

**Scotland Deanery Policy on Quality Management Visits**

**Authors**

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**Introduction**

**Hospital visits are a key element of the Deanery Quality Management/ Quality Improvement (QM/QI) framework. Visits are a significant part of the quality activity undertaken during each training year and represent a significant resource commitment for both the Deanery and the Local Education Provider (LEP) being visited.**

Why does the Deanery conduct visits?

* NHS Education for Scotland and its postgraduate deans/ GP Directors are accountable for ensuring the quality of postgraduate training meets the standards required by the regulator - the General Medical Council (GMC).
* Visits to Health Boards/Local Education Providers (LEPs)/ programmes the Deanery have a key role in the assessment of the quality of postgraduate medical education and the training environment.
* Visits help ensure consistent delivery of our policies.

In some cases, we conduct visits with Medical Schools to provide an assessment of both undergraduate and postgraduate medical education and training at sites. When joint visits are conducted there will be additional panel members, supplied by Medical Schools, to support the assessment of undergraduate training.

Deanery QM-QI visits can be broken down into four categories:

1. **Scheduled visit** - Scotland Deanery is committed to undertaking a cycle of routine or *scheduled visits* whereby all posts within LEPs that deliver specialty training will be visited, to assess the quality of training they deliver, at least once per 5years. The specialty quality management group (sQMG) is responsible for determining the schedule for these routine visits. The process for arranging a scheduled visit can be found on page 4

2. **Triggered visit** - The sQMG will consider various sources of data and intelligence throughout the annual quality cycle. When potential concerns around the quality of training that is provided have been signaled by any of the sources of data, the sQMG may decide to undertake a “triggered” visit. Most of these decisions will be made at the Quality Review Panel (QRP), but the need to undertake triggered visits can arise at any time in the training year. The process for arranging a triggered visit can be found on page 5

3. **Immediate Triggered visit** – like a triggered visit but conducted at shorter notice, typically, because of a patient or trainee safety concern.

4. **Enhanced Monitoring visit – Enhanced Monitoring i**s a GMC process, whereby the GMC provides support to Deaneries to improve the quality of training in a training environment. This can include the participation of 2 members of the GMC team in these visits that are managed by the Deanery. The enhanced monitoring process and the issues that necessitate escalation to enhanced monitoring are described in the Scotland Deanery process on Enhanced Monitoring.

Each type of visit could be arranged as a site-specific visit or a programme visit which would include all trainees within the training programme, regardless of geography. Specific guidance on organising a programme visit can be found on page 8

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**1. Pre-visit processes for each type of visit**

1.1 The tables in section 2 – 5 outline actions to be completed, with indicative timelines, for each kind of quality management visit.

1.2 Section 6 onwards provides more detailed guidance regarding some of the steps in the pre-visit process tables. Relevant sections have been highlighted in the process tables for ease of reference.

1.3 Scotland deanery is committed to the use of technologies to support participation in visits. This includes the use of video conferencing facilities. QIMs should establish in advance whether a visit will need to be VC enabled; requests for the use of VC on the day of the visit will not be accepted. If VC is required the QIM should advise the visit lead, who may, with appropriate justification for their decision, decline the request for VC to be available.

1.4 Where a national programme visit is being conducted and trainees are required to travel to a central location reasonable travel expenses will be reimbursed in accordance with the NES travel & subsistence policy for non-staff expenses. QIAs should provide trainees with a non-staff expenses form and a copy of the travel & subsistence policy in advance. Where a national programme visit is being collocated with already planned formal teaching we would not expect trainees to claim additional travel costs for the deanery visit as such costs will be covered by their normal arrangements for attending teaching.

**2**.  **Process Document - Scheduled Visit**

|  |  |  |
| --- | --- | --- |
| **When?** | **Who?** | **What?** |
| At least 12 weeks ahead | QIM/QIA | Establishes date of visit and date of pre-visit teleconference (PVTC) (minimum teleconference attendance: lead visitor and QIM. Should take place approx. one week prior to the visit. Further information can be found in section 11) |
| Appoints Lead Visitor (from the list of approved lead visitors). |
| Secures remaining members of visit panel from the pool of trained visitors:  QIM  QIA  Lay Rep  Trainee Rep  TPD (specialty orientation not essential – can be specialty TPD, GP TPD or FPD)  UG Rep/s and possibly Medical school administrative staff (if visit is joint with UG)  FPD and GP TPD should attend if FY/ GPST trainees are included in the visit. |
| Checks that all panel members do not have any conflict of interest. (see section 7 for more guidance on this) and they have received equality & diversity training in the last 3 years. |
| Arranges transport for visit team, e.g. taxi to hospital site, if required. |
| Prepares visit timetable, in line with timetable guidance (see section 8) and in liaison with lead visitor, taking account of the different groups which will be required. |
| Completes and sends visit notification (appendix 1) form to DME team. Prior to sending out, check if we already hold up-to-date generic board information which will not need to be requested again. Copy notification to relevant TPDs/ FPDs and APGDs |
| 10 weeks ahead | DME Team | Returns visit notification form with all requested information (including trainee details). If DME advises that date is not suitable, QIM contacts visit lead to re-arrange, followed by further liaison with DME team. |
| 6 weeks ahead | QIM/ QIA | Circulates pre-visit questionnaire (PVQ) to all trainees in post at time of visit. Trainee details are provided by DME team but should also be cross-checked with Turas. If there is a discrepancy between Turas and the DME information inform the relevant colleague in the training management team. Survey will remain open for two weeks. |
| 4 weeks ahead | QIM/QIA | Begins to prepare visit paperwork using visit documentation template. |
| 2 weeks ahead | QIM/QIA | Verifies with DME team that rooms have been booked, catering requested, parking arranged, and that senior/managerial staff attendance has been confirmed. |
| Completes visit paperwork by adding in PVQ data. |
| Circulates electronic visit paperwork to panel one week before PVTC. |
| 1 week ahead | ALL | PVTC |
| QIM/QIA | Receives confirmation of visit attendees from DME office. If this is unavailable escalates to the lead visitor. |

**3.Process Document - Triggered Visit**

|  |  |  |
| --- | --- | --- |
| **When?** | **Who?** | **What?** |
| At least 8 weeks ahead | QIM/QIA | Establishes date of visit and date of pre-visit teleconference (PVTC) (minimum teleconference attendance: lead visitor and QIM. Should take place approx. one week prior to the visit. Further information can be found in section 11) |
| Appoints Lead Visitor (from the list of approved lead visitors). |
| Secures remaining members of visit panel from the pool of trained visitors:  QIM  QIA  Lay Rep  TPD with specialty orientation and/or  College Rep  Trainee rep  FPD (if foundation trainees are included)  GP TPD (if GP trainees are included)  UG Rep/s and possibly Medical school administrative staff (if visit is joint with UG)  GMC Rep(s) (if enhanced monitoring visit) |
| Checks that all panel members do not have any conflict of interest. (see section 7 for more guidance on this) and confirmed they have received equality & diversity training in the last 3 years. |
| Arranges transport for visit team, e.g. taxi to hospital site, if required. |
| Prepares visit timetable, in line with timetable guidance (see section 8) and in liaison with lead visitor, taking account of the different groups which will be required. |
| Completes and sends visit notification (appendix 1) form to DME team. Prior to send out, check if we already hold up-to-date generic board information which will not need to be requested again. Copy notification to relevant TPDs/ FPDs and APGDs |
| 6 weeks ahead | DME Team | Returns visit notification form with all requested information (including trainee details). If DME advises that date is not suitable, QIM contacts visit lead to re-arrange, followed by further liaison with DME team. |
| QIM/QIA | Circulates pre-visit questionnaire (PVQ) to all trainees in post at time of visit. Trainee details are provided by DME team but should also be cross-checked with Turas. If there is a discrepancy between Turas and the DME information inform the relevant colleague in the training management team. Survey will remain open for two weeks. |
| 4 weeks ahead | QIM/QIA | Begins to prepare visit paperwork using visit documentation template. |
| 2 weeks ahead | QIM/QIA | Verifies with DME team that rooms have been booked, catering requested, parking arranged, and that senior/managerial staff attendance has been confirmed. |
| Completes visit paperwork by adding in PVQ data. |
| Circulates electronic visit paperwork to panel one week before PVTC. |
| 1 week ahead | ALL | PVTC |
| QIM/QIA | Receives confirmation of visit attendees from DME office. If this is unavailable escalates to the lead visitor |

**4. Process Document - Immediate Triggered Visit**

|  |  |  |
| --- | --- | --- |
| **When?** | **Who?** | **What?** |
| 4 weeks ahead | QIM/QIA | Establishes date of visit and date of pre-visit teleconference (PVTC) (minimum teleconference attendance: lead visitor and QIM. Should take place approx. one week prior to the visit. Further information can be found in section 11) |
| Appoints Lead Visitor (from the list of approved lead visitors). |
| Secures remaining members of visit panel from the pool of trained visitors:  QIM  QIA  Lay Rep  Trainee Rep  College Rep  Quality Lead  GMC Rep(s) (if enhanced monitoring/and at their discretion) |
| Checks that all panel members do not have any conflict of interest. (see section 7 for more guidance on this) and confirmed they have received equality & diversity training in the last 3 years. |
| Arranges transport for visit team, e.g. taxi to hospital site, if required. |
| Prepares visit timetable, in line with timetable guidance (see section 8) and in liaison with lead visitor, taking into account the different groups which will be required. |
| Completes and sends visit notification (appendix 1) form to DME team. Prior to send out, check if we already hold up-to-date generic board information which will not need to be requested again. Copy notification to relevant TPDs/ FPDs and APGDs |
| Circulates pre-visit questionnaire (PVQ) to all trainees in post at time of visit. Trainee details can be provided by DME team or retrieved from Turas. If the DME returns a list which varies from the information in Turas advise the relevant colleague in training management of the discrepancy. Survey will remain open for ten days. |
| 2 weeks ahead | DME Team | Returns visit notification form with all requested information (including trainee details). If DME advises that date is not suitable, QIM contacts visit lead to re-arrange, followed by further liaison with DME team. (Note: for immediate triggered visits a change of date should only be considered where there are significant barriers to accommodating the visit on the date planned. Date changes to immediate triggered visits must be agreed with the lead visitor) |
| QIM/QIA | Completes visit paperwork using visit documentation template (including PVQ data). Then circulates to panel. |
| Verifies with DME team that rooms have been booked, catering requested, parking arranged, and that senior/managerial staff attendance has been confirmed. |
| 1 week ahead | ALL | PVTC |
| QIM/QIA | Receives confirmation of visit attendees from DME office. If this is unavailable escalates to the lead visitor |

**5. Process Document – Programme Visit**

The timeline for a programme visit will be the same as a standard scheduled or triggered visit (see below). The primary difference is that depending on where the trainees/trainers are located, and the numbers involved, it may be worth holding the visit in a central location and consider using video conferencing (VC) to minimise disruption of clinical work by asking people to travel. The use of VC may depend on the number of sites involved as the higher the number of sites the trickier it would be to facilitate. Also, if there are issues within the programme, the allotted time allocated to each session may not be sufficient although it is possible to extend the VC bridge link.

The approach to inviting trainees to attend a programme visit will vary. Some TPDs may wish to coordinate trainee attendance personally. Some DMEs may be happy to be involved in making arrangements to release trainees from sites in their health board. In some cases, the QIM/ QIA may issue invites to trainees personally; this approach is acceptable but should be done with the support of the TPD (and DME awareness) to ensure trainees receive a consistent message. If the QIM/ QIA is inviting trainees to the visit, this should be done as early as possible (following TPD/ DME notification) to maximise the ability of trainees to attend. When the notification is issued, the covering email should explicitly ask the TPD about their preferred approach to inviting trainees.

QIMs may also need to be involved in issuing invitations to trainers to attend although it would generally be expected that the DME(s) and/ or TPD assistance would be provided to secure attendance of relevant individuals.

**Programme Visit – scheduled**

|  |  |  |
| --- | --- | --- |
| **When?** | **Who?** | **What?** |
| At least 12 weeks ahead | QIM/QIA | Establishes date of visit and date of pre-visit teleconference (PVTC) (minimum teleconference attendance: lead visitor and QIM. Should take place approx. one week prior to the visit. Further information can be found in section 11). Venue may also need to be considered for programme visits. |
| Appoints Lead Visitor (from the list of approved lead visitors). |
| Engages remaining members of visit panel:  QIM  QIA  Lay Rep  Trainee Rep  TPD (specialty orientation not essential – can be specialty TPD if no conflict of interest, GP TPD or FPD) |
| Checks that all panel members do not have any conflict of interest. (see section 7 for more guidance on this) and confirmed they have received equality & diversity training in the last 3 years. |
| Arranges transport for visit team, e.g. taxi to hospital site, if required. |
| Prepares visit timetable, in line with timetable guidance (see section 8) and in liaison with lead visitor, taking account of the different groups which will be required. |
| Completes and sends visit notification form to TPD. Prior to send out, check if we already hold up-to-date generic board information which will not need to be requested again. Copy notification to relevant DMEs and APGDs |
| 10 weeks ahead | TPD | Returns visit notification form with all requested information (including trainee details).  If TPD advises that date is not suitable, QIM contacts visit lead to re-arrange, followed by further liaison with TPD. Also, notify DME(s) in the region(s) you are visiting as they should be invited to the feedback session and may be able to help with room bookings etc. It is essential to invite the TPD to the feedback session as they may have ownership of some of the requirements. They may also attend the ‘trainers’ session of the visit if other trainers are happy for them to do so. |
| 6 weeks ahead | QIM/QIA | Circulates pre-visit questionnaire (PVQ) to all trainees in post at time of visit. Trainee details are provided by TPD but can also be cross-checked with Turas.  Survey will remain open for two weeks. |
| 4 weeks ahead | QIM/ QIA | Begins to prepare visit paperwork using visit documentation template. For programme visits, care must be taken to include all relevant data from all departments included in the visit. |
| Depending on the speciality you may need to give more consideration to ensuring that the right questions are being asked at the visit and some specialist input to adjust the standard question set may be required. |
| 2 weeks ahead | QIM/QIA | Verifies with DME team that rooms have been booked, catering requested, parking arranged (if visit is taking place in a hospital site. If in a deanery office local QIA should ensure these arrangements are made). |
| Completes visit paperwork by adding in PVQ data. |
| Circulates electronic visit paperwork to panel one week before PVTC. |
| 1 week ahead | ALL | PVTC |
| QIM/QIA | Receives confirmation of visit attendees from TPD team if not confirmed directly by trainees. If this is unavailable escalates to the lead visitor |

**Programme visit – Triggered**

|  |  |  |
| --- | --- | --- |
| **When?** | **Who?** | **What?** |
| At least 8 weeks ahead | QIM/QIA | Establishes date of visit and date of pre-visit teleconference (PVTC) (minimum teleconference attendance: lead visitor and QIM. Should take place approx. one week prior to the visit. Further information can be found in section 11). Venue may also need to be considered for programme visits. |
| Appoints Lead Visitor (from the list of approved lead visitors). |
| Engages remaining members of visit panel:  QIM  QIA  Lay Rep  Trainee Rep  TPD with specialty orientation, this may not be possible due to a conflict of interest if the TPD covers a national programme and/or  College Rep (generally always required for national programme visits)  FPD (if foundation trainees are included)  GP TPD (if GP trainees are included)  GMC Rep(s) (if enhanced monitoring visit) |
| Checks that all panel members do not have any conflict of interest. (see section 7 for more guidance on this) and confirmed they have received equality & diversity training in the last 3 years. |
| Arranges transport for visit team, e.g. taxi to hospital site, if required. |
| Prepares visit timetable, in line with timetable guidance (see section 8) and in liaison with lead visitor, taking into account the different groups which will be required. |
| Completes and sends visit notification form to TPD. Prior to send out, check if we already hold up-to-date generic board information which will not need to be requested again. Copy notification to relevant DMEs and APGDs |
| 6 weeks ahead | TPD | Returns visit notification form with all requested information (including trainee details).  If TPD advises that date is not suitable, QIM contacts visit lead to re-arrange, followed by further liaison with TPD. Also, notify DME(s) in the region(s) you are visiting as they should be invited to the feedback session and may be able to help with room bookings etc. It is essential to invite the TPD to the feedback session as they may have ownership of some of the requirements. They may also attend the ‘trainers’ session of the visit if other trainers are happy for them to do so. |
| QIM/ QIA | Circulates pre-visit questionnaire (PVQ) to all trainees in post at time of visit. Trainee details are provided by TPD, but can also be cross-checked with Turas.  Survey will remain open for two weeks. |
| 4 weeks ahead | QIM/QIA | Begins to prepare visit paperwork using visit documentation template. For programme visits care must be taken to include all relevant data from all departments included in the visit. |
| Depending on the speciality you may need to give more consideration to ensuring that the right questions are being asked at the visit and some specialist input to adjust the standard question set may be required. |
| 2 weeks ahead | QIM/QIA | Verifies with DME team that rooms have been booked, catering requested, parking arranged (if visit is taking place in a hospital site. If in a deanery office local QIA should ensure these arrangements are made). |
| Completes visit paperwork by adding in PVQ data. |
| Circulates electronic visit paperwork to panel one week before PVTC. |
| 1 week ahead | ALL | PVTC |
| QIM/QIA | Receives confirmation of visit attendees from TPD if not confirmed directly by trainees. If this is unavailable escalates to the lead visitor |

**6. Advising TPDs/ FPDs/ GP TPDs/ APGDs of a site visit**

6.1 When undertaking a site visit the official visit notification will be sent to the DME but relevant specialty, foundation and GP TPDs and Associate Postgraduate Deans (APGDs) for the specialty should also be informed. This should avoid these key individuals hearing of plans for a deanery visit from trainees or other colleagues and ensure good relationships with the deanery.

6.2 In the case of FY and GP TPDs, if you are unsure who to inform you should liaise with the local GP Deputy Director or Foundation lead as follows:

West Region GP: Kenneth Lee Foundation: Caroline Whitton

South East Region GP: Nitin Gambhir Foundation: Duncan Henderson

East Region GP: Gordon McLeay Foundation: Fiona Cameron

North Region GP: John Nicol Foundation: Joy Miller

6.3 Relevant TPDs and APGDs can be given a copy of the visit notification in order that they understand the kind of visit taking place, which trainees will be included, any issues which have led to a triggered visit and have a copy of the timetable.

6.4 Relevant TPDs and APGDs should be able to attend the visit feedback session if they wish. If it is intimated that they plan to attend, and they are not a Consultant at the site being visited, the QIM should make the DME aware of their attendance as a courtesy.

6.5 Relevant TPDs and APGDs should be offered a mechanism by which to share any local intelligence they may have with the visit panel. This may be by email/ telephone call to the QIM or lead visitor. Alternatively, the TPD(s) could be included in the pre-visit teleconference to speak to the visit panel if the QIM and visit lead agree it is appropriate.

6.6 TPDs may enquire why they have not been included on the visit panel. In this instance the QIM should refer to the section of the SOP relating to conflicts of interest to explain why TPDs are not included on the panel for visits to their own programmes/ trainees.

6.7 As outlined in the visit report section of the document, TPDs and APGDs should be provided with a copy of the visit report after the final version has been issued to the DME.   
  
**7. Panel composition and conflicts of interest.**

7.1 When compiling visit panels, QIMs/ QIAs should refer to the panel members document for names of trained visitors.

7.2 It is possible for panel members to fulfil more than one role on the visit panel if this is deemed appropriate. For instance, an FPD may be on the panel as foundation trainees are being visited but they may have a professional background in the specialty being visited so can advise the panel accordingly on specialty issues.

7.3 Although it is preferable to avoid very large panels, particularly when the number of trainees being visited is small, it is important that all relevant sQMGs feel the panel is appropriate. If the QIM is in doubt as to whether another specialty sQMG, or the GP or FY sQMG, would wish specific representation on a visit panel they should liaise with the relevant QIM in the first instance.

7.4 Visit panel members will usually be invited to participate by the QIM/ QIA but, in the case of foundation representatives, the local foundation lead will secure a panel member. The QIM/ QIA should pass the details of the visit to the local foundation lead when they are sending panel invites. The names of the relevant individuals to contact are detailed in section 6.2 of this document.

7.5 When compiling visit panels, the QIM/ QIA should avoid having lead visitors or panel members who may have a conflict of interest. Conflicts of interest have been defined as follows:

1. The Chair of a visit panel should not be employed by the health board being visited (for site visits)
2. When the visit notification is sent to DMEs they should be specifically directed to the panel members information (or this should be sent to them when available if not finalised at the time of notification) and asked to contact us if they have any concerns. This would allow DMEs to highlight potential conflict of interest they are aware of locally and the QIM/ visit lead could decide on an appropriate action/ response.
3. A visit Chair should not visit their own specialty (in the case of programme visits – mainly national programme visit issue)
4. Wherever possible visit panel Chairs/ members should not be involved in a visit where they may meet their own trainees. This will particularly apply to those with dual training roles (such as APGD-Q & TPD) and every effort should be made to avoid their inclusion on panels where their trainees may attend.
5. A visit panel member should not be on a panel if employed at the site to be visited or employed in the same specialty by the same Health board as the site to be visited.
6. In all cases Chairs (and other panel members) may recuse themselves from a visit where they are aware of a conflict of interest (or potential conflict of interest) or where their involvement may cause detriment to themselves within other roles they hold.

7.6 For panels involving a trainee associate, the QIM/ QIA should:

1. Ensure that trainees are not visiting their own specialty/ specialty grouping. This means that for trainees in, for instance, in a medical specialty, they should not participate in any visit panel to any medical specialty.
2. Endeavour, wherever possible, to avoid trainees undertaking visits within their own health board. This is to avoid any conflicts of interest and minimise any potentially adverse impact upon the trainee of being part of a visit which may have identified concerns. Where it is not possible to source a trainee associate from another health board the QIM/ QIA must ensure that the trainee associate is comfortable undertaking the visit and that they have no conflict of interest.

**8.** **Visit Timetabling**

8.1 Visit duration should normally be a maximum of 8 hours per visit. If the required number of sessions will not fit into 8 hours, a double panel will may be required, or the visit may need to be split over two days. Deviation from the maximum 8-hour model should be by agreement of the QIM and lead visitor and should be on an exception basis.

8.2 In exceptional circumstances, it may be appropriate to conduct a visit earlier in the morning or later in the evening than would be the norm. This could be to ensure a better availability of trainees in departments such as Emergency Medicine where more trainees may be working in the evening/ overnight. For such visits, Agenda for Change Staff, such as QIMs & QIAs, must not be expected to work outside of the hours of 7am – 7pm (Including travel time). On an exceptional basis such staff may agree to travel out with these times to facilitate a start or end time to a visit, but this is at their discretion and should only be requested where there is clear evidence that the visit information cannot be gathered in any other way.   
  
8.3 Session times will be dependent on the number of trainees being visited and the volume of expected issues but would usually be 60 minutes for meetings with trainers & trainees. Sessions with non-medical staff would usually require 30 – 60 minutes. If using video conference session times may need to be longer to allow a meaningful dialogue.   
  
8.4 Breaks should be timetabled in and not used to make up time.   
  
8.5 Panel members should be reminded about the importance of keeping to time at the beginning of the visit. The lead visitor may find it helpful to advise panel members of how long they wish to spend on each section of the questioning. This can act as a guide to panel members regarding which question areas should be explored in more depth (remembering the need to cover all core questions within the question set).   
  
8.6 Lead visitors will be expected to guide the panel appropriately to keep to the agreed timetable. For each session staff will be taking time away from their regular duties to meet with the visit panel and detaining them longer than agreed should be avoided if possible.

8.7 In general there should be no more than four trainee sessions, one trainer session, one non-medical staff session and one feedback session per visit.   
  
8.8 Depending on numbers of trainees on duty on the day of the visit and the rotas worked, trainee sessions could be combined e.g core and ST trainees or FY2 and GPST.   
  
8.9 If a pre-visit T/C has taken place the visit team internal briefing session could be shortened with the agreement of the lead visitor.  
  
8.10 The internal findings review should last no longer than 30 minutes. The aim of this session should be to pinpoint areas of good practice and areas for improvement/requirements to highlight at feedback session.   
  
8.11 Example visit timetable for site A, meeting specialty B trainees at all grades, non-medical staff, trainers and feedback session with service leads:

Total time 8hrs

|  |  |  |
| --- | --- | --- |
| **Hospital A** | **Duration (minutes)** | **Activity** |
| 08.45 |  | Arrival & Coffee |
| 08.55 – 09.15 | 20 | Meeting with DME/ Clinical lead – overview of training environment |
| 09.15 – 09.40 | 25 | Visit team internal briefing |
| 09.40 – 10.40 | 60 | Visit team meets Supervisors for trainees in specialty B |
| 10.40 – 10.55 | 15 | Coffee |
| 10.55 – 11.55 | 60 | Visit team meet foundation trainees in specialty B |
| 11.55 – 12.55 | 60 | Visit team meets GPST trainees |
| 12.55 - 13.25 | 30 | Lunch |
| 13.25 – 14.25 | 60 | Visit team meets Core trainees |
| 14.25 – 15.25 | 60 | Visit team meets ST3+ |
| 15.25 – 15.55 | 30 | Discussion with representative sample of Senior nursing staff & other Non-medical staff in the department |
| 15.55 – 16.25 | 30 | Panel discussion & agreement for feedback session |
| 16.25 – 16.45 | 20 | Feedback session |
| 16:45 |  | **VISIT CLOSE** |

8.12 Some sites/ programmes may wish to have a short discussion with the panel at the beginning of the day. This can be particularly helpful if a revisit is being undertaken as it offers an opportunity to hear about changes since the previous visit. QIMs/ QIAs should establish soon after issuing the visit notification whether such a session will be required and try to accommodate it within the timetable. Such discussions should generally be no more than 20-30 minutes in duration and should involve a small number of attendees from the site/ programme.

**9. Confirmation of attendance at a visit**

9.1 The QIM should receive confirmation one week prior to the visit as to which trainers, trainees, non-medical staff and managers will attend the visit.

9.2 If confirmation is not provided to the QIM of attendance at the visit one week prior to the visit date then the QIM will escalate this to the lead visitor.

9.3 The lead visitor will be responsible for assessing the risk to the visit of the lack of confirmed attendees and will decide whether the visit should proceed or be cancelled/ postponed due to lack of engagement. The lead visitor may wish to issue their own request for this information prior to taking any decisions regarding cancelation/ postponement.

**10. Compiling the visit pack**

10.1 Visit packs should be compiled using the standard excel template.

10.2 Information on what to include in each tab of the spreadsheet is located on sharepoint.

10.3 QIMs/ QIAs can access relevant NTS RAG reports via the RAG all Scotland spreadsheet for the most recent NTS. This can be found with the quality section of sharepoint by navigating to GMC/ NTS/ then the folder for the relevant year.

10.4 NTS free text comments can be accessed via the master spreadsheet in sharepoint for the most recent NTS run. This can be found within quality/ GMC/ NTS/ Free text comments. If a visit pack is being compiled during the NTS survey and new comments have been submitted the QIM can access these via GMC connect and include them in the visit pack but these must be clearly marked as being particularly confidential.

10.5 If QIMs/ QIAs are unsure how to generate STS RAG reports or detailed reports including free text comments they should seek training from the SQIM or data team on using the STS reporting dashboard for this purpose. STS detailed reports should be included as embedded excel files. Information on how to embed these documents is included in the guide linked to from 10.2.

10.6 STS detailed reports may require adjustment to their formatting to ensure all free text comments are visible when panel members open them.

10.7 The pre-visit questionnaire should be embedded on the relevant tab. In some cases, it may be worth presenting this data as an overall summary and then also by trainee cohort but this approach may not be helpful if the number of respondents is low.

10.8 In the case of visits to ‘medicine’ at a site it may also be helpful to present the PVQ responses by subspecialty (i.e. a PVQ for Cardiology, Gastroenterology etc.). Again, the usefulness of this exercise will depend on the size of the site being visited and the number of responses.

10.9 All QIMs/ QIAs will be trained on the Questback system used to create and run pre-visit questionnaires. For help on how to format the output reports correctly please refer to the guidance document.

10.10 All visit packs should contain a QIM summary document. This word document should include the background to the visit, highlights of the data contained within the visit pack which panel members should be particularly cognisant of and any additional information not contained elsewhere in the pack which the QIM would wish to make the panel aware of.

10.11 Visit packs can be large files with many embedded documents. Guidance on how to share these via the OneDrive can be found in the document referred to in 10.2. If panel members have difficulties opening embedded documents, they should be directed to check their bottom toolbar initially as these documents sometimes display as icons there which need to be clicked to be viewed. If panel members continue to be unable to access these documents via the excel file they should be sent as separate attachments.

**11. Pre-visit Teleconference**

11.1 The pre-visit teleconference (PVTC) should ideally take place in the week preceding the visit. The date/ time of the teleconference should be established based on the availability of the visit lead and QIM and then communicated to other panel members rather than trying to establish a date/ time to suit all.

11.2 All panel members must have a copy of the visit pack and the question guides provided to them in advance of the PVTC.

11.3 The PVTC offers the QIM and visit Lead the opportunity to review the visit pack with panel members and agree main issues to be explored during the visit.

11.4 The visit Lead should cover the use of the question guide with panel members and address any concerns. It may also be helpful for the visit Lead to advise panel members which questions they will be responsible for asking during the visit and to give an indication of the time they should spend on each question area. This will help direct panel members to the depth of questioning required and highlight the time constraints of the visit sessions.

11.5 The visit Lead should emphasise the confidential nature of the information within the visit pack and that it should not be shared with other colleagues or used for any purpose other than to inform the deanery visit.

11.6 The visit Lead/ QIM should outline to panel members the timescales for receipt of the report following the visit and the expectations of their role in the review of the report.

11.7 Any panel member who is unable to attend the PVTC should be offered the opportunity to speak separately to the visit Lead or QIM in lieu of attendance at the PVTC.   
  
**12 During the deanery visit**

12.1 During the panel briefing session the visit Lead should again reiterate issues regarding the question guide, timings and confidentiality to ensure all panel members are clear regarding their role and are happy to proceed.

12.2 For each trainee session during the visit, trainees who arrive more than five minutes after commencement of the allotted session may be asked not to participate if it is felt that this will have an unsettling influence on the session already underway. This decision will be at the discretion of the visit Lead on the day who should ensure the QIM is aware of their wishes in order that the QIM can handle such situations appropriately.

12.3 During the panel discussion regarding verbal feedback which should be provided based on the visit findings it may be helpful for there to be access to the guidance on when a revisit would be appropriate and what the deanery criteria is for escalation to the enhanced monitoring process. In the revisit document there is also guidance on the appropriateness of making and communicating such decisions on the day of the visit.

12.4 Trainees who do not wish to raise sensitive matters during group discussions should be offered appropriate contact details (often via contact with the QIM) to raise any issues privately following the visit but, generally, one to one trainee meetings on the day of the visit should be avoided. Any individual discussions would require careful consideration regarding inclusion in the visit report to ensure issues are represented appropriately and in a manner which will not identify trainees.

**13. Immediate Feedback forms**

13.1 Following any site or programme visit the QIM/ QIA and visit lead should compile an immediate feedback form. This pro forma should reflect the verbal feedback provided at the visit and does not represent a comprehensive summary of all visit findings.

13.2 The immediate feedback form should be issued within 3 working days of the visit date.

13.3 The visit lead must approve the immediate feedback form. Where possible it is best if the form can be completed and agreed at the end of a visit. Where this is not possible the visit lead and QIM will agree the form by email within 3 working days of the visit.

13.4 A standard email template for issue of the immediate feedback should be used.

13.5 Immediate feedback forms should be sent to Directors of Medical Education, Training Programme Directors and Regional Associate Postgraduate Deans; as well as relevant leads within the quality workstream. Where a visit covers a large number of TPDs/ FPDs then it would be acceptable to send the immediate feedback form to the Associate Postgraduate Dean/ Assistant GP Director/ Foundation lead and ask that they share it with relevant colleagues.

**14. The visit report**

14.1 Style– When writing the report refer to work on words charter/ style guide. The main points are outlined below:

* Aim for an average sentence length of 15-20 words
* Use bullet point lists
* Use more active than passive words
* Check for verbs turned into nouns
* Check your audience will understand any jargon you use
* Choose everyday words

14.2 Body of report:

|  |  |
| --- | --- |
| **Visit report section** | **What to include** |
| Front page/s | Cover pages – fill in boxes with relevant details (date, titles & job titles in full). |
| 1 | Principal issues arising from the pre-visit review – this includes the reasons for the visit, details of any previous visits, recent survey data, issues to focus on as discussed at the pre-visit teleconference. |
| 2 | Introduction - this should include a background to the site/ programme being visited;  It may also include: programme & trainee rotation (if known & felt required); who visit team met with; a summary of the purpose of the visit and, if a revisit, a summary of action taken since the previous visit. This section always ends with the standard sentence: *A summary of the discussions has been compiled under the headings in section 3 below. This report is compiled with direct reference to the GMC’s Promoting Excellence - Standards for Medical Education and Training. Each section heading includes numeric reference to specific requirements listed within the standards.* |
| 3 | This section is written under a series of headings which reflect many of the indicators from the GMC NTS. Under each heading each trainee cohort is given their own paragraph to make it easier for FY/ GP SQMGs to identify anything relevant to their own trainee group. If there is only one trainee in any given cohort, then having a separate paragraph is no longer possible as we assure trainees that anything they say remains confidential. In this situation try to incorporate the single trainee’s comments in with other comments. If comments relate to all trainee cohorts make that explicit. All headings must have content under them.  For visits where the panel were not able to see many trainees from a cohort but there is additional feedback in the form of the pre-visit questionnaire this may be included in the report to provide fuller detail to the recipients. If pre-visit questionnaire feedback is included in the visit report the source must be made explicit in order that the DME and other recipients understand how messages were received. |
| 4 | Summary – this should include a summary of the main visit findings. this should include areas of good practice & areas for improvement and any other general panel observations, such as *the panel feel that this a department that is committed to training*. If a revisit is felt to be necessary, this should be mentioned here along with rough timescales. Much of this may be copied from the immediate feedback form highlighted in section 13 of this document. |
| 5 | Areas of good practice – consider if any of these could be transferred to other departments/sites via Share website. Give examples |
| 6 | Areas for improvement – areas that could be better but are not required for a GMC standard to be met. These should be listed as specific examples. |
| 7 | Requirements - these are the issues which must be addressed to meet the GMC standards and on which the site/ DME will be required to report back to the Scotland deanery. These should state to which trainee cohorts they apply if the visit included multiple cohorts. They should also be accompanied by appropriate timescales for completion. In most cases this will be 9 months from the date of the visit but, in cases where a requirement is felt to be particularly urgent, this could be shortened. |
| 8 | DME action plan – this will contain a copy of the requirements and timescales from section 7. The DME office is responsible for completing who is assigned the action on behalf of the Board, how they intend to meet the requirement and the date the requirement is completed. For programme visits, where there may be multiple owners of requirements, the deanery should make explicit who they will seek a response from for each item. |

14.3 Checklists- When the first draft is written the QIM should rerefer to the work on words style guide as per section 13.1. to ensure that the report meets the points outlined in the guide. At this point QIMs should also refer to the publication checklist and ensure that the report also meets the publication guidance.

14.4 Report approval process – The QIM should send the report to all interested parties, including the Health Board visited, within 6 weeks of the visit. The first person to see the draft report should be the visit lead and they should be given one week to comment. The report cannot progress to the next stage without the lead’s approval, so it may be necessary for the QIM to chase a response. If the visit lead suggests any amendments these should be incorporated, ensuring that all changes follow the style & publication guides referred to above. Any changes to the report should not be stylistic in nature, they should relate to missing/incorrect information or strengthening messages.

14.5 To maximise efficiency, changes that the visit lead has made within the report should be by track changes, so it is immediately clear when the QIM receives the report the content that needs review.

14.6 Once the report is received from the visit lead and any changes are incorporated, the QIM will send it to the other panel members who also have one week to comment. The QIM may need to chase responses from the panel if they have not replied within the one week timescale. If non-response causes significant delay, contact the visit lead to make them aware as this may impact on our ability to send the report to the DME within the 6-week deadline. As per the visit lead’s changes, any suggested amendments must follow the style & publication guides and they should not be stylistic in nature. QIMs can refer to the guides if necessary. All suggested changes should be shared & discussed with the lead visitor to gain their agreement for any further amendments to be made to the report.

14.7 If the visit lead was not the Lead Dean Director (LDD) for the speciality, the QIM should share the report with them. As they were not present during the visit they will be unable to change actual content of what was said on the day. However, as they are the representative of the specialty in a wider context, they may wish to clarify certain points, for example around clarity of reasoning for a particular requirement being made. They may also have a political overview that other visit panel members may not be aware of, therefore some amendments to tone may be required to reflect this. Also, as they see reports from across their specialty they can act as calibrators in terms of consistent style. As with the chair’s changes, when sending the report to the LDD, they should be asked to track their changes in red or leave comments in the right-hand margin where they have made changes.

14.8 If at any point during the process it is looking likely that the 6-week turnaround time will not be met, the QIM should let the DME know.

14.9 Once all panel members have seen the report, the report should be sent to the DME for a Factual accuracy check. For this final part of the approval process, the DME has 1 week to look at the report. A factual accuracy check means looking at report content to highlight errors such as incorrect trainee numbers or facts about the hospital not being correct. An example of this would be a Board highlighting that they use a certain type of software different to that detailed in the report. A factual accuracy check does not mean fundamental changes to content such as that detailed in the body of the report as they were not present during any of the sessions so are not able to comment on this section of the report. If they request any changes, the QIM must share them with the visit lead who will make the final decision as to whether changes are accepted or not. If the DME does not request any changes the report can be issued. If they do not respond within the week allocated to them the QIM should chase up a response, involving the visit chair if necessary.

14.10 Report Audience - Once a final version is agreed it should be sent to: –

* DME (all relevant contacts as per the list on Sharepoint)
* TPD (for FPDs and GP TPDs the local lead will cascade the report to those affected) (for ‘all medicine’ site visits the report should be send to the GIM TPD)
* Regional APGD for each trainee cohort
* Regional Dean,
* LDD for specialty & for FY/ GP if these trainee cohorts are included in the visit,
* STB chair.
* Also, copy in QIM for FY/GP/Speciality as necessary so that they can share with their SQMG.
* It may also be helpful to send the report to the member of staff in training management who supports FY/ GP/ Specialty to ensure awareness at STCs.

14.11 Prior to sending the final report the QIM should ensure that the date in section 9 (DME action plan) for return of the action plan is added which should be 4 weeks from the date of sending to the Board. Remove any reference to ‘draft’ and replace with final. A copy of the finalised report should be saved in the relevant Sharepoint folder and details recorded on the visit tracker.

14.12 When emailing out the report, to ensure that the report is accessible to those visited, the QIM should ask the DME & their contacts to share with the trainers, trainees & non-medical staff in the department that was visited.

14.13 Action plans and requirements - Using the visit tracker QIMs will be able to see when action plans are due back and when requirements are due to be completed. Many of the Boards are very good at sending responses by their due dates but this is not always the case, so they may require an email or phone call to check on the progress of the action plan. They will then contact the department to get a response and feed back to the QIM.

14.14 When the response is received from the department via the DME office, there may be a need for further information as the response is not detailed enough, for example there is a requirement to develop a new induction handbook and the Board respond to say ‘ongoing’. In that instance, the QIM would go back to the DME office asking for more detail of what was going to be done to meet the requirement and a timescale for completion. Any response received should be acknowledged, recorded on the report template in Sharepoint and then tabled at the next SQMG meeting for discussion/ information (if the sQMG has agreed that visit leads will assess action plans as they are received). The group will either agree that the response addresses the requirements or that more information is required. The group’s decision should be recorded on the visit tracker.   
14.15 A process similar to that outlined in 14.4 will be required when the final report is received from the DME (often six months following the issue of the visit report). When a final response is received, and accepted by the sQMG, the process is complete. If the sQMG fail to receive a final response which satisfies the visits requirements there will be a need to consider what further actions are required and whether a form of escalation is necessary.