr Stuart Carney, February 2011
Appendix 1

Quality Management Committee
Terms of Reference & Membership

Remit
To oversee all Deanery Quality Management processes ensuring that they meet GMC standards and domains.

Terms of Reference
- To receive and scrutinize all reports and make recommendations to the Postgraduate Dean about the continued suitability of posts and programmes.
- To receive and scrutinise the quantitative and qualitative data presented in the annual and interim reports from the schools’;
- To identify patterns and trends with particular Local Education Providers (LEP) or across the deanery;
- To review/streamline/strengthen QM processes;
- To monitor the Deanery Quality Issues and Actions Log;
- To manage the visit schedule, approve the deanery visit reports and receive the LEP responses to visit reports; and
- To develop and monitor the implementation of the annual deanery report and action plan.
- To sign off the Annual Deanery Report to the GMC
- To sign off the quarterly reports to the Dean for Medical Commissioning

All functions can be discharged by the Postgraduate Dean between meetings who may wish to delegate authority to the Associate Postgraduate Dean for Quality Management.

Membership
- Associate Postgraduate Dean, Quality Management, Chair
- Postgraduate Dean or deputy
- Deanery Quality Manager
- Deanery Business Manager
- Lay representative [not specialty-specific]
- Trainee representation from the Trainee Advisory Committee
- External representation [not specialty specific]

Frequency of meetings
To meet every other month
## Appendix Two

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
</tr>
<tr>
<td>B</td>
<td>Satisfactory, approved</td>
</tr>
<tr>
<td>C1</td>
<td>Conditional Approval problems, action required</td>
</tr>
<tr>
<td>C2</td>
<td>Conditional Approval significant problems, action. Review 6 months</td>
</tr>
<tr>
<td>D</td>
<td>Unsatisfactory very significant problems immediate action required. Review 3 months.</td>
</tr>
<tr>
<td>F</td>
<td>Post(s) withdrawn</td>
</tr>
</tbody>
</table>