Health Education Thames Valley Policy

Quality Management of Postgraduate Medical and Dental Education

*Updated*: June 2013
The Quality Management of Medical and Dental Training

Background

1. From April 2013, Local Education and Training Boards (LETBs) have taken on the responsibility for workforce planning and development and education and training of the healthcare and public health workforce. Thames Valley LETB is one of 14 LETBs across the country that forms part of Health Education (HEE) and is known as Health Education Thames Valley [HETV].

2. The structure and organisation of HETV can be found in Appendix One.

3. HETV has a multi-professional approach to quality managing education and training.

4. HETV has established an Education Quality Assurance Framework Steering Group [EQAF]. The aim of the Steering Group is to provide a multi-professional forum to review education quality, patient improvements and value for money with a focus on continuous improvement at a local level (Thames Valley) as well as working with Health Education Wessex to provide a cross regional perspective. The Steering Group reviews, on behalf of the LETB Board, the quality of education and training and alerts the Board to any concerns around quality of education or patient safety, which require urgent intervention. The Terms of Reference for EQAF can be found in Appendix Two.

5. The Oxford Deanery established a Quality Management Committee [QMC] in 2011 and this Committee now feeds into EQAF. The Terms of Reference for QMC can be found in Appendix Three. The QMC have developed escalation processes; these can be found in Appendix Four.

6. This paper sets out the revised principles, roles and responsibilities, governance and processes for QMC and postgraduate medical and dental education [PGMDE] quality management [QM] within Health Education Thames Valley and how it feeds into the multi-professional approach.
7. 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 for both postgraduate medical, and postgraduate dental education and training in HETV, pending the outcomes of work by the General Dental Council.

8. The General Medical Council (GMC) has published *The Trainee Doctor*, which sets out standards for training and trainers, and LETBs [which incorporate the former Deaneries]. The GMC expects LETBs to quality manage postgraduate medical training in accordance with these standards. [http://www.gmc-uk.org/Trainee_Doctor.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf)

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

10. There are 5 overarching standards for LETBs set out in *The Trainee Doctor*;
   - The postgraduate deanery must adhere to, and comply with, GMC standards and requirements;
   - The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees;
   - The postgraduate deanery must have structures and processes that enable the GMC standards to be demonstrated for all foundation and specialty training, and for the trainees, within the sphere of their responsibility;
   - The postgraduate deanery must have a system for the use of external advisers;
   - The postgraduate deanery must work effectively with others.

11. LETBs are required to produce bi-annual reports for the GMC, addressing progress against open issues and concerns relating to postgraduate medical training, and identifying and reporting on areas of good practice.

12. The GMC take a regional approach to quality assurance and will consider themes that emerge across all stages of undergraduate and postgraduate medical education and training.
13. The GMC has adopted the principle of ‘externality’ in all aspects of their quality assurance processes.

14. In their quality management processes, LETBs are expected to involve Royal College and Faculty representatives locally, as well as training providers and others involved in the organisation and funding of training.

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

**Vision & Scope**

16. HETV is committed to ensuring that all trainees have access to excellent clinical training that meets the standards set out in *The Trainee Doctor*.

**Guiding principles**

17. Building on the Better Regulation Taskforce’s key principles, quality management of PGMDE in HETV should be:
   a. Proportionate: appropriate to the risk posed, 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 HETV 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.

18. Quality management processes are mapped to GMC domains and standards.

**Quality management roles and responsibilities**

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

20. 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 for quality management within the HETV to both the LETB Board and the University of Oxford.

21. The **Postgraduate Dental Dean** is responsible for ensuring that postgraduate training is delivered in accordance with the standards sent by the General Dental Council.

22. The **Associate Dean for Quality** chairs the QMC, supports Heads of Schools and Training Programme Directors in their quality management role and makes recommendations to the Postgraduate Dean about the continued suitability of posts and programmes.

23. The **Quality Assurance Manager** [QAM] coordinates the PGMDE quality management process, including the development, implementation and evaluation of a robust QM
framework. The QAM reports on all aspects of quality with regard to postgraduate medical and dental education within Trusts and across Postgraduate Specialty Schools in HETV, in accordance with the standards set down by the GMC and Medical Royal Colleges and their Faculties. The QAM works collaboratively with the Head of Quality, Practice Learning to further develop the interprofessional approach to quality management.

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

25. **Training Programme Directors** are responsible for coordinating training across posts and rotations for a specialty, specialties or a stage of training (e.g. Core Medical or Surgical Training). They report to the relevant Head of School and 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 HETV’s and their School’s quality management processes.

### Quality Control roles and responsibilities

26. **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 QMC which addresses any training issues that arise.

27. **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 QMC, and providing responses to issues that have been identified.

### Externality

28. The QMC has developed extensive processes for the involvement of external lay representatives and external clinical representatives in quality management processes.

#### Lay representatives

29. 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 PGMDE quality management processes.

30. 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.

31. They report to the Associate Dean for Quality, who is responsible for undertaking their appraisal every two years.
32. 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.

33. A small number of lay representatives exclusively contribute to the Quality Management Committee, annual Postgraduate Dean’s visits and any PGMDE exceptional visits. To remain impartial, these lay representatives do not participate in ARCP panels, interviews and school boards [but have done so in the past]. These assignments are for a minimum of one year and a maximum of two years.

**External trainers**

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

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

36. An external trainer representative will be invited to each of the autumn reviews, to provide a national perspective on issues and concerns as well as ensure HETV satisfies GMC standards for externality.

37. External trainers (from outside of PGMDE) will be invited to join panels for exceptional visits. Senior educators from within PGMDE [but not the trust being visited] contribute to the specialty-specific visits.

**Governance**

38. Quality is a usually an agenda item for all meetings of the Senior Management Team, School Boards, bi-monthly Heads of School meetings and quarterly DME meetings.

**The Quality Management Committee [QMC]**

39. The QMC is responsible for confirming the suitability of posts and programmes on behalf of the Postgraduate Dean. Terms of reference are set out in Appendix Three.

40. The QMC is chaired by the Associate Dean for Quality. Its functions include:
   a. To receive, critically evaluate and approve where appropriate, all Annual School Reports and all Annual Trust Reports and make recommendations to the Postgraduate Dean about the continued suitability of posts and programmes;
   b. To receive, critically evaluate and approve where appropriate the quantitative and qualitative data presented in the annual and interim reports from Schools and Trusts;
   c. To identify patterns and trends within the quality of training within Local Education Providers (LEP), Schools and across Thames Valley LETB;
   d. To review, streamline and strengthen the QM processes;
   e. To monitor progress to resolve all concerns and issues arising;
   f. To manage the visit schedule, approve the School and Dean’s visit reports, and receive and review LEP responses to all visit requirements;
g. To develop and monitor the implementation of the bi-annual report to the GMC;
h. To sign off the bi-annual report to the GMC;
i. To provide timely feedback to educational providers;
j. To identify and disseminate collated best practice across the Thames Valley LETB.

41. The Quality Management Committee meets monthly and uses an exception reporting approach. Items reviewed at each meeting include new concerns arising, any existing monthly reporting requirements, links between Medical/Non-medical, updates from Trust/School Visits, and national agenda items.

42. Membership includes the Postgraduate Dean or deputy, the Head of Business and Operations, the QAM, a clinical representative from within HETV, lay representation and trainee representation.

43. School & specialty-specific meetings are held during the autumn months. Heads of Schools are invited to join the relevant meeting and present their Annual School Report to the Committee.

44. The Annual School Report provides update on progress made to address all open concerns and issues, sets out any new issues which have emerged since the previous report, highlights areas of good practice and proposes quality gradings for each programme at each level. The quality gradings and criteria for each one are set out in Appendix Five.

45. School Boards will consider their School’s Annual Report before it is submitted to the PMGDE Quality Management Committee.

46. School Boards contain trainee, and lay representation. In addition, Schools Boards are encouraged to contain external medical or dental representatives eg from Royal Colleges or Heads of Schools from other Schools in HETV.

47. The QMC reviews the proposed gradings in light of the evidence submitted and agreement is reached for each programme and level. This approach allows the Postgraduate Dean, through the QMC, to hold the Heads of Schools to account for the quality of their training programmes and enables a degree of consistency in managing risk.

48. For the School & specialty-specific meetings, a specialty-specific external clinical representative and a peer Head of School are invited to join the committee.

Sources of Evidence

Visits

49. The QMC visits education providers to inspect their 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.

50. There are two types of visit, generic and specialty-specific visits. These can either be routine visits or exceptional visits (see table 1).
Table 1 – Types of visit to local education provider

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<tr>
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<th>Routine</th>
<th>Exceptional</th>
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<tr>
<td><strong>Generic</strong></td>
<td>Annual – led by Postgraduate Dean</td>
<td>As required – led by Postgraduate Dean</td>
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<tr>
<td><strong>Specialty-specific</strong></td>
<td>Triennial – led by Head of School</td>
<td>As required – led by Postgraduate Dean</td>
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51. The Postgraduate Dean visits trusts on an annual basis. The triennial specialty-specific visits typically occur in the two weeks prior to the Postgraduate Dean’s visit to ensure that the preliminary report and feedback delivered at the Dean’s Visit to the Trust Senior representatives is current. 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.

52. The QAM is working with the Head of Quality, Practice Learning to align the annual QMC visits with the Learning Development Agreement inspection visits.

53. 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.

54. Exceptional visits 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>
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<tbody>
<tr>
<td>Postgraduate Dean</td>
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<tr>
<td>Associate Postgraduate Dean, Quality Management</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Head of Business and Operations, HETV</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance Manager, HETV</td>
<td>✔️</td>
<td></td>
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<tr>
<td>Head of School</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Lay representative</td>
<td>✔️</td>
<td>Not typically</td>
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<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>
<tr>
<td>Representative from the Local Area Team</td>
<td>✔️</td>
<td></td>
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<tr>
<td>Administrator</td>
<td>✔️</td>
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Trust Annual Reports

55. Education providers submit annual reports to the QMC towards the end of each training year. These reports are pre-populated by the QMC with all known open concerns and issues, by specialty.

56. The DME is responsible for co-ordinating the completion of the report which will involve liaising with specialty tutors and educational leads within each relevant department to
ensure that progress made to address issues and concerns is documented. The report must also draw on other sources of data [such as the GMC Training Survey results.]

57. As well as focusing on specialty areas, the report also includes a set of generic questions, which cover current topics, and the previous year’s Trust-wide action plan for updating.

58. Lastly, the report is an opportunity for the Trust to report any new concerns arising.

59. Trust Annual Reports are shared with the relevant Heads of School.

Information from trainees

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

61. The Oxford Deanery established a Trainees Advisory Committee [TAC] in 2010. The TAC has a two-way function and can advise the Postgraduate Dean and Senior Management Team of matters of concern to trainees and seek ways to respond to these concerns, as well as inform trainees of PGMDE activities and to consider matters suggested for discussion by the Dean and the Senior Management Team. TAC representatives attend the bi-monthly Heads of School meeting, and the monthly QMC meeting.

62. Face to face meetings with trainees, such as School visits, will provide a source of evidence. Schools collect additional trainee feedback through their own internal quality management processes, such as specialty-specific/school specific questionnaires and surveys. In addition, a number of Schools circulate pre-visit questionnaires to trainees in advance of their 3-yearly visit.

Performance in national assessments

63. Royal Colleges are required to submit an annual report to the GMC and to LETBs containing specialty-specific examination results.

64. 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.

Externality

65. Information provided by clinical external and lay representatives is a valuable source of evidence.

66. Heads of Schools and Programme Managers are both sent copies of each Clinical and Lay Report throughout the year, as and when they are submitted. Whilst any serious concerns raised are dealt with immediately by the QMC, it is an expectation that these reports form a key part of each School's quality management processes and are considered as a source of evidence when compiling the Annual School Reports.

67. At the end of each year, Lay Representatives are asked to produce summary reports for each School, focusing on drawing out themes on what went well, and what could be improved across the main PGMDE activities such as interviews, ARCPs, and School
Boards etc. These summaries are shared with the relevant Head of School, as well as details of areas of good practice which were found across the Schools.

Triangulation of Evidence

School Annual Reports

1. Heads of School submit annual specialty-specific reports to the QMC four weeks in advance of their annual review meeting. These reports are pre-populated by the QMC with all known open concerns and issues, by Trust.

2. Training Programme Directors submit annual reports to the Head of School who will draw on the information provided to compile the School-wide report.

3. Heads of School Reports will be informed by data from a variety of sources, such as the GMC National Training Survey results, performance in national assessments, ARCP outcomes, reports from Lay Representatives, Trust Annual Reports and any visits to training providers.

4. 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\(^1\).

5. Annual School Reports must provide a breakdown of all ARCP outcomes in the previous 12 months, including data on revalidation.

6. Heads of School are required to report on attrition for all leavers within their School

7. Information from these reports will be collated to provide a commentary on common themes in specialty training across the HETV.

8. The QMC triangulates data from a range of sources including visits to education providers, Local Education Provider annual reports, 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 representative reports. This allows the Committee to determine whether training is being delivered in accordance with the standards set out in *The Trainee Doctor*.

\(^1\) All GP training practices in HETV are visited when they first apply for approval and then receive a re-accreditation visit every three years from thereon in
Appendix One

Health Education Thames Valley - Senior Leadership Team

Sandra Hatton
Managing Director

John Clark
Director of Education & Quality

Michael Bannon
Post Graduate Medical Education

Helen Falcon
Post Graduate Dental Education

Andrew Hall
Head of Finance

Janis Kirk
Head of Business & Operations

Vacant
Head of Communications & Stakeholder Engagement

Supported by an Integrated Workforce and Shared Service function
Appendix Two

Terms of Reference for the Education Quality Assurance Framework (EQAF) Steering Groups
(DRAFT)

1 Aim and Objectives

1.1 The aim of the Steering Groups is to provide a multi-professional forum to review education quality, patient improvements and value for money with a focus on continuous improvement at both a local level (Thames Valley/Wessex) as well as a cross regional perspective. The Steering Groups will review on behalf of their respective Local Education and Training Board (LETB) Boards the quality of education and training and alert the Board(s) to any concerns around quality of education or patient safety which require urgent intervention.

1.2 The objectives of the Steering Groups are:

- To provide a benchmarked report on the fitness for purpose of quality monitoring processes
- To identify if/where commissioned placement and training experiences are falling below agreed medical, dental and non-medical standards as outlined in the Learning and Development Agreement (LDA)
- To provide a multi professional summary of education and training activity across the domains of quality monitoring (clinical environment, regulatory compliance, learner experience, learner outcomes, outputs, partnerships, education contracts and cost)

1.3 The Steering Groups should follow the example of the Care Quality Commission, which has developed principles whereby information gathered from different sources on care quality is not automatically converted into league tables, but rather built upon over time to produce indicators of excellence and risk.

1.4 Cross-LETB rotations (e.g. with East and West Midlands, South West, Kent, Surrey and Sussex and North West London LETBs) should be explored, to facilitate information transfer concerning training providers falling under a LETB but not within the remit of a Quality Surveillance Group to ensure that all relevant information is captured and discussed appropriately.

2 Constitution

2.1 Membership will comprise representation from:

- Director of Education and Quality
- Postgraduate Dean
- Associate Dean for Educational Quality Assurance
- Quality Assurance Manager
- Head of Quality, Practice Learning
- Head of Education Commissioning
- Dental Quality Assurance Manager

2.2 Additional representatives may be co-opted to the group
2.3 Each local Steering Group will be Chaired by its respective Director of Education and Quality

2.4 The Joint Steering Group will be Chaired by a DEQ on a rotational basis

2.5 Each EQAF Steering Group will be accountable to its respective LETB

2.6 Each EQAF Steering Group will produce and/or contribute to regular reports for processes that underpin the monitoring and management of education quality including:
   - Local Quality Surveillance Group template
   - LETB Board

3 Quorum

3.1 The Quorum for each local meeting shall be a minimum of 3 members

3.2 The Quorum for the joint meeting shall be a DEQ and two members from each local Steering Group

4 Frequency of Meetings

4.1 The EQAF Steering Groups shall meet monthly to consider education quality on a regular and timely basis. Action notes from the meetings will be circulated within one week of the meeting.

4.2 The joint EQAF shall meet biannually to consider cross boundary themes and collaborative action; a joint meeting can be convened outside of this frequency if required.

4.3 It is expected that all core members will attend every meeting; however they may send a briefed deputy. Compliance with membership attendance will be followed up by the Chair.

5 Administration

It is the duty of the each Group’s Chair to ensure:

5.1 The administration of the EQAF Steering Group is managed efficiently and effectively

5.2 The EQAF Steering Group undertakes the duties assigned to it

5.3 Reports to the LETB and actions arising from meetings are completed in a timely manner in line with any agreed work plan.

5.4 Circulation of the agendas and follow-up work plans

5.5 Circulation of meeting papers (one week in advance of the meeting)
6 Role and Responsibilities

Members of the Steering Group will work in a multi professional manner to:

6.1 Determine the relationship between the individual quality monitoring processes already operating, and the overarching role of the Education Quality Assurance Framework to avoid duplication and share information.

6.2 Assure the underlying Quality Assurance and Quality Management processes, together with the collation of as comprehensive as possible a picture of quality metrics, from different sources across all the healthcare locations where education and training are delivered.

6.3 Provide regular high level reports to their LETB, assuring the value for money of educational medical, dental and non-medical placements with different providers, as well as alerting the LETB urgently to any patient safety issues identified from the quality improvement processes.

6.4 Provide regular reports to the senior management teams of each LETB to inform reporting to the local (and where relevant, regional) Quality Surveillance Group(s).

6.5 Receive reports from the different portfolios overseeing education and training (postgraduate deaneries, undergraduate medical schools, education commissioning team) and other external resources as appropriate. The information would be collated into a common format for all the domains (enabling different dimensions to be combined into a common metric).

7 Authority

7.1 Each EQAF Steering Group will be accountable to their LETB Boards through the Director of Education and Quality.

8 Review

8.1 These Terms of Reference shall be reviewed within 6 months (October 2013) following the transition to a provider led landscape (LETBs) and then annually.
Appendix Three

Quality Management Committee
Terms of Reference & Membership

Remit
1. To oversee continuous quality improvement for all postgraduate medical and dental training programmes to ensure that they meet GMC/GDC regulator standards and domains.

2. To oversee the process for how issues and actions are addressed, managed and resolved.

3. To ensure timely reporting to the appropriate regulators and provide information and support to Thames Valley LETB, the Quality Surveillance Group and the Local Area Team as required.

Terms of Reference
- To receive, critically evaluate and approve where appropriate, all Annual School Reports and all Annual Trust Reports and make recommendations to the Postgraduate Dean about the continued suitability of posts and programmes;
- To receive, critically evaluate and approve where appropriate the quantitative and qualitative data presented in the annual and interim reports from Schools and Trusts;
- To identify patterns and trends within the quality of training within Local Education Providers (LEP), Schools and across Thames Valley LETB;
- To review, streamline and strengthen the QM processes;
- To monitor progress to resolve all concerns and issues arising;
- To manage the visit schedule, approve the School and Dean’s visit reports, and receive and review LEP responses to all visit requirements;
- To develop and monitor the implementation of the PGME Report to the GMC;
- To sign off the PGME Report to the GMC;
- To provide timely feedback to educational providers;
- To identify and disseminate collated best practice across the Thames Valley.

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
- Quality Assurance Manager
- Head of Business and Operations
- Two Lay representatives [not specialty-specific]
- Trainee representation from the Trainee Advisory Committee
- Director of Education and Quality
- One/Two co-opted, experienced clinical educators
- (Specialty specific external representative to be invited to each ASR review)
- Provider Organisation Representative

Frequency of meetings
Meeting monthly for 2 hours.
Appendix Four

DRAFT - Current Reporting Processes [Escalation in-cycle]

- **Health Education Thames Valley LETB Board**
  - Meets bi-monthly
  - Considers Doctors in Difficulty data

- **Education Quality Assurance Framework Steering Group**
  - Meets bi-monthly
  - Considers Doctors in Difficulty data

- **Medical & Dental Quality Management Committee**
  - Meets monthly
  - Returns agreed gradings to Trusts.
  - Sets out actions required

- **Quality Surveillance Group**

- **Annual School & Trust Reports**
  - To cover issues raised via School surveys; visits; GMC Survey; ARCPs/exit interviews; and update on progress to address existing concerns

- **Performance Dashboard/KPI**

- **Health Education Thames Valley LETB Board**
  - Receives Reports [annual reports; visit reports; progress reports; action plans]. Agrees quality gradings
Figures provided to TVLETB Board - monthly report on number of issues raised outside of QM cycle and the number which have led to an exceptional visit?

Update at next EQAF FULL DETAILS TRIANGULATED WITH NON-MED

Update at next QMC – FULL DETAILS

Trust Response reviewed: 4 possible outcomes

1. No issue to address?
2. Monitor via monthly action plan. Regulator informed via next ’Deanery’ Report
3. Incorporate Trust/Specialty into existing visit cycle. Regulator informed
4. Exceptional Visit. Regulator informed

1. Trust notified [Medical Director/LDA Lead/DME/CEO]
2. HETV Managing Director informed
3. QM/Q,PLM to triangulate with existing data and share formal notification with Trust within 2 days of concern
4. Response from Trust within 1 week

Escalated to PGD/DEQ if not already informed

HETV alerted [TPD/HoS/PGD/DEQ/QM]

Issue raised [numerous routes/sources]
New rating system
The previous grading system of A, B, C1, C2 and D has been superseded by a five-level verbal rating system:

- **Excellent**
- **Satisfactory**
- **Concerns**
- **Significant concerns**
- **Major concerns**

Criteria for each level are given in the following table. A rating of **Excellent** needs in each case to be supported by evidence, which should be included in the appropriate table.

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<tr>
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<th>Excellent</th>
<th>Satisfactory</th>
<th>Concerns</th>
<th>Significant Concerns</th>
<th>Major Concerns</th>
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<tr>
<td>QUALITY CONTROL/ MANAGEMENT PROCESSES</td>
<td>Clear evidence of robust internal quality control processes including reviews of evidence in the resolution of issues. Exceeding GMC Standards; Clear evidence of dissemination and implementation of good practice; Internal review of concerns; GMC Survey results to reflect excellence of training; No negative outliers. More than 2 positive outliers Clear involvement of Trainees in Quality Control. ‘Open door’ policy at senior level within the Trust eg Medical Director. Timely response to any issues raised/mandatory visit requirements set.</td>
<td>Meeting GMC standards. Engagement with internal trust QC processes. No negative outliers but no evidence of excellence, dissemination of good practice. Response to concerns adequate but further consideration could be given to providing supporting evidence in the resolution of issues.</td>
<td>Meeting GMC standards; Awareness of internal trust quality control processes but no evidence of active involvement; Mix of negative and positive outliers. Concerns over action plans produced to respond to issues.</td>
<td>More negative than positive outliers. Concerns triangulated across a variety of sources eg visits, surveys etc. Concerns roll over one from year to the next with no resolution. Response to information requests received past the deadline. Trainees report education and training concerns impacting on patient safety. Immediate risks to patient safety identified by GMC.</td>
<td>No positive outliers. More than 3 negative outliers. Concerns triangulated across a variety of sources. No active engagement with quality control processes. No evidence of improvement Concerns reported impact or have the potential to impact on patient safety Concerns that trainees will not meet their competencies due to the concerns raised. Concerns can be triangulated across two or more training levels - Foundation, Core and Higher. Concerns can be triangulated across two or more training providers.</td>
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<tr>
<td>SUPERVISION</td>
<td>Identification of Clinical and Educational Supervisor. Good access to Clinical and Educational supervisor evidence – aspiring to exceed expectations; appropriate levels of supervision provided. No reports of trainees being asked to work beyond the limits of their competence. Trainees meet regularly with their ES.</td>
<td>Late identification of Clinical and Educational Supervisor. Clinical and Educational Supervisor rarely available. Adequate on the job supervision.</td>
<td>Clinical and Educational Supervisor not identified within two months of start of job. Sporadic access to Clinical and Educational Supervisor. Poor on the job clinical supervision.</td>
<td>Clinical and Educational Supervisor not identified. Very limited or no access to Clinical and Educational Supervisor. No on the job supervision.</td>
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<td></td>
<td>Excellent</td>
<td>Satisfactory</td>
<td>Concerns</td>
<td>Significant Concerns</td>
<td>Major Concerns</td>
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<tr>
<td><strong>WORKLOAD</strong></td>
<td>No rota issues. Work intensity by day and night appropriate for learning. Trainees work an EWTR compliant rota and are actively encouraged to leave on time. Trainees released for teaching.</td>
<td>Minor rota issues. Reasonable protected time for training and attendance.</td>
<td>Some justifiable complaints about rota. Adequate release to teaching (but sometimes difficult). Work experience has very strong service focus with little appropriate training but there is some on the job training.</td>
<td>Difficulty in accessing training. Frequent justifiable complaints about rota. On the job teaching is infrequent and has to be requested. Little or no understanding of the curriculum.</td>
<td>Unable to access training. Persistent justifiable complaints about rota issues. No recognition or awareness of educational needs</td>
</tr>
<tr>
<td><strong>FEEDBACK</strong></td>
<td>Good regular feedback to trainees given automatically.</td>
<td>Awareness of importance of feedback and some attempts to build regular feedback sessions into the programme.</td>
<td>Awareness of importance of feedback but given on a very irregular and ad hoc basis.</td>
<td>Little or no feedback and only ever at the request of the trainee.</td>
<td>No feedback to trainees and no apparent awareness of its value and importance.</td>
</tr>
<tr>
<td><strong>PERFORMANCE</strong></td>
<td>Early recognition of a trainee in difficulty and timely communication with TPDs and Educational Supervisors support structures in place to support trainees with fitness to practice concerns.</td>
<td>Flag up and communicate possible performance issues.</td>
<td>Aware of performance issues but not reported or addressed in a timely way.</td>
<td>Performance issues ignored.</td>
<td>No awareness of performance issues.</td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td>Easy access to work place based assessments. No concerns about sufficient practical experience available within the Programme to meet competencies set out in the curriculum.</td>
<td>Adequate access to work place based assessments. No concerns about sufficient practical experience available within the Programme to meet competencies set out in the curriculum.</td>
<td>Some access to work place based assessments but with difficulty</td>
<td>Poor access to work place based assessments</td>
<td>No access to work place based assessments</td>
</tr>
<tr>
<td><strong>HANDBOVER</strong></td>
<td>Well-organised handover arrangements, with time included in the rota for this.</td>
<td>well-organised handover but trainee reports of this running behind schedule</td>
<td>No time included in rota for handover</td>
<td>No time included in rota for handover</td>
<td>No time included in rota for handover</td>
</tr>
<tr>
<td><strong>INDUCTION</strong></td>
<td>Trainees report Trust and Departmental induction to be excellent.</td>
<td>Trust and Departmental Induction reported to be good by trainees.</td>
<td>Trust and Departmental Induction reported to be adequate by trainees.</td>
<td>Poor departmental induction</td>
<td>No Departmental induction provided for trainees.</td>
</tr>
</tbody>
</table>