Scotland Deanery QM-QI Processes

What PDs need to know

Summary

PDs (and their STCs) have a vital role in supporting Scotland Deanery's QM-QI processes to improve the quality of training delivered to the doctors in the posts associated with their training programmes.

PDs (and their STCs) should share the intelligence they gather around the strengths and weaknesses of training in the posts in their training programmes with their specialty Quality Management Group (sQMG), which is the group that manages the data, information and intelligence relating to training in specialties in sites, around Scotland. This also includes submission of an annual PD report to the sQMG in July of each training year. The information and intelligence that merit sharing with the sQMG are described. They will also be asked to share any intelligence they possess with visit panels in the preparation for QM-QI visits to monitor the quality of training.

PDs (and their STCs) can be asked to respond to particular issues that arise through the Deanery's QM-QI processes. This can be to provide further information to elucidate an issue. It may be to convey positive feedback to trainers who are noted for training particularly well. They may be asked to contribute to, and follow through an action plan to address concerns that arise from 'programme visits' where some aspect of a training programme may not meet the GMC's standards for medical education and training.

PDs (and their STCs) are also expected to encourage their trainees to engage with and complete survey tools to inform QM processes about the quality of training they receive. These survey tools include the annual GMC National Training Survey (that is run in April and early May of each year) and NES' end of post, Scottish Trainee Survey (that is run 4monthly, 6monthly or annually depending on trainees' rotations).

In order to fulfil the expectations of PDs' contributions to the Deanery's QM-QI processes, it is important for PDs to understand the GMC's regulatory framework that determines what Deaneries must do to ensure the GMC's standards for training are being achieved, and also to understand the Deanery's processes for discharging our responsibilities (the Scotland Deanery QM-QI framework); both are described.

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1. The Scotland Deanery Quality Management-Quality Improvement (QM-QI) Framework (link)

The Scotland Deanery QM-QI Framework describes our systems and processes whereby the Deanery delivers on its QM responsibilities around postgraduate medical education and training (PGMET) in Scotland; delivery of these responsibilities is primarily the responsibility of the Quality Workstream within the Scotland Deanery. The Framework describes how Scotland Deanery's Quality Workstream:

a) monitors & manages the quality of PGMET provided within training environments within LEPs against the GMC's standards,

b) monitors improvements in PGMET, that are required when standards are not being met, and
c) supports and promotes good practice and quality improvement in PGMET in Scotland.

The structures that, together, support the delivery of QM-QI in PGMET in Scotland Deanery are depicted in figure 1. The contributions of each step are described in subsequent sections of this chapter.

Figure 1: the stairway to QM & QI in Scotland - key players & key structures

Step 7: The GMC and the regulatory context of Scotland Deanery's Quality Management responsibilities (figure 1)

The General Medical Council (GMC) & standards for medical education & training

The GMC has a statutory responsibility (Medical Act 1983) to protect, promote and maintain the health and safety of the public. It achieves this by ensuring that proper standards are adhered to by regulating those who practise clinical medicine but also by setting and regulating standards for both undergraduate and postgraduate medical education and training. The current GMC standards for medical education & training, that have been effective from January 2016, are: ***Promoting excellence: standards for medical education & training*.**

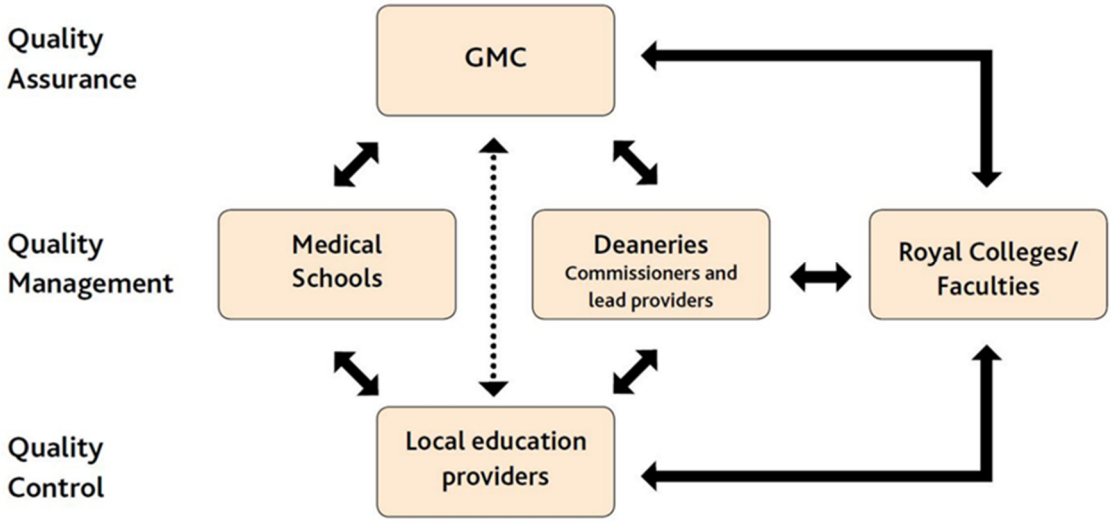

Figure 2: the GMC's Quality Assurance Framework

The GMC's Quality Assurance Framework (figure 2) & what is required of Deaneries

Deaneries (and in practice, the postgraduate deans) are accountable for the QM of PGMET; that is, they are required to demonstrate that the quality of the medical education experienced by their doctors in training from Local Education Providers (LEPs) (that is from hospital posts or from posts in general practice) meets the GMC's standards. Medical Schools have similar responsibilities in ensuring that the quality of education and training provided to their medical undergraduates meets the GMC's standards.

The GMC assesses whether Deaneries are delivering on their QM responsibilities through a range of quality assurance (see figure 1) activities that include:

- Continuous reporting of Deaneries' QM activities to the GMC through the online **Deanery Report (link).** The Deaneries' QM activities including outcomes of QM visits and monitoring of the impact of action plans in addressing areas where standards are not being met are reported through the DR.
- **Routine visits** to LEPs, Medical School/s and to the Deanery within a geographical region. These visits are conducted on a 5yearly cycle. Scotland will experience a GMC regional visit in 2017. They also conduct visits to small training programmes around the UK where by virtue of having smaller number of doctors in training they can struggle to gather data about the quality of training that is experienced through their survey tools.
- **'Triggered visits'** (to LEPs or Medical Schools or Deaneries**)** – that are effected when and as required in response to a concern about training or the training environment.
- The GMC also run an annual **GMC National Training Survey (NTS)**(see below) that informs the understanding of the GMC and Deaneries about the quality of training that doctors in training are exposed to around the UK. Information about training is also gathered for the trainers who deliver training via the **GMC trainers' survey**.

The GMC's regulatory responsibilities around PGMET also include:

- Approval of trainers, training posts and training programmes,
- Approval of curricula and assessment systems

2. The structures supporting the delivery of QM-QI in PGMET in Scotland Deanery (figure 1)

The QM-QI functions of Scotland Deanery are the responsibility of the Quality Workstream. The Quality Workstream has been tasked by the NES Medical Directorate Education Team (MDET) to lead(link) on all aspects of Scotland Deanery's QM-QI functions. The Workstream has 2 Lead (Postgraduate) Dean / (GP) Directors (LDDs); these are respectively, Prof Alastair R McLellan & Prof David Bruce. The Workstream leads also include a General Manager - Mr Duncan Pollock. These Workstream leads are accountable for the Scotland Deanery QM-QI Framework to MDET.

Step 6: The Deanery Quality Management Group (DQMG) (figure 1) and the governance structure around the QM-QI framework

The primary role of the DQMG is governance of Quality Workstream processes. DQMG has overall responsibility for compilation of the Deanery Report to the GMC, a key part of the GMC's quality assurance requirements. The DQMG also has oversight of all 8 specialty Quality Management Groups (sQMGs) (see section 3.2). The DQMG reports internally within NES to MDET and to the NES Education and Research Governance Committee (that reports in turn to the NES Board).

DQMG also sets the strategy for the work of the Quality Workstream and also leads on its development; development is being progressed through 6 Quality Workstream working groups on:

1. QI of PGMET in Scotland,
2. Improvement of Quality Workstream processes,
3. Trainee engagement,
4. Training (of visit panel members),
5. Specialty Training Committee (STC) and PD engagement, and
6. Developing joint undergraduate-postgraduate QM-QI processes including visits.

DQMG also has overall responsibility for determining what intelligence, data and information are necessary to inform our QM-QI processes and to fulfil our QM responsibilities. This includes how to use to greatest effect the GMC's NTS (including patient safety & undermining comments) and the GMC Trainers' Survey. It also has included the development of Scotland Deanery's own survey tool, the Scottish Trainee Survey (STS), and ongoing development of the externally facing reporting tool (the STS Dashboard).
The DQMG also has vital roles in **engagement** with internal and external stakeholders (including the Scottish Government & the GMC) and in managing the resources (including the personnel) within the Workstream. These are not described further, here.

Membership of DQMG comprises the 3 Workstream leads, and representation from all 8 sQMGs including their Quality Leads (QLs), and their Quality Improvement Managers (QIMs). The DQMG meets 2 monthly.

	Medicine	Mental Health	Anaes/ICM/EM	Diagnostics	Surgery	Obs, Gyn & Paediatrics	Foundation	GP/Occ Health/Public Health
Lead Dean/Director	Alastair McLellan	Ronald McVicar	Ronald MacVicar	Clare McKenzie	William Reid	David Bruce	Anthea Lints	Moya Kelly
APGD (QL)	Hazel Scott Stephen Glen Alan McKenzie	Satinder Bal Hazel Scott	Kim Walker Claire Vincent	Fiona Ewing (buddied by Kim Walker)	Adam Hill Kerry Haddow Ken Stewart	Peter MacDonald Kevin Holliday (buddied by Adam Hill)	Fiona Drimmie Geraldine Brennan	Kenneth Lee Amjad Khan Ali Sneddon Gordon McLeay Mei Ling Denney
Allocated QIMs	Lesley Metcalf Niall Macintosh	Theresa Savage	Kelly More	Kelly More	Jill Murray Megan Lannigan	Theresa Savage	Jill Murray	Jane Walls

Administrative Support

Regional Office	Inverness	Aberdeen	Dundee	Edinburgh	Glasgow
QIA	Lorna McDermott	Jill May Maggie Read	Steven Young Gayle Hunter	Helen Renton Anna Armstrong	Elizabeth Johnstone Fiona Conville

Administrative support is provided on a regional office basis, broadly aligned to the local QIM portfolio and to regional work required by QIMs based elsewhere

Figure 3: The 8 specialty Quality Management Groups and their Lead Dean Directors, Quality Leads & the Quality Improvement Managers. Quality Improvement Administrators, who are regionally-based, and work across sQMGs are also included.

Step 5: The specialty Quality Management Groups (figure 3)

The Quality Workstream has 8 specialty Quality Management Groups (sQMGs) (figure 3): these are responsible for the governance around data & intelligence management including the management of QM-QI visits for the specialties within their scope (figure 4). There are sQMGs for a) Anaesthetics + Intensive Care Medicine + Emergency Medicine, b) Diagnostics specialties, c) Foundation, d) General Practice (that also includes Occupational Medicine & Public Health Medicine), e) Medicine, f) Mental Health specialties, g) Obstetrics, Gynaecology and Paediatrics, and h) Surgery. sQMGs are separate from, but do work in parallel with and support Specialty Training Boards (STBs) in their contributions to the QM & QI of PGMET. Each sQMG is chaired by a LDD, has at least one Quality Lead ((QL) Associate Postgraduate Dean dedicated to QM & QI activities), has at least one Quality Improvement Manager (QIM) and the support of at least one Quality Improvement Administrator; the personnel assigned to each sQMG are illustrated in figure 3. The membership of sQMGs also includes Associate Postgraduate Deans (APGDs) for specialties who bring intelligence around training issues in their specialties to the sQMGs, representatives of Foundation and GP-OM-PHM sQMGs (where appropriate) and also have lay, College and trainee input. SQMGs meet 2 monthly, and each reports on its activities to each DQMG.

SQMGs have 4 core functions (figure 4) that support their LDDs to effect their QM responsibilities for their specialty groupings:

- **Management of data and intelligence relating to training in their specialties including their Quality Review Panel**
- **Management of QM-QI visits in their specialties**
- **Governance of their specialty data that feeds into the Deanery Report to the GMC**
- **Engagement with external and internal stakeholders around the QM-QI remit for their specialties (including support for the STB for the same specialties).**

Figure 4: the core functions of the specialty Quality Management Groups

Management of data & intelligence relating to training in their specialties including their Quality Review Panel

The sQMGs are responsible for reviewing, analysing, interpreting and responding to all of the QM data, information & intelligence for their specialties across Scotland; the sources of data, information and intelligence that sQMGs use to inform their actions are listed in table 1. In practice, this activity of sQMGs conforms to an annual cycle that maps to the training year. The annual QM-QI cycle for each specialty grouping starts with a review (in August and/or September (depending on the specialty) of all of the new QM data, information & intelligence for training in each specialty for the training year ending in July that are available at the start of the next training year (figure 5 and table 1). This event is the specialty Quality Review Panel (QRP) that is organised by the sQMG. For sQMGs that have responsibility for core and higher training, separate QRPs may be convened for these different cohorts. Medicine is particularly complex and has QRPs for Core Medical Training, for higher training in specialties that typically are involved in dual training with general internal medicine (GIM) (eg Gastroenterology) and for higher training in specialties that typically are not aligned to GIM eg clinical genetics. The outputs from undergraduate QRP (this QRP is run by the 5 Scottish Medical Schools) feed into the Foundation QRP; both the undergraduate and the Foundation QRP outputs feed into the GP QRP. The outputs of all 3 of these QRPs feed into the QRP for core training. All of the outputs of these QRPs feed into and inform the QRPs for Higher training.

QRPs are chaired by the LDD for the specialty grouping; membership includes that of the sQMG but also the chair of the associated STB and a DME. Occasionally TPDs participate in sQMGs where it is unlikely that APGDs can bring the requisite intelligence around training in particular specialties.

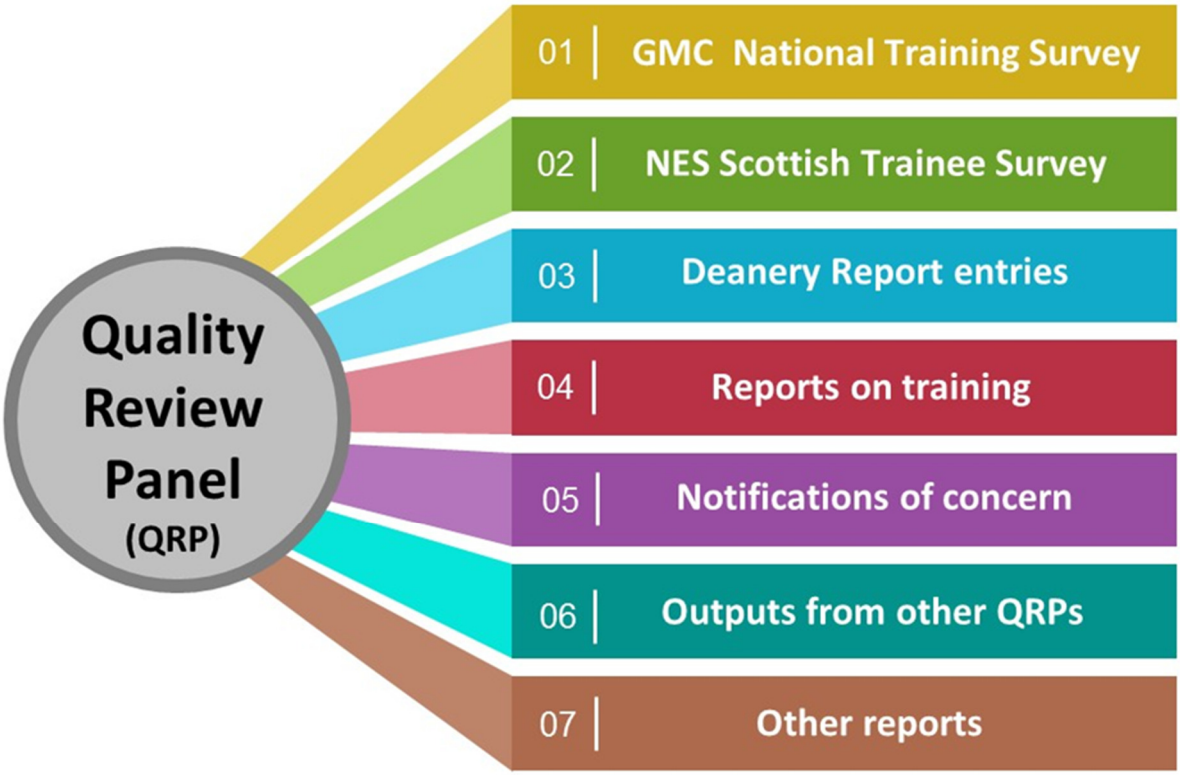

Figure 5: the data, information and intelligence that are considered by sQMGs at their Quality Review Panels.

Table 1: Sources of data, information & intelligence that are considered by sQMGs at their QRPs and throughout their annual quality cycle

Source	Ref. in fig 5	Description
GMC National Training Survey (NTS) *The NTS runs for 6 weeks though April into early May. NTS results are available mid-June and are accessible to the public in early July.*	01	**NTS** The NTS is completed by ~all doctors in training in the UK once per year. When there are 3 or more doctors in training in a training post – flags can be generated (red, pink, white, light green or green). Red and Green are respectively significantly below average, outliers (that are of concern) and significantly above average, outliers (good practice). White denotes consistent with UK average. Pink and light green are potential signals of concern or good practice, but are less statistically robust than, respectively red or green flags). GMC NTS responses are reported against 14 quality indicators: **Access to Educational Resources** **Adequate experience** **Clinical supervision** **Clinical supervision – out of hours** **Educational supervision** **Feedback**

		Handover **Induction** **Local teaching** **Overall satisfaction** **Regional teaching** **Study leave** **Supportive environment** **Workload** **NTS Patient Safety Comments** Doctors in training are asked to report any concerns about the safety of patients in their training environment. **NTS Undermining Comments** Doctors in training are asked to report any concerns about bullying, undermining or harassment in their training environment. **NTS aggregated data** Where a run of the NTS has evoked less than 3 trainees' responses to the NTS (that is insufficient to generate a flag) the GMC aggregates data over the preceding 3 years. The resulting flags are less robust, statistically. **Trainer Survey** Trainers are asked to complete a survey by the GMC every 2-3 years. The latest trainer survey was in 2016.
NES Scottish Trainee Survey (STS) *The STS is run for 4 weeks at the end of each 4month, or 6month or 12month post. Depending on the pattern of rotational training programmes, each doctor in training will be asked to complete the STS 1-3 times each year.*	02	All doctors in training in Scotland are asked to complete the STS at the end of each training post. When there are 5 or more doctors in training in a training post – flags can be generated (red, pink, white, blue or green). Red and Green are respectively significantly below average, outliers (that are of concern) and significantly above average, outliers (good practice). White denotes consistent with the average for the benchmark group. Pink and blue are potential signals of concern or good practice, but are less statistically robust than, respectively red or green flags). Flags generated by the STS are more robust than flags generated by the NTS. Responses are reported against 7 quality indicators: **Clinical supervision** **Educational environment** **Handover** **Induction** **Teaching** **Team culture** **Workload** **STS Freetext**

		Each run of the STS generates a wealth of additional information in the form of freetext comments about positive and negative experiences of training. These are used primarily to support QM-QI visits. **STS aggregated data** Where the 1-3 runs of the STS in any training year has not evoked 5 trainees' responses to the NTS (that is insufficient to generate a flag) aggregated data over the preceding 3 years are generated from the STS. The resulting flags are less robust, statistically.
Deanery Report entries	03	Deanery Report entries about the quality of training in specialty posts in Scotland that are already being monitoring by the GMC are kept under review by the sQMG– and progress towards resolution is reported by the sQMG through the Deanery Report. Updating the Deanery Report is a continuous process via an online reporting tool.
Reports on training	04	**DME Report** *(submitted by end of July)* All DMEs are asked to submit commentary on GMC NTS & NES STS data for training in posts and in specialties in LEPS within their Health Board once per year. They are also asked to comment on other strengths, weaknesses or risks around training within the Board area **TPD (& FPDs) & STC Report** *(submitted by end of July)* All TPDs (and FPDs) are asked to submit commentary on GMC NTS & NES STS data for the training posts in their progammes in their region once per year. They are also asked to comment on other strengths, weaknesses or risks around training. TPDs are encouraged to complete this report with support of their STCs. **Reports of QM-QI visits** All QM-QI visits to specialty training in a site / LEP undertaken in the last 5 years are considered when assessing the quality of training that is delivered by posts at a particular site.
Notifications of Concern *Sporadic –can and do appear at any time*.	05	Doctors in training, trainers, TPDs and anyone else can submit any concern they have about training at any time to sQMGs by email, web form, telephone or in person. The concern is transferred to the Notification of Concern (NoC) form (if it has not been submitted in that format). The NoC form is accessible on the NES website (link). The process governing sQMGs' responses to these is also detailed on the website.
Outputs from other QRPs	06	It is usual for doctors in training of different grades to be training concurrently in units that offer training in specialties. Sometimes units train undergraduates and postgraduates concurrently. The Deanery's assessment of quality of training in all posts, takes into account the quality of training experienced by all cohorts in the unit. Thus there is a cascade whereby the outputs from the undergraduate QRP feed into the Foundation QRP; both feed into the GP QRP. The outputs of all 3 QRPs feed into the QRP for

		core training. All of the outputs of these QRPs feed into the QRPs for Higher training.
Other reports	07	• **Healthcare Improvement Scotland** • **College Reports** • **Outputs of Inquiries** • **Reports from GMC 'triggered visits'** • **Reports from GMC small specialty visits**

QRPs are tasked with a) identifying signals of potential good practice in education and training to inform initiatives to support quality improvement of education and training, and b) identifying LEPs where there are potential signals of concern around training environments that maybe failing to meet GMC standards and where a 'triggered visit' may be required (see below) to fully elucidate the circumstances. A further action that can result from the QRP is the need to gather more information, typically from the TPD or from the DME, to inform the necessary response. Actions resulting from QRPs are managed through the sQMGs.

The QRP, however, is just the beginning of a process that reviews and responds to the ever-changing pool of data, information and intelligence that relate to each specialty in which training is provided in Scotland, throughout the training year. Table 1 includes the sources of data, information and intelligence that become available through the training year, not just for the QRP.

Management of QM-QI visits in their specialties (table 2)

Assessment of the quality of training that is provided to doctors in training requires discussion with doctors in training who are based at the site. 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 sQMG will determine the schedule for these routine visits.

When potential concerns around the quality of training that is provided have been signalled by any of the sources of data, information and intelligence listed in figure 5 or table 1, an assessment of the quality of training will never be made in the absence of a visit to 'triangulate' these concerns. The decision to undertake these 'triggered visits' to assess training or the training environment will be made by the sQMG, and most of these decisions will be made at the QRP, but the need to undertake triggered visits can arise at any time in the training year. The DQMG ratifies the need for 'triggered visits' to ensure that there is coordination of visit planning among sQMGs (to avoid clashes of arrangements around triggered visits by different sQMGs to the same site). Variants of the 'triggered visit' model include 'immediate triggered visits' – that are conducted at shorter notice because, typically, of a safety concern, and 'enhanced monitoring' visits; enhanced monitoring is a GMC process, whereby the GMC provides support to Deaneries to improve the quality of training in a training environment through 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 elsewhere (link to GMC websites; link to Scotland Deanery policy on enhanced monitoring).

Table 2: The key types of QM-QI visits that are conducted by sQMGs

Category of Visit	Purpose	Lead-in time	Visit panel membership
Scheduled (to a site or a programme)	QI > QM Identification of good practice Ensure GMC standards for medical education and training are being met.	12 weeks minimum	Lead Visitor QIM (+QIA) TPD/ FPD/ GP Associate Advisor Lay member
Triggered (to a site or a programme)	QM > QI Trainee safety Patient safety Identification of good practice Ensure GMC standards for medical education and training are being met.	8 weeks minimum	Lead Visitor QIM (+QIA) Quality Lead (APGD) TPD &/or FPD &/or GP Associate Advisor College external Lay member
Immediate Triggered (including Enhanced Monitoring)	QM Scrutiny Immediate trainee safety Immediate patient safety Regulator/ HIS triangulation Ensure GMC standards for medical education and training are being met.	4 weeks maximum	Lead Visitor QIM (+QIA) Quality Lead (APGD) TPD &/or FPD &/or GP Associate College external Lay member (and in the case of Enhanced Monitoring a GMC Visitor and a GMC Enhanced Monitoring Associate)

It is intended that all QM-QI visits that are conducted will be undertaken jointly with input from Medical Schools to provide an assessment of both undergraduate and postgraduate medical education and training at sites (where appropriate and relevant to do so). When joint visits are conducted there will be additional panel members supplied by Medical Schools to support the assessment of undergraduate training).

SQMGs are responsible for managing visits, for preparing data in advance of visits (including distribution of the pre-visit questionnaire (PVQ) – a questionnaire that focuses on key aspects of the training environment and experience of training just before a visit is conducted, for preparing the report on the visits and for following through on actions that are required if training is assessed as not meeting the GMC's standards.

Governance of their specialty data that feed into the Deanery Report to the GMC

SQMGs are responsible for responding to the lines in the Deanery Report to the GMC that relate to the specialties within scope of the sQMG. From 2016 the Deanery Reporting is on the basis of a continuous online reporting system. The LDD is accountable for the Report, that is managed by the QLs & QIMs associated with the sQMG.

Each sQMG reports on all of its activities to the DQMG. It also compiles an Annual Specialty Report to the DQMG through which all of the sQMG's QM-QI activities over the training year are reported.
A highlights report that summarises the headlines around QM-QI activity for the specialty will be provided to each STB for the same specialty grouping, to ensure that the STB is kept abreast of evolving areas of concern but also of good practice, as the STB has a role in supporting the dissemination of lessons that can be learned through the sQMG's activities.

Step 4: The Specialty Training Boards and Quality (figure 1)

STBs have an important place in the quality stairway, as conduits of data, information and intelligence to the sQMG and as recipients of reports on the strengths and weaknesses of training from the sQMG. The expectation is that the engagement of STBs as agents sharing in the QM-QI information exchange will empower the members of STBs to facilitate promotion and sharing of lessons that can be learned from this activity.

SQMGs will provide for each STB meeting a 'highlights report' that summarises the headlines around QM-QI activity for the specialty to ensure that the STB is kept abreast of evolving areas of concern but also of good practice. It is expected that recurring themes whether as strengths or weaknesses will be championed by the STBs as targets for action and learning.

STBs are also expected to share with the sQMG data, information and intelligence about the delivery of training and training environments around Scotland and to support the sQMG in its mission to improve the quality of training.

Step 3: The contribution of TPDs / FPDs &STCs to QM-QI (figure 1)

PDs and their STCs also have a vital role in supporting the sQMG's QM-QI processes to improve the quality of training delivered to the doctors in the posts associated with their training programmes. PDs and their STCs are seen as a bridge between the doctors in training and the trainers at the 'frontline' of training, and the sQMG that is the hub of QM-QI activities for the specialty across Scotland.

PDs and STCs and the PD report to the sQMG and QRP.

By the end of July each year PDs are required to submit a report to the sQMG for the QRP (figure 5, table 1). This report provides vital commentary on GMC NTS & NES STS data for training in posts in the PDs' training programmes in their region. They are also asked to comment on other strengths, weaknesses or risks around training in their programmes. PDs should also draw on the knowledge and intelligence of their STCs to inform their completion of this report. The content of the PD report can be pivotal in informing the outcomes of the QRP and in determining whether there is a need to conduct QM-QI visits to assess the quality of training provided by posts in their training programme. To aid the PDs in their task of completing the PD report a good practice example will be shared at the time the report template is distributed. Feedback will be given to PDs on the quality of the content that has been submitted via the PD report to the QRP.

PDs and the GMC NTS & the NES STS

The GMC expects near 100% completion rates by doctors in training of its annual NTS. The GMC aligns completion of this survey with the professionalism expected of doctors in training. While the GMC leads on communications with doctors in training around NTS completion, Deanery personnel are also heavily engaged during the 5 weeks' survey period (April to early May each year) in encouraging trainees to engage with this survey. In the last week or two of the survey it is customary for PDs to be asked to contact those trainees who have not, by that stage, completed the survey.

The Scotland Deanery views the STS as being of similar importance, and while completion rates run below those of the NTS, it is expected that in time the STS response rates will get closer to the ~100% completion rates of the GMC NTS. The ongoing encouragement and support of PDs towards that goal is essential.

How else can PDs & their STCs engage with sQMGs to inform their QM-QI activities

'Quality' is a standing item on the STCs' agendas. This reflects the vital contribution that PDs and STCs have in informing QM-QI processes because of their proximity to and involvement with trainers and trainees – and they are likely to be aware of evolving issues in training environments before anyone else in the system. They are also best placed to share lessons and good practice, that might be identified through QM-QI activities elsewhere in Scotland, as they will understand local training environments better than most in the system and will understand how best to support local trainers in implementing improvements that might be relevant locally.

PDs and STCs as conduits of information to sQMGs.

While it is a given that PDs and STCs should share concerns about delivery of training and about the quality of training environment with the sQMG, sQMGs would want to be informed not just about major concerns, but also about 'lower level signals' of concern that may be early warnings that might herald future problems. Examples of what sQMGs would wish to be aware of from PDs & STCs include:

a) Minutes of meeting from the trainees' sub-groups where these are formally constituted.
b) Local intelligence, formal or informal, raised by trainee representatives either as individual notifications of concern or raised through trainee representative groups.
c) Feedback about training or training environments that is gathered by ARCP panels. Sometimes this is logged in individuals' e-portfolios but that information is not systematically collated or accessible; ideally this should be collated and shared with sQMGs.
d) Logbooks (eg the JCST logbook) gather invaluable information about trainer engagement in procedures with doctors in training – where there are exemplar trainers who engage well would be invaluable to the sQMG, as would awareness around where trainers are less well engaged.

e) Threats to trainer capacity resulting from resignations, retirals or illness of Consultants.
f) Concerns flagged through review by the STC of the minutes of LEP / Health Board Medical Education Committee minutes

Information from sQMGs that PDs and STCs might wish to consider under 'quality' on the STC agenda.

a. GMC NTS
b. GMC Trainer survey
c. STS
d. College surveys for specialties within scope of the STC
e. Reports from all QM-QI visits for all sites and for all programmes within scope of the STC with the associated action plans that have been agreed with DMEs (and for programme visits, with TPDs)
f. The sQMG highlights report that is produced by the sQMG for each STB
g. Good practice items identified by the sQMG
h. A template that defines what "good" looks like for training within specialties that could be the basis of a self-assessment tool

PDs and STCs and QM-QI visits

PDs will be invited to participate as panel members on QM-QI visits by their sQMG on an ad hoc basis; as panel members they would bring their expertise and understanding around training in their programmes, but (as happens for all panel members) their involvement would not just be focused on trainees from the cohorts that they look after, but rather they would be involved in questioning of all cohorts of trainees that the QM-QI visit panel meets with.

It is intended that PDs and STCs should all be sighted on plans and arrangements of visits in the specialties within their scope, as well as on the outputs (in the form of the reports and associated action plans) that are generated from QM-QI visits.

The points of contact between the sQMG and PDs & STCs around visit arrangements will be as follows:

i. PDs & STCs will be copied into pre-visit planning e-mails to confirm the need for a visit and to identify a potential date for the visit when communications go out initially to DMEs.
ii. An invitation to the PDs to be involved in the pre-visit teleconference that precedes all QM-QI visits (unless there is potential for conflict of interest if the PDs are employed at the site being visited, in which case, a separate phone call will be convened between the visit panel chair and the PD).
iii. PDs will be invited to the feedback session at the end of the QM-QI visit.
vi. PDs will also receive the final visit report is issued that includes the DME's action plan that has been agreed.

Step 2: The contribution of trainers to QM-QI (figure 1)

Trainers are key stakeholders around the quality of training that they support and deliver. It is anticipated that STCs will engage with their trainers in sharing good practice that is disseminated via STCs, and in sharing issues around their local training environment with the STCs, for forwarding to the sQMG.

Trainers also are asked to engage with the GMC trainer survey tool – the most recent run of which is in 2016.

Step 1: The contribution of doctors in training to QM-QI (figure 1)

The purpose of the Scotland Deanery QM-QI framework is to deliver the Deanery's obligations around QM of training and training environments against the GMC's standards. The beneficiaries will be doctors in training who will experience, it is to be expected, the fruit of the efforts to improve the quality of training and training environments.

Doctors in training are key stakeholders in the management of the quality of their training. They are the prime source of feedback that informs QM-QI initiatives – through the GMC NTS, STS and through raising concerns whether as NoCs or less formally. The engagement of the doctors in training in these processes and tools, especially, the survey tools, needs to be encouraged by their trainers and by TPDs / FPDs and the STCs.

The DQMG is committed to developing the engagement of doctors in training in the Deanery's QM-QI processes, including, as member of visit panels, and as participants in reviews of QM data, information and intelligence undertaken by sQMGs and QRPs. Engagement of doctors in training as described, is anticipated by the autumn of 2016.