**QRP Standard Operating Procedure**

1. The QRP provides the opportunity for all members of the SQMG (and other representatives) to meet together and look at all quality data compiled across the previous 12 months. The group will take a decision for each unit/site delivering training in terms of whether any further action is required in the coming year, e.g. triggered visit, enquiry, good practice recognition.

2. QRPs are held in August and September each year. In mid August the Undergraduate, Foundation and GP QRPs will meet in order to be able to provide their output to the higher specialty QRPs which take place in late August and September.

3. The panel will include:

* All members of SQMG (i.e. LDD, QLs, Regional APGDs, QIM, QIA)
* Lay rep (regular SQMG lay rep if possible – the role of the lay rep is to observe the event and ensure that it is run fairly and according to due process)
* DME (if possible)
* College Rep (if possible)
* TPDs (if required, e.g. for smaller programmes where APGDs may not be able to comment, for example, Public Health Medicine or Occupational Medicine)
* Trainee Rep (if possible – not sure if this will be in place for 2016)

4. All panellists are required to sign up to a confidentiality statement which will confirm that information discussed at QRP must not be transferred outwith the panel. The QIM/QIA will forward this to all panel members ahead of the event. [See appendix 2]

**QRP Documentation**

5. When compiling the documentation, please save draft versions in relevant folder on Sharepoint (Programme > QRP > 2016) so that members of the data team can access them. QIMs/QIAs from other specialty groups may also wish to access them for information purposes, e.g. O&G QIM might want to look at GP data to compare with their own.

6. If you are looking at a blank template, the general rule is that any boxes shaded blue will be pre-populated by the data team; any boxes shaded in pink will require QIM/QIA input. That said, please discuss any input with data team / SQIM as appropriate.

**Data Review document (spreadsheet)**

**Summary Tab**

6. This is the first page of the document and will contain two sections. Table 1 lists all sites with data for review. The sites (and boards) will be pre-populated by the Data team. The table also records the decision made at the previous QRP (2015); QIM/QL summary and action. These sections will pre-populate when data is entered on to the site-specific tabs by QIM/QL.

8. The summary view will allow the QRP to focus in on those sites which require in-depth discussion and decision-making, i.e. the YELLOW entries. The RED and GREENs are more likely to be extremes, (i.e. very good or very poor) and therefore the decision-making is likely to be straightforward. Those marked RED may already have been assigned a triggered visit by the SQMG to allow arrangements to be made in advance of QRP.

9. These are of course recommendations only to aid the flow of the panel discussions, if any member of the panel wished the QRP to look at a particular RED or GREEN site, they would be able to do so.

10. The colour code applied to each site can be repeated by colouring the tab which names each site [right-click tab, choose tab colour]

11. Table 2 lists ‘sites without data’ – and details sites with no data for QRP purposes, e.g. n=<3, and highlights them for consideration by the QRP with a view to ensuring that the site can be quality managed in some format, e.g. a targeted STS for last three trainees placed there, or a focus group bringing together last three or more trainees placed at that site.

12. It also lists sites which appear on GMC Connect as approved locations, but which may not have any trainees. The status of these sites can be checked at the QRP, and sites removed from the core list if appropriate, e.g. if they are now closed.

13. The QIM/QIA will need to complete Table 2 in full.

**Programme Data tab**

14. This tab allows you to present NTS outlier data for the programme in question at Scotland Deanery level, in comparison to the other UK Deaneries/LETBs. This will be pre-populated by the Data team. This allows the panel to look at how the programme(s) is/are performing in general and also in comparison with other UK programmes. These results might influence any discussion in relation to the need for a programme visit.

|  |
| --- |
| **Remove these instructions if Steven agrees to pre-populate!**Open the NTS Reporting tool:1. Choose report name ‘Programme Type by LETB/Deanery’.2. Choose ‘programme type’ from drop down list.3. Click ‘export’ (to excel 2007) from link underneath outlier table.4. Copy entire table from excel and paste into the Programme Data tab. |

**Site Template tab:**

15. This is the template for data review by site. There will be a tab for each unit/site, these will be created in advance by the data team, based on those sites which have NTS/STS data. The template provides an option to include QM-QI data from all recognised sources. There may not always be data to present, and some sections may often remain empty.

16. Data sources

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| QIM/QL Summary | Allows the QIM/QL to provide a very high-level colour-coded summary of the data for each site, according to the associated key:

|  |  |
| --- | --- |
| **Key** |  |
|   | Concerns identified by QIM/QL - visit required |
|   | Concerns identified by QIM/QL - further discussion required to agree action, e.g. visit, enquiry |
|   | No concerns identified by QIM/QL - possible good practice |

 |
| Action | Allows the QIM/QL to suggest the course of action for that site, e.g. triggered visit. |
| 2015 QRP Decision | Allows the QIM/QIA to record the decision from the previous QRP |
| Site / Specialty | Pre-populated by data team. |
| NTS TREND 2014-2016 | This data will be pre-populated by data team. Includes Undermining/Bullying Flag, NB. The undermining/bullying flag relates to unit as a whole, i.e. post level data (all trainees) as opposed to programme group data (specific level of trainees). **[Steven to add info about trend/agg data]** |
| STS TREND 2014-2016 | This data will be pre-populated by data team. **[Steven to add info about SCI/agg]**  |
| DR 2015 (October) | Any lines from the previous DR will be pasted into this section. DR master copy can be accessed on Sharepoint **(add link)** and it can be sorted by specialty group. **[Steven may be able to pre-populate]** |
| Enhanced Monitoring | This summary will be pre-populated by Data team from central log. |
| Notifications of Concern | This will be pre-populated by Data team from central log. |
| Patient Safety Comments – 2016 NTS | Details of freetext comment and Deanery response will be pre-populated by Data team. All should be checked by QIM and names of individuals should be redacted. |
| Undermining Comments – 2016 NTS | Details of freetext comment and Deanery response will be pre-populated by Data team. All should be checked by QIM and names of individuals should be redacted. |
| Deanery Visits (within last five years) | Information will be copied by Data team from 2015 QRP documents. QIM or QIA will enter details of visits which took place in 2015-2016, and provide a summary of key findings / requirements. QIM / QIA should be prepared to access the full visit report at the QRP if required [via sharepoint]. |
| TPD Report – 2016  | QIM or QIA will copy excerpts from the TPD report if they are relevant to the programme as a whole or to the site in particular. QIM / QIA should be prepared to access the full TPD report at the QRP if required [via sharepoint]. |
| DME Report – 2016 | QIM or QIA will copy excerpts from the DME report if they are relevant to the unit/site in particular. QIM / QIA should be prepared to access the full DME report at the QRP if required [via sharepoint]. |
| College Data (survey or visit) | QIM or QIA will compile any relevant information from the College as appropriate. This will have been provided to the SQMG direct from the College or possibly via the DME Report. There may not be any College data. |
| Other GMC Data (e.g. check visit) | QIM or QIA will compile any relevant information from the GMC as appropriate. This will have been provided to the SQMG direct from the GMC or possibly via the DME Report. There may not be any other GMC data. |
| Other Data | QIM or QIA can add any additional information to this section. |
| Input from other QRPs | QIM/QIA will be required to add in this data following the UG, Foundation and GP QRPs. |
| Decision Aid | This score can aid the QIM/QL in early stages of QRP preparation, and also on the day of the meeting if the panel want to compare scores. The decision aid will be pre-populated by data team. |

17. GP and Foundation QIMs might like to have NTS / STS All-Scotland RAGs available on the day of the QRP in case there are any queries about a unit/specialty at other training levels. This could be checked by calling up the RAG reports.

18. In preparation for the QRP, panel members might also like the opportunity to view the complete TPD and DME reports. QIM and QIA could include these as appendices.

**QRP Summary document**

18. This is the output document which will be completed by QIM following the QRP. [QIM may choose to work on a draft version during the session.]

**[Steven is looking in to this just now – it may be possible to automate populating this from the data review template – a work in progress]**

19. Part 1: Quality Review Panel details:QIM will pre-populate all fields.

20. Part 2: Summary of QRP discussions for entire specialty: QIM will complete this section, summarising discussions of the panel at national or programme level; and any key issues at site level.

21. Part 3: Quality Review Panel Outcomes by Site:QIM will complete this section for each site. In the findings column they will add a brief summary of the discussion in relation to each site. They will then choose the relevant outcome and deadline in the remaining columns.

22. Possible outcomes: **Enquiry recommended:** choose which type of enquiry is recommended:

 1. QIM

 2. APD

 3. TPD

 4. DME

An enquiry is a stand-alone action, and separate to a recommendation for a visit. For example, a lone red flag which we want to find out some more about without the need for a visit; or requiring further information from a TPD, e.g. if they hadn’t provided enough information in their TPD report. The result of an enquiry could lead to the need for a visit, but it might not. The results of enquiries will be owned and followed up by the SQMG.

23. Possible outcomes: **Visit recommended:** choose which type of visit is recommended:

 1. Immediate Triggered

 2. Triggered

 3. Re-visit

 4. Focus Group

 5. Priority Scheduled

 6. Programme (Triggered)

 7. Programme (Priority Scheduled)

24. Possible outcomes: **Other:** choose which action is required:

 1. No action required: no further action needed, site will be visited as part of five year scheduled programme.

 2. Good Practice recognition: send recognition letter, consider for good practice entry in DR

 3. Continued monitoring via SQMG: SQMG will continue to monitor any new data and can make the decision to visit or issue an enquiry at any point in the coming year. This item should form a standing entry on the SQMG agenda until it is officially closed off.

**Following the QRP**

25. QIM and QIA compile output document which will then be approved by all panel members who were in attendance.

26. QIM/QIA sends out standard Questback Evaluation form to all attendees, in order to collect feedback on the event itself. **[questback evaluation still to be created – use last year’s as template]**

27. Once approved, send output document to SQIM for compilation into national summary. Full list of recommended triggered visits will be reviewed at next DQMG.

28. Nominated QLs to review the QRP decisions on a site/board basis, in order to bring together any significant or low-level concerns. This data will be compiled by SQIM with support of data team, and will reported on by QL at next DQMG.

2. Output from UG, GP and Foundation QRPs to be sent to relevant QIMs for inclusion into higher specialty QRPs. This transfer is required as soon as possible following the QRP, even in the format of an interim summary of decisions. This can be done before the output is formally approved.

3. QIMs of higher specialty QRPs also have the option to look at the UG, GP and Foundation QRP data review documents in advance of them taking place – this would enable their familiarity with the data and knowledge of those sites which are likely to end up requiring further action.

5. Once approved, QIM/QIA should send output summary to all DMEs, and any relevant TPDs (and any other members of the panel who were not able to attend the QRP itself).

**Appendix A: Guide to Data Sources**

**2. National Training Survey (NTS)**

* Known as GMC Survey, Trainee Survey, NTS.
* Takes place annually (usually March-May).
* Asks all trainees to comment on the post they were in on census date (e.g. 22nd March 2016).
* Deanery Training Programme Management teams provide GMC with trainee dataset ahead of survey (all trainees other than those on sick leave, mat leave, some categories of OOP). Trainees have the option to correct any of their details if they are incorrect.
* Trainees complete general questions, followed by specialty-specific questions; and have the option to make free-text comments if they have concerns in relation patient safety or bullying/undermining.
* For purposes of QRP we are interested in the survey’s Outlier reports (red and green flags - still known as RAG reports because flags used to be Red Amber and Green!) and Trend Analysis

**2. Scottish Trainee Survey (STS)**

* Known as STS, formerly the PAQ (post assessment questionnaire)
* Has developed in recent years to a concise end of post survey containing 29 questions which feed into 7 themed indicators
* Works alongside the NTS
* Online reporting tool provides access to ‘RAG’ reports and more detailed cuts for Deanery users.

**3. Deanery Report**

* Known as DR
* Annual report of Deanery to GMC – we tell them our news (good and bad); they ask for specific feedback on enhanced monitoring and other cases.
* Currently in a vast pre-populated spreadsheet format
* Now national, used to be regional
* From Summer 2016 will be an online all year-round reporting mechanism

**4. Notifications of Concern (NOC)**

* These can be received from trainees, TPDs, educational supervisors etc.
* By email, web form, telephone, in person
* All are logged centrally and dealt with according to standard NOC process, they are passed to the relevant QIM/QL for investigation/action and response.
* Any relevant NOCs will be summarised and included on QRP spreadsheet.

**5. NTS Freetext Comments**

* Can relate to patient safety or undermining/bullying.
* Deanery’s respond to GMC in relation to each comment by mid July of each year, involving the relevant DME/TPD as appropriate.
* Summaries are recorded on QRP spreadsheet for information.

**6. Deanery Visit Reports**

* Following a routine or triggered visit, QIMs and QLs compile a detailed report containing the following:
	+ Summary Page
	+ Principal issues arising from pre-visit review
	+ Introduction
	+ Record of Discussion
	+ Summary
	+ Reference to GMC standards
	+ Areas of Good Practice
	+ Areas for Improvement
	+ Requirements – Issues to be Addressed
	+ DME Action Plan
* The QRP spreadsheet will contain a brief summary of any visit findings, and the QIM/QL will have more in-depth knowledge of the details of the visit.

**7. TPD Reports**

* Annual report providing TPD or FPD with opportunity to comment on survey results and more generally report the achievements/challenges within their training programmes.
* Reports are issued as soon after release of NTS results as possible.
* We require them to be returned by end July to allow their feed-in to the QRP process.
* Summaries of relevant TPD comments will be added to the QRP document

**8. DME Reports**

* Annual report providing DME with opportunity to comment on survey results and more generally report the achievements/challenges within their territorial board in relation to the delivery of training at unit level. They are also asked to report on their use of Training Quality Lead funding.
* Reports are issued as soon after release of NTS results as possible.
* We require them to be returned by end July to allow their feed-in to the QRP process.
* Summaries of relevant DME comments will be added to the QRP document

**9. Other Data**

* College Data: QIM will summarise any information relating to a College-led visit or survey, e.g. ISCP for surgical trainees.
* GMC Data: QIM will summarise any information relating to a GMC-led Check Visit or Enhanced Monitoring visit.
* Other Data: basically anything else!!

**10. Decision Aid [Update]**

* Calculates scores for red and pink flags and attributes scores for NOC and free-text comments.
* Provides a score for each site being considered by the QRP
* Is a guide to ensure consistency of response
* Is still under development, may change in future years

**11. Input from UG/FY and GP QRPs**

* QIM will provide a summary of any units flagged up as a concern at the first series of QRPs (UG, foundation and GP) for triangulation purposes.
* This means that by end of QRP cycle we know the whole picture of training at all levels for each site and can prepare a logical and relevant programme of visiting for the Scotland Deanery.

**Appendix 2: Confidentiality Statement**

All QRP panel members are required to sign this confidentiality statement ahead of the QRP. The form should be sent to all panel members by QIA in advance of the QRP. QIA should check that all have been signed and returned before QRP takes place.

**QRP Confidentiality Statement**

I understand that all information/data provided to me as a QRP panel member is confidential.

I will not discuss or circulate any of the information/data outwith the QRP panel.

Signature:

Name:

Role:

Date:

QRP:

Date of QRP: