**Regional Quality Management Groups**

**Quality Management of GP Specialty Training in Scotland**

**Terms of Reference and Standard Operating Procedures for**

**Educational Supervisor and Training Practice Approvals**

The purpose of this document is to provide clarity on the role and operating procedures for General Practice Specialty Training (GPST) within the Quality Management of Medical Education in the Scotland Deanery. This was outlined initially in 2015 in the attached document [appendix 1].

**Principles:**

1. Quality Management-Quality Improvement (QM-QI) of GPST in Scotland forms a part of the QM-QI activity of the Medical Directorate and is managed through the annual quality cycle of the specialty grouping that includes GP, Public Health and Occupational Medicine. This includes the annual Quality Review Panel (QRP) and the two-monthly specialty Quality Management Group (sQMG). Terms of reference for QRP and sQMG have been previously described [appendix 1b].
2. QM-QI of GPST programmes relate to GP trainees’ experience in hospital departments that host them, usually with other trainees (foundation, specialty). GP trainees’ experience will form part of the global quality assessment through the QRP process. However, GP Trainees are also hosted within general practices, which are in effect “Mini-Local Educational Providers” with individual Training Practice Agreements covering training arrangements. The nature of these arrangements require a bespoke QM-QI approach, including the requirement for approval by the regulator of both the training environment (the training practice) and the educational supervisors (ES).
3. Approval and re-approval of ESs and Training Practices (TPs) therefore forms a significant part of the QM-QI of GPST and will be delivered regionally through a Regional Quality Management Group (RQMG) with oversight and approval through the sQMG.
4. QM-QI of training practices and ESs in General Practice is informed by triangulated data from a variety of sources detailed below.
5. The QM process and all decisions taken as part of it are guided by:
	1. GMC Document - Promoting Excellence: Standards for Medical Training and Education www.gmc-uk.org/education/standards
	2. The evolving GMC policy relating to the recognition and approval of trainers [www.gmc-uk.org/education/10264.asp](http://www.gmc-uk.org/education/10264.asp)
	3. RCGP guidance on the standards for training [www.rcgp.org.uk/training-exams/~/media/Files/GP-training-and-exams/Information-for-deaneries-trainers-supervisors/Guidance-for-deaneries-on-standards-for-GP-training-Jan-2014](http://www.rcgp.org.uk/training-exams/~/media/Files/GP-training-and-exams/Information-for-deaneries-trainers-supervisors/Guidance-for-deaneries-on-standards-for-GP-training-Jan-2014)
	4. COGPED/ COPMED guidance on the principles of GP training and education [www.cogped.org.uk/archive/principles-of-gp-training.html](http://www.cogped.org.uk/archive/principles-of-gp-training.html)
	5. COGPED guidance on GP Trainer status where the GMC is taking action through fitness to practice procedures [www.northerndeanery.nhs.uk/NorthernDeanery/primary-care/gp-specialist-training/information-for-trainers-and-tpds/Trainer%20status%20in%20cases%20of%20GMC%20action.pdf](http://www.northerndeanery.nhs.uk/NorthernDeanery/primary-care/gp-specialist-training/information-for-trainers-and-tpds/Trainer%20status%20in%20cases%20of%20GMC%20action.pdf)
	6. Any other relevant guidance that may arise from the GMC, COGPED/ COPMED or the RCGP

A single set of attached forms supports this process.

**Regional Quality Management Group**

RQMG Purpose

1. The GP Regional Quality Management Group (RQMG) is a pivotal component of the General Practice Quality Management structure.
2. Each region of the Scottish Deanery will establish and run an RQMG.
3. The role of RQMG is to review and make recommendations to the General Practice/Public Health/Occupational Medicine Specialty Quality Management Group (SQMG) as regards accreditation and re-accreditation of GP Educational supervisors (ES), GP Training Practices, GP out of hours (OOH) training locations, Foundation training where co-located in an approved GP Training practice and GP Retainer practices. In doing so RQMG should consider applications taking into account other data, information and intelligence regarding the quality of training and of the training environment where such training takes place or will take place. It is also responsible for following up on requirements stipulated as part of the accreditation process.
4. Regions should arrange RQMG meetings numbering 4-6 per year (depending on regional workload). Dates of RQMG meetings should be set well in advance and planned to report into the 6 bi-monthly SQMG meetings.
5. The final decision for approvals rests with SQMG.

Composition

1. Each RQMG should be composed of the regional Assistant Director for General Practice with responsibility for Quality who will act as chair, one or more Training Programme Directors (TPD), and the regional administrative lead for Quality. There should be external representation by one of the Associate Deans for Quality (GP, Occupational Medicine and Public health).

**The RQMG itself and workflow**

The RQMG will consider the following applications: -

Educational Supervisor in existing training practice first applications -

1. RQMG will consider and make recommendations for Educational Supervisors from within existing approved training practices, who are making a first application to become an ES. These applicants will have successfully completed the Scottish Prospective Educational Supervisors Course (SPESC) with a **green** rating. The process for this has already been described. [Appendix 2]. Those on completion of SPESC who have an **amber** rating will require local support. Following this a regional decision should be made on whether the required standard has been reached to allow submission of an ES application. These applications should be discussed at RQMG but the decision on approval should rest with SQMG with the full applications forwarded for consideration. SQMG should be notified of any amber candidates who have been advised that they are not ready to make an ES application.
2. RQMG will review the application form and summary meeting with TPD [Forms A and E].
3. RQMG (not the TPD) will make a recommendation to accredit or not accredit and set appropriate period of accreditation and any conditional requirements.
4. For a first approval, the maximum period of accreditation will be 2 years.
5. A summary form will be completed [Form C] for regional recording purposes.
6. Details regarding the approval will be included in the SQMG summary sheet [Form F] for presentation to the next SQMG where final approval rests. RQMG summary form [completed Form C] for new ES applications does **not** require to be presented to the next SQMG unless there is uncertainty, the applicant had an amber rating on completion of SPESC or further discussion is required.

Educational Supervisor and Training Practice re-accreditation applications

1. Each regional quality administrative team has the responsibility to track ES and Training practices approaching the end of their current accreditation period and make appropriate arrangements for re-accreditation.
2. It is best practice to align ES and Training Practice accreditations.
3. ES’s and Training Practices will complete and submit self-assessment documentation [Forms A and B] and the required accompanying evidence for consideration by RQMG. Each individual ES must complete Form A.
4. RQMG will consider this documentation along with other information including previous visit reports, TPD report, NTS and STS data including STS RAG aggregated data, ES use of e-portfolio and any other local intelligence. RQMG will make a decision to either recommend approval of the ES and practice virtually for an appropriate time period or arrange a site visit to the ES(s) and Training Practice.
5. Where a visit is required, this will include the Training Practice as an educational provider and all the Educational Supervisors at that site. Each training practice location and the ES’s therein should be visited every 6 years, with a virtual interim approval at 3 years, if there are no significant concerns identified at application. Where a virtual approval is recommended a summary sheet [Form C] will be completed for consideration by the next SQMG. Details will also be included in the SQMG summary sheet [Form F].
6. Occasionally a practice or ES will change region within the Scotland Deanery. When considering a re-application, the accepting region will obtain the last approval report(s) from the region where the ES and /or practice were previously situated.
7. It is the responsibility of RQMG to manage the visit calendar.
8. When a decision has been made to visit the practice, appropriate arrangements should be made and a visiting team appointed. The visiting team will consist of a minimum of two people, be led by an experienced senior member of the Deanery GP team and accompanied by a second visitor who may be a TPD or ES. A lay member will be included on a sample of visits. A trained Practice Manager could be included as an additional team member.
9. Re-approval of established ES’s and Training Practices will be for a maximum of 3 years but may be for a shorter duration dependant on the findings and recommendations made.
10. On completion of the visit, the lead visitor should complete a visit report and recommendations [Form D] for consideration by SQMG. The visit report does not need further scrutiny by RQMG but RQMG may wish sight of the report for information.

Triggered Visits

1. From time to time concerns about an individual ES or Training Practice may come to light from TPD feedback, expressed trainee concerns, NTS or STS data or due to substantial change within the practice. In these circumstances the RQMG should consider this intelligence and arrange a triggered visit where appropriate to all ES’s and the practice**.** Paragraphs 26-28 above should then be followed.

New Practice applications

1. Applications from new training practices will always require a practice site visit. RQMG should be aware of these applications and a visiting team appointed and paragraphs 26 and 28 followed.
2. For a first approval of a new training practice the maximum period of accreditation will be 2 years.
3. Following initial approval, a further visit will take place for re-approval as the set time period.

ES application from those undertaking ES training out with Scotland

1. When an application is received form a potential Educational Supervisor who undertook training as an ES out with Scotland, appendix 7 will be applied.

Follow up of conditional requirements.

1. Where conditional approval has been agreed by SQMG, local systems should be in place to ensure that requirements have been completed. Evidence regarding these should be considered by RQMG and a decision made as to whether these are satisfactory. If not, in most cases, further dialogue between RQMG and the ES/Training Practice should resolve the issue but if there is any uncertainty these should be escalated to the next SQMG.

Administration following SQMG

1. It is the responsibility of the Assistant Director for General Practice who chairs the RQMG to communicate to ES’s and Training Practices the outcome from SQMG by letter. Template letters for this purpose have been produced [Forms G1 and G2].
2. Summary reports approved by SQMG for ES and training practice approval should accompany the letter. In particular circumstances it may be that the details of an ES approval would be best only sent to the individual ES. This will be approved by SQMG and acted upon by the AD with appropriate follow-up support instituted.
3. The regional administrative team should complete required TP4 forms and update TURAS and GMC Connect appropriately.

Out of Hours GPST Training locations

1. RQMG will oversee the approval and re-approval process of GP out of hours’ locations (where GPSTs work to gain experience required) as set out in the Scotland Deanery Operation Framework for GPST in the Out of Ours setting. [Appendix 3]
2. RQMG will consider the self-submission documentation [Appendix 4] along with other information including previous visit reports, TPD reports, trainee feedback and any other relevant local intelligence. RQMG will make a decision to either recommend approval of the OOH location virtually for an appropriate time period (normally 5 years) or arrange a meeting with the Medical Director or a full visit if appropriate using the associated documentation.
3. RQMG will complete a OOH summary report recommendation for submission to SQMG for consideration [Form H].
4. The regional Assistant Director with responsibility for Quality will communicate the outcome in writing to the Medical Director of the appropriate organisation with a copy sent to the Health Board Director of Medical Education.

Foundation Training where co-located with GP Training

1. Where Foundation Training is co-located with GP Training, GP SQMG will also approve foundation training on behalf of the Foundation QMG. Where foundation training is stand alone in a GP Practice, this will be the responsibility of Foundation QMG.
2. Foundation ES will complete and submit appropriate application form (Form I).
3. This will be considered by RQMG/SQMG as the same time as the Training practice and ES application.
4. Where approval is granted this will normally be for the same time periods as ES and TP approvals.

Retainer Practice applications and re-approvals

1. It is the role of RQMG to consider applications and re-applications from retainer practices. Arrangements for these have been extensively detailed and attached [Appendix 6].
2. New retainer application visit reports for non-training practices are submitted directly to SQMG and should appear on the summary sheet.
3. RQMG will consider applications from new ES in an established Training Practice who wish to become a Retainer Practice or are seeking re-approval as a Retainer Practice, re-approval of an ES in an established Training Practice who wishes to become a Retainer Practice or are seeking re-approval as a Retainer Practice and currently approved ES/TP who wish to become a Retainer Practice or are seeking re-approval as a Retainer Practice
4. RQMG should make a recommendation to SQMG for those listed in paragraph **47** and these should be included in the summary sheet.
5. Following SQMG approval, for accredited training practices, retainer approval notification will be included in the letter from the Assistant Director. When the practice is **not** a training practice, the approval letter should be completed by the local Associate Advisor for the Retainer scheme.

Foundation and Retainer Reports

1. It has been agreed that where Retaining and/or Foundation is co-located within a GP Training practice that the GP/OM/PH SQMG will undertake training site approval for these purposes. It is important that it is clearly reflected in the training practice report that standards for retaining and foundation have or have not been met.  Visitors completing reports must make mention of foundation and/or retaining under the relevant sections and in the executive summary box.  These reports are shared with retaining and foundation colleagues and it must be clear that adequate assessment has taken place. *Examples of relevant information that may be included in the report:  Foundation doctor’s timetable/education sessions, Foundation ES use of portfolio, Retainer Mentor’s educational activity, retainer mentoring session occurrence etc.*

Educational Supervisor and Training Practice re-accreditation applications (Forms A and B and Form I if a Foundation practice)

New Practice Application (Forms A+B)

ES First Application in already approved Training Practice

Application collated by local admin team with knowledge of RQMG

RQMG considers application along with TPD report, NTS, STS data including aggregated RAG data, ES use of e-portfolio, previous reports and other local intelligence.

ES Completes Application (Form A)

ES Meets with TPD, application and PDP discussed (Form E completed)

Visit arranged

RQMG decides on virtual re-approval or visit

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Visit undertaken and report generated (Form D)

Visit undertaken and report generated (Form D)

RQMG considers application, decides recommendation/sets requirements. (Form C completed)

Virtual Summary report completed (Form C)

Decision communicated to SQMG (on Form F) **or** referred to SQMG if uncertainty/concerns

Letter created to ES/Training Practice re outcome with copy to TPD

TURAS, GMC Connect and TP4 updated by admin team

Training Practice SLA issued to new training locations

SQMG considers recommendations and determines outcome

**Form Summary:**

Form A Educational Supervisor Application Form

Form B Training Practice Application Form

Form C RQMG Summary Form – ES First Applications and Virtual Approvals

Form D Visit and ES Meeting Report Form

Form E ES TPD Meeting Form

Form F RQMG Summary Report to SQMG

Form G1 ES approval letter

Form G2 ES and Training Practice approval letter

Form H RQMG OOH Summary Report to SQMG

Form I Foundation ES Documentation

**Quality Management of GPST**

**GP Educational Supervisor & Training Practice Approval**

**Appeals Procedure**

If there should be dispute regarding the outcome of an Educational Supervisor approval or re-approval decision, or the approval of a practice as a training environment, the Educational Supervisor or prospective Educational Supervisor retains the right of appeal to the Deanery if he or she wishes. The procedure for appeal is set out below:

Criteria for an Appeal

1. An appeal can be made when the Educational Supervisor or prospective Educational Supervisor is dissatisfied with a decision that results in a recommendation for less than the maximum period of approval as described in the Scottish policy for approval and re-approval of GP Educational Supervisors and Training Practices, or where a practice has not been approved or re-approved as a training environment.
2. An appeal cannot be made where an approval for the maximum period has been made but with recommendations.
3. Notification of appeal using the appeals pro-forma must be submitted within 21 days of receipt of the approval or re-approval decision.
4. An appeal will be considered if the appellant can provide a case that the process did not follow the Scottish policy for approval and re-approval of GP Educational Supervisors and Training Practices or that the decision made was not consistent with the evidence that was available.
5. The appellant should set out the reasons why they believe the way their application was processed may have disadvantaged them or their practice. Reasons should also be given to justify any allegation of unfairness or mal-administration which has negatively affected the appellant’s application.

Procedure

1. The appellant should notify the Director of Postgraduate General Practice Education in writing of his or her intention to invoke the appeal procedure using the appeal form.
2. The Director of Postgraduate General Practice Education will determine whether there are grounds for an appeal in relation to the criteria for appeal (above). In doing so the Director may wish to discuss the appeal on a less formal basis with the appellant.
3. If the appeal has merit the Director of Postgraduate General Practice Education will inform the appellant that the request will be considered by a Deanery Appeal Panel.
4. The Director of Postgraduate General Practice Education will convene an appeal panel which will include a Director of Postgraduate General Practice Education from another Scottish region, who will chair the panel; a Training Programme Director who is ideally also an experienced Educational Supervisor; and a trainee representative (both from other areas of the Deanery); a lay representative; and the regional Director of Postgraduate General Practice Education.
5. The Director of Postgraduate General Practice Education will arrange for the appeal to be heard by the panel as soon as practical after receipt of the appeal proforma.
6. The Deanery panel will be supplied with a copy of all documentation two weeks prior to the hearing.
7. The panel may wish to call the parties to verify and clarify the evidence that they have considered. The Director of Postgraduate General Practice Education will request attendance of the relevant parties at the hearing.
8. If the appellant so desires, a personal representation may be made to the Deanery Appeal Panel. In doing so the appellant may be accompanied by but not represented by a friend or adviser.
9. After consideration of the written and heard evidence the panel will deliberate and the chair will decide on the outcome of the appeal hearing.
10. The possible outcomes are that:

 (a) the appeal fails and the original decision not to approve/ re-approve is upheld.

 (b) the appeal is successful and the panel recommends approval/ re-approval of the applicant under such conditions as it decides.

 (c) the panel adjourns the appeal for further evidence to be brought. Depending on its previous decision the panel may /may not reconvene when the evidence is heard and dealt with by the Deanery Appeal Panel.

1. If the appeal succeeds the panel will recommend that the Deanery should make a recommendation to the GMC for recognition of the appellant as an Educational Supervisor, or the practice as a training environment for a length of time determined by the panel.
2. If the appeal fails in respect of re-approval of an existing Educational Supervisor the panel will recommend that no further recommendation will be made to the GMC by the Deanery and the original duration of approval will remain. This may result in the Educational Supervisor’s recognition lapsing without renewal if it has not already expired.
3. If the appeal fails in respect of approval of a new Educational Supervisor or new training practice the panel will recommend that no further recommended action is taken.
4. The Chair will have the discretion to tell the appellant the decision of the panel on the day of the hearing or at a later date. In any event the Chair will provide the appellant with the outcome of the appeal, including any recommendation to the regulator.
5. It should be noted that the panel’s decision is final. An applicant who is not an existing GMC recognised Educational Supervisor who disagrees with the panel’s decision cannot appeal to the regulator and would need to pursue other legal routes to appeal the panel’s decision.
6. Appellants who fail in their appeal and are not approved or reapproved as Educational Supervisors, or whose practices are not approved or re-approved as learning environments may not re-apply for a period of at least twelve months of the final decision of the appeal unless otherwise advised by the Chair of the Panel.

The above appeals procedure does not cover the situation where serious concerns about an Educational Supervisor arise in the course of a training attachment. In these circumstances the Deanery should reserve the right to arrange transfer of any attached trainee and not to allocate any further trainees to the Educational Supervisor until any concerns have been investigated and resolved.

In the extreme situation where, for whatever reason, this procedure is not possible, the Deanery can recommend removal of training recognition to the GMC. The GMC can then consider invoking their own ‘withdrawals’ process.

**APPEALS PRO-FORMA**

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| --- | --- |
| Name and address of appellant |  |
| Date of Deanery approval/ re-approval decision (and visit if a visit took place) |  |
| Date of notification of appeal against Educational Supervisor or Training Practice approval/ re-approval decision |  |
| Reasons for appeal cross referenced against the Scottish policy for approval and re-approval of GP Educational Supervisors and Training Practices |  |
| Other reasons for appeal with supporting evidence |  |
| Available dates for possible hearing |  |