**Scotland Deanery Quality Workstream**

**Standard Operating Procedure**

**for**

**Quality Review Panels**

**Version 4**

**August 2018**

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**Review date: May 2019**

###### QRP – Purpose

1. The Quality Review Panel (QRP) is managed by the Specialty Quality Management Group (sQMG) that is responsible for managing and responding to the data, information and intelligence about the quality of training and of the training environment in posts that provide training in specialties and programmes within scope of the sQMG.

1. The QRP provides the first opportunity, at the beginning of each new training year, for all members of the sQMG (with representatives from STBs, Colleges, DMEs, etc) to meet to consider all the quality data, information and intelligence relating to each post in each LEP, and all training programmes, that have been compiled across the previous 12 months. The aim is to identify those posts or programmes where there are:
2. potential signals of good practice,
3. potential signals suggesting poor practice in training (where GMC standards may not be met) and
4. where further information may be required to inform understanding around the quality of training.

 The QRP will determine for each post delivering training and for each programme whether a visit is required to explore issues further or whether any other action may be required.

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

1. The QRP will include:

* + All members of sQMG (i.e. LDD, APGDs-Quality, 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
	+ 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 Associate (trainee associates trained to participate in QM activity and provide trainee perspective)

1. **All panelists are required confirm their commitment to respect the confidentiality of the process and confirm that information discussed at QRP will not be shared out with the panel.**

###### QRP Documentation

1. When compiling the documentation, draft versions should be saved in relevant folder on Sharepoint (Quality > QRP > 2018) 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.

1. The data team will pre-populate the template with NTS trainee & trainers survey data, with STS trainee data, NTS patient safety comments, NTS undermining comments, STS comments for QM and key visit information.

QIA / QIMs will add relevant online Dean’s report entries, notifications of concern, the commentaries from TPD & DME reports, College and other GMC data, and, as they become available, the outputs from other, relevant, QRPs.

**Data Review document (spreadsheet)**

**Summary Tab:**

1. This is the first page of the document and will contain two sections. The summary table lists all units/sites with data for review. The sites (and boards) will be pre-populated by the Data team. The table will include the summary of QIM / APGDs-Quality findings, proposed action and decision aid score and, following the QRP, agreed outcomes. The outcomes may be recorded directly into the summary sheet or on the site-specific page of the data review document which will then automatically prepopulate the summary sheet.
2. As an aid to facilitate the work of the QRP in reviewing large volumes of data, information and intelligence from many sites, each post to be considered by the QRP will be assigned a colour coding based on the current (2018) Decision Aid (appendix 1) in advance of the QRP.

|  |  |  |
| --- | --- | --- |
|  Key  | Significance  | Corresponding Decision Aid Score  |
|   | Concerns identified by QIM/APGDs- Quality (Quality Leads) – considered more likely to require to a visit  |  20 and over  |
|   | Concerns identified by QIM/ APGDs- Quality (Quality Leads) - further discussion required to agree action, e.g. visit, enquiry  |  10-19  |
|   | No concerns identified by QIM/ APGDs-Quality (Quality Leads) – considered not to require any new action or visit (other than a good practice visit, or a planned scheduled visit)  |  0-9  |

Units that score 20 or more (colour code – red) should be considered as most likely to require a triggered visit, units that score less than 10 (colour code – green) should be considered as most likely not to require any action or to be eligible for recognition of good practice. More consideration may be necessary for those posts that score between 10 and 20 (colour code – yellow), for the QRP to determine the most appropriate outcome and action. 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 REDs 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.

1. The Decision Aid score should be regarded as an aid to facilitate the QRP’s workflow and to support its role in informing judgements and making decisions about what actions may be appropriate; it is the QRP that is responsible for all its decisions, and the judgement of the QRP can override outcomes suggested by the Decision Aid score.

Operational note for QIAs & QIMs - The colour code applied to each site can be repeated by colouring the tab which names each site [right-click tab, choose tab colour]

1. Table 2 lists ‘sites without data’ – and details sites with no data for QRP purposes (e.g. NTS n=<3 and no aggregated data, STS <5 and no aggregated data) and highlights them for consideration by the QRP with a view to ensuring that the site can be quality managed in some way e.g. a meeting bringing together recent trainees who have been placed at that site.

1. 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.

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

**Programme Data tab:**

1. This tab allows you to present NTS outlier data for the programme in question in Scotland in comparison to the other UK Deaneries/LETBs. The ‘overall satisfaction’ ranking of the programme/s in Scotland versus the rest of UK are also included. 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.

**Annual Review of Competence outcomes tab:**

1. This tab displays the Annual Review of Competency (ARCP) outcomes for all specialty training programmes under the remit of the sQMG/ QRP. The QRP should consider whether there are outliers in comparison to previous years and UK wide data. If a programme has poorer ARCP outcomes than other comparable programmes this may indicate concerns regarding the quality of training. ARCP data should be considered alongside other, site-specific data to establish the quality of training. QRP panels may wish to use a TPD enquiry as a mechanism to further understand reasons for outlying ARCP outcomes

**Site Template tab:**

1. 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 remain empty.

1. Data sources (see also appendix 4)

|  |  |
| --- | --- |
| 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/APGDs- Quality (Quality Leads) – considered more likely to require to a visit  |   |
|   | Concerns identified by QIM/APGDs- Quality (Quality Leads) - further discussion required to agree action, e.g. visit, enquiry  |
|   | No concerns identified by QIM/APGDs- Quality (Quality Leads) – considered not  |
|   |    |   | to require any new action or visit (other than a good practice visit, or a planned scheduled visit)  |   |
|  |
| Action  | Allows the QIM/QL to suggest the course of action for that site, e.g. triggered visit.  |
| Site / Specialty  | Pre-populated by data team.  |
| NTS TREND 2016-2018 | This data will be pre-populated by data team.  |
| STS TREND 2016-2018 | This data (including significant change indicators) will be pre-populated by data team.  |
| Online DR entries  | Any lines from the online DR will be pasted into this section.   |
| Enhanced Monitoring  | A summary will be entered by the QIM into the template.  |
| Notifications of Concern  | This will be entered by QIMS from the central log |
| Patient Safety Comments – 2018 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 – 2018 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.  |
| STS comments identified for QM 2017/18  | Details of all STS freetext comments identified for QM will be pre-populated by Data team. QIM should add any additional information about action taken by sQMG in regard to the comments. QIM should also ensure names of individuals are reacted if this is not already done by the data team.  |
| Deanery Visits (within last five years)  | Information will be copied by Data team from Visit tracker system. QIM or QIA will enter details of visits which took place in 2017-2018, and provide a summary of key visit information. QIM should be prepared to access the full visit report at the QRP if required [via sharepoint].  |
| TPD Report – 2018  | QIM 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]. All TPD reports should routinely be sent to the APGD(s)-Quality for the QRP as additional information. |
| DME Report – 2018  | QIM 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 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 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. This could include advice that the post has been identified as being in the bottom 1.5% of NTS outcomes in the UK and has been examined as part of the GMC triage list process. 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.  Outputs from the undergraduate (UG) QRP, the Foundation (FY) QRP, and GP QRP will feed their outputs into Core QRP. All these feed into Higher 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.  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. |
| Decision Aid  | This score can aid the QIM/QL in early stages of QRP preparation, and on the day of the meeting if the panel want to compare scores. The decision aid will be pre-populated by data team but may require manual adjustment if the QIM has added information which attracts a score.  |

1. 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.

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

1. All panel members are expected to have looked at the QRP data templates in advance of the QRP, and the QIM & APGDs-Quality are expected to have detailed understanding of their contents and of sites where there are strengths in the training environment as well sites where there are issues. The team will also decide who will take the lead, during the QRP itself, in steering the panel through the data, information and intelligence for each site.

###### The QRP itself & workflow (figure 1)

1. QRPs will work best if all participants are in the same room; VC should only be considered in exceptional circumstances, to ensure that access to the intelligence around training is maximised. The QRP works best if participants can view the completed data templates on their laptops or equivalent devices. The data templates may be projected too. Printed data templates will not be available.

1. The LDD (or named deputy) will chair the QRP. Their role is to ensure the QRP discharges its role which is to consider the quality of training at each site, for each specialty / programme within scope of the QRP and to determine whether the sQMG requires to take any actions in response to the data, information and intelligence, and what actions are required. They are also responsible for ensuring that the QRP functions well, that it conducts its business fairly and appropriately, that all panel members can and do contribute to decisions and that the business is concluded within the expected timescales.
2. The LDD will welcome panel members and invite all members to introduce themselves and their role on the panel. The purpose of the QRP will be outlined. The panel will be reminded of their duty of confidentiality. The LDD will indicate which panel member (typically an APGD-Quality or QIM) will introduce each site to be considered and will talk through the ‘headlines’ in terms of noteworthy observations among the data, information and intelligence captured on the data template. The QIA will take detailed notes of all discussions. The QIM will ensure that there is clarity for each site about what has been concluded from the QRP's review of data, information and intelligence from each site and what actions have been agreed. (It is desirable that the LDD states to the panel, for each site, what he/she believes has been concluded / decided, before moving to consider the data, etc for the next site). The LDD may wish to briefly refer the panel to the data template to remind them of what data, information and intelligence are included for each site.

The LDD will indicate the ‘running’ order for the QRP. This will typically start with the programme overview page for Scotland, to identify indicators that are perceived to be strengths or weakness for the whole programme. This will be followed by a review of the ARCP outcomes for programmes, particularly considering any outliers. Next will follow, the systematic review of data, information and intelligence for each site. The LDD should describe the approach to managing the review of site data – options include:

* Systematic progression through the data for each post (in a specialty or in a programme) within each Board, considering each LEP, in turn.
* Prioritising by starting with those sites that have been pre-coded red or yellow or green, and subsequently working through all sites (and all colour codes).

A proposed approach to managing the data for each site is as follows:

* What do the decision aid and the commentary provided by the QIM / APGDs-Quality) suggest about training at the site?
* What data, information and intelligence have been signposted by the commentary from the

QIM / APGDs-Quality? - and review these

* What data, information and intelligence are perceived by the panel to be noteworthy and do panel members possess any other intelligence worth sharing?
* What have been the conclusions from the undergraduate, Foundation, GP, Core QRPs (selecting which are relevant to the current QRP). Be aware of potential lower level signals that may not be sufficient to trigger a visit (the proposed need for a visit (and why) will be clear); this will be signaled by outcome ‘3’ – ‘continued monitoring by sQMG’. Multiple QRPs suggesting the need for monitoring (where the explanation is not lack of data) may merit further consideration.
* If a triggered visit has been identified by the FY/ GP/ Core QRP then a triggered visit will take place. The specialty sQMG should then consider whether their data also indicates the need for a visit. A decision regarding which sQMG will lead the visit should be reached and noted in the outcome commentary.
* Is the site already in the Dean’s Report to the GMC? – in which case commentary for the update to the Dean’s Report should be considered for the output document.
* Does the QRP agree with the plan proposed by the QIM / APGDs-Quality (if there is one); what is the QRP’s determination around the quality of training and what actions are necessary?

23. After considering all the data, information and intelligence for a site (the decision workflow is shown in figure 1) the key elements of decision making are as follows:

**a. QRP to rate usefulness of TPD report**

**For 2018 we are undertaking this as a pilot to gather data for internal use only to inform the development of a system to facilitate feedback to TPDs in future years. Feedback will not generally be provided to TPDs in 2018 but they may be noted as having a particularly helpful report when sending out the QRP output summaries if the panel feel this is appropriate.**

 In response to TPD requests for feedback on the quality of their TPD report submissions, QRPs are asked to gather feedback for sharing with TPDs. The TPD report should provide commentary on data and information on the sites / posts in their training programmes, as well as additional intelligence.

**The headings for feedback to TPDs on the content of their TPD reports are:**

1. **Did the TPD submit the TPD report?**
2. **Did the TPD report provide useful commentary on sites where there are indicators of concern?**
3. **Did the TPD report direct the QRP to awareness of site-specific good practice or concerns that were not signalled by the other, available data, information or intelligence?**
4. **What, if anything, could have been done better in the TPD report?**
5. **Does this site meet potential good practice criteria?**

The Deanery Quality Management Group is keen to promote recognition of good practice & the sQMGs are best placed to do this. True **‘best practice’** is likely only to be identifiable at QM-QI visits and is at the discretion and judgement of the visit panel. However, QRPs do offer an opportunity to identify **signals of possible good practice** from the feedback provided by trainees through surveys, etc. To achieve a degree of consistency around recognition of what constitutes possible good practice among different sQMGs & their QRPs the following criteria have been agreed as the basis for issuing a letter (content – appendix 2) from the LDD/chair of the QRP on behalf of the sQMG to the DME or TPD, copying in training leads at the site (where known), to acknowledge the signals of good practice that have been noted:

**The absence of NTS Patient Safety/Undermining comments relating to the site PLUS *at least one of the following criteria*:**

* 1. **NTS - Triple green and/or quadruple green in consecutive yearly data.**
	2. **NTS - Red to green in one year.**
	3. **NTS – 4 or more green / light green flags in a single year and absence of red flags in the NTS and STS.**
	4. **STS – 3 or more green / blue flags or possible green (blue) flags in single year and absence of red flags in the NTS and STS.**
	5. **STS - Double/triple green flags in consecutive yearly data.**

1. **LDDs-sQMG to write to DME/ TPD to recognise good practice. This will take place following completion of all QRPs in order that outcomes for departments may be triangulated to avoid issuing a good practice letter for one cohort of trainees while significant concerns exist for another cohort.**

The rest of the decision workflow in figure 1 follows through 4 main considerations to determine what outcomes and actions (if any) are deemed by the QRP to be necessary in response to the review of the available data, information and intelligence that are available to the QRP:

1. **Has the QRP identified concerns about the quality of training?**
2. **Is a QM-QI visit already known to be required (revisit, EM, etc)?**
3. **Is a QM-QI visit required?**
4. **Is there insufficient data to inform judgement?**



 Figure 1: QRP workflow

###### QRP Output, including Part 3 – Quality Review Panel Outcomes by site

1. The QRP output document will be created using the summary table on page 1 of the QRP template. It will be populated automatically with the content that QIAs/ QIMs enter into the output ‘fields’ on the data sheets for each site considered by the QRP. The following information will be subsequently input by QIMs:

Part 1: Quality Review Panel details

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.

Part 3 (figure 2): Quality Review Panel Outcomes by Site: as indicated, this will be populated automatically with the content that QIAs/ QIMs enter into the output ‘fields’ on the data sheets for each site.

|  |  |  |
| --- | --- | --- |
| The QRP outcomes are as follows:  | Enquiry recommended  | Visit recommended  |
| 1 Visit recommended  | Types  | Types  |
| 1. Enquiry recommended
2. Continue monitoring through sQMG
3. Good practice recognition
4. No action required
 | 1. QIM
2. APD
3. TPD
4. DME
 | 1. Immediate triggered
2. Triggered
3. Scheduled visit- no major concerns
4. Revisit (including Enhanced Monitoring)- ongoing concern
5. Revisit (including Enhanced Monitoring)- confirm improvement
6. Programme visit- immediate triggered
7. Programme visit- triggered
8. Programme visit- schedule visit- no major concerns
9. Fact finding meeting
 |
|  |  |  |
|  |  |  |
|  |  |  |

Figure 2: QRP outcomes & outcome codes

**QRP findings following data review:**

There should be at least a couple of lines for each site considered by the QRP. These must be brief, and the following approach is encouraged:

* + History / background to any issue (good practice or poor practice) – is this issue – new / known and being worked on at LEP / known but persisting.
	+ The evidence underpinning why the stated action is necessary.
	+ If the site is already an item on the Dean’s report – what summary update does the QRP suggest should be entered in the DR.

**QRP outcomes (figure 2):**

1. For each site considered by the QRP an outcome, selected from the following list, must be recorded.

Types

1. Visit recommended

* 1. Immediate triggered
	2. Triggered
	3. Scheduled visit- no major concerns
	4. Revisit (including Enhanced Monitoring)- ongoing concern
	5. Revisit (including Enhanced Monitoring)- confirm improvement
	6. Programme visit- immediate triggered
	7. Programme visit- triggered
	8. Programme visit- schedule visit- no major concerns
	9. Fact finding meeting
1. Enquiry recommended
	1. QIM
	2. TPD
	3. APD
	4. DME
2. Continue monitoring through sQMG

1. Good practice recognition

1. No action required

Note:

* + Where a **visit is recommended** – it is vital to indicate what type of visit is required from those listed from 1a to1i. If a visit is triggered at FY/ GP level but the core/ higher specialty QRP does not consider a visit necessary for their cohort, they should record the outcome they consider appropriate but note in their comments awareness of the need to visit based on FY/GP QRP outcome. They should also indicate whether the specialty sQMG wishes to lead the visit or if the visit should be led by the FY/GP sQMG
	+ An **enquiry** (2a to 2d) .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 enquiries will be entered into the enquiry tracker system for follow up/ audit trail purposes and owned and followed up by the SQMG.
	+ **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 become a standing entry on the sQMG agenda until it is officially closed off. Note that this also provides a mechanism for signalling ‘low level signals of concern’ that might be picked up in other QRPs and that might contribute to a decision to undertake further enquiry or even a visit.
* **Good Practice recognition**: where this is the output of the QRP, a good practice recognition letter should be sent by the LDD (using template in appendix 2) to the DME, trainer (where known) and to the TPD.
* **No action required**: no further action needed, site will be visited as part of five year scheduled programme.
* **‘Insufficient data’ –** enables us to identify where an outcome decision has resulted from some level of concern or where the driver has been the absence of sufficient data to inform a decision.
* **‘Recommend to DQMG to include in the DR’ –** with the new online DR and ‘ownership of lines therein by sQMGs it is appropriate that where significant, high risk, issues are identified by QRPs, there is an option to include this in the DR as part of the action plan.

Any issues thus identified are subsequently considered at the DQMG to ensure consistency in the type of items being escalated to this reporting mechanism.

###### Following the QRP

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

1. QIM/QIA sends out a standard Questback Evaluation form to all attendees to collect feedback on the event itself.

**Generation of the key collations of QRP outputs (figure 3).**

* + **Final visit plan & timetable**

All approved QRP outputs should be forwarded to the senior QIM for information and review. SQIM will utilise outputs and information entered into the visit tracker system to compile a list of planned visit activity for DQMG. The SQIM will also be responsible for monitoring the concentration of visits to individual health boards to avoid overloading any single area and will undertake meetings with DMEs where QRP outcomes suggest a significant level of visiting is likely to be required in the upcoming training year.

* **‘Programme cuts’ for TPDs**

An approved QRP output (**based on the populated summary table on page 1, but without any pre-QRP information**) should also be edited by the QIA for the QRP to include the outputs for the sites for training in the particular specialties / (regional and national) programmes for each TPD.

The ‘programme cuts’ will be shared by the APGDs-Quality with the appropriate TPD (email to accompany – Appendix 3). TPDs should share their QRP ‘programme cut outputs with their STCs.

* **Aggregated specialty cuts**

The senior QIM will collate all outcomes from relevant specialties into collated outputs for each College.

* **DME cuts**

The senior QIM will compile a ‘board cut’ of data, which will contain all outcomes for all specialties in each LEP within a health board. This will be shared with the relevant board DME.

Ideally, information should be cascaded to TPDs, DMEs and Colleges within four weeks of the final QRP and all data should be sent on an agreed date to avoid one stakeholder group being made aware of QRP decisions prior to another.

Nominated QLs will be asked to review the QRP decisions on a board-wide basis, to bring together any significant or low-level concerns across LEPs. This data will be compiled by SQIM with support of data team and will reported on by the data team lead at the next DQMG.

QRP OUTPUT

PART 3

-

QRP OUTCOMES BY SITE

INTEGRATION OF 'BOARD CUT'

FROM EACH QRP INTO A

COMPOSITE 'BOARD REPORT'

FOR EACH DME

QRP PAGE 1SUMMARY TABLE

POPULATED WITH QRP OUTCOMES

BY SITE

QIA for QRP

SEPARATION

INTO 'PROGRAMME

CUTS' FOR REGIONAL OR NATIONAL

PROGRAMMES FOR TPDs & APDs

sQMG APGDs

-

Quality ('QUALITY

LEADS') TO LIAISE WITH TPDs

(

AROUND SCOTLAND) OVER THEIR

' PROGRAMME CUTS' & TO PROVIDE

FEEDBACK ON THEIR TPD REPORTS

TPDs TO SHARE QRP 'PROGRAMME

CUT

S' WITH STCs

SEPARATION INTO 'BOARD

CUT' FOR EACH QRP

REPORT COLLATING RELEVANT

'PROGRAMME CUTS' FOR

SCOTLAND FOR COLLEGES

FINAL VISIT PLAN &

TIMETABLE

Senior QIM

QIA for QRP

OUTPUT FROM

ALL QRP

 Figure 3: Management of QRP outputs

  **QRP Decision Aid 2018**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |   | 2016 red or pink flag (Single)  | 2015 and 2016 red or pink flag (double)  | 2014, 15 and 16 red or pink flag (triple)  | 2014 to 2016 aggregate red or pink flag  |
| NTS Indicator  | weight  | 1 x weight  | 2x  | 1x  | 1x  |
| Overall Satisfaction  | 10  | 10  | 20  | 10  | 10  |
| Clinical Supervision  | 5  | 5  | 10  | 5  | 5  |
| Handover  | 5  | 5  | 10  | 5  | 5  |
| Work Load  | 5  | 5  | 10  | 5  | 5  |
| Feedback  | 2  | 2  | 4  | 2  | 2  |
| Induction  | 2  | 2  | 4  | 2  | 2  |
| Regional Teaching  | 2  | 2  | 4  | 2  | 2  |
| STS Indicator  |   |   |   |   |   |
| Clinical Supervision  | 5  | 5  | 10  | 5  | 5  |
| Handover  | 5  | 5  | 10  | 5  | 5  |
| Work Load  | 5  | 5  | 10  | 5  | 5  |
| Induction  | 2  | 2  | 4  | 2  | 2  |
| Educational Environment  | 2  | 2  | 4  | 2  | 2  |
| Team Culture  | 2  | 2  | 4  | 2  | 2  |
| Teaching  | 2  | 2  | 4  | 2  | 2  |
| Other data  |   |   |   |   |   |
| Number of lines in Deanery report  |  8 (regardless of number of entries) |  |  |  |
| Number of Notifications of Concern, NTS Patient Safety/ Undermining comments or STS comments marked for quality management |   5 times number  |  |  |  |

The NTS Indicators; Adequate Experience, Clinical Supervision out of hours, Educational Supervision, Local Teaching, Supportive environment and Study Leave do not factor into the calculations for the decision aid because the analysis suggested they were conflated with other indicators.

The scores for each flag are added together to derive a score for a post. Units that score 20 or more should be considered as more likely to require a triggered visit, units that score less than 10 should be considered as more likely not to require any action. More consideration may be necessary for those posts that score between 10 and 20, for the QRP to determine the most appropriate outcome and action. The Decision Aid should be regarded as an aid to facilitate the QRP’s workflow and to support its role in informing judgements and making a decision about what actions may be appropriate; it is the QRP that is responsible for all of its decisions, and the judgement of the QRP can override outcomes suggested by the Decision Aid.

NES headed letter

Date

Addressee: DME, copying in site leads (where known)
Dear NAME OF DME – [to be entered],

**Recognition of important, positive feedback from doctors in training about the quality of training** **and the training environment in SPECIALTY - [ enter appropriate specialty] posts in LEP – [enter name of LEP] in NHS Board – [enter name of Health board].**

Following the Scotland Deanery SPECIALTY / TRAINEE COHORT – [enter appropriate QRP] Quality Review Panel that was held on DATE – [enter date], I write on behalf of the SPECIALTY – [enter appropriate sQMG] Quality Management Group to congratulate you and the trainers associated with training in SPECIALTY – [enter specialty] at LEP – [enter name], on the very positive feedback that trainees have provided on their experience of training.

The feedback that we have been particularly impressed with relates to:

**SELECT FROM THE FOLLOWING LIST ALL THAT APPLY, BUT ALSO ADD THE PARTICULAR INDICATOR/S WHERE THESE NTS/STS FLAGS HAVE BEEN NOTED** **NTS - Triple green and/or quadruple green in consecutive yearly data.
NTS - Red to green in one year.**
**NTS – 4 or more green / light green flags in a single year and absence of red flags.**
**STS – 3 or more green / blue flags or possible green (blue) flags in single year and absence of red flags.**
**STS - Double/triple green flags in consecutive yearly data.**

We appreciate your leadership of training for your Health Board, but also recognise the valuable contribution made by your trainers, and we are delighted to be able share our awareness of the positive feedback that we have received about the training you provide.

Yours sincerely
SIGNATURE
Lead Dean – Director
SPECIALTY – [enter appropriate specialty] Quality Management Group

Dear………………..

I am the Associate Postgraduate Dean (Quality) for the ……………… specialties. As part of the Scotland deanery quality management process we recently held our annual quality review panel (QRP). The panel also includes the Lead Dean - Directors who leads the specialty Quality Management Group for your specialty.

At the QRP we review all the TPD and DME reports as well as data from the NTS and STS surveys. This data, information and intelligence are used to inform our understanding around the quality of training in each training post to identify good practice and areas of potential concern that may need a visit. I attach a summary of the QRP outcomes for your programme for your reference (including details of proposed visits in your region and specialty for the next year).

We appreciate your valuable input on behalf of your STC, particularly given the tight timeframe for return of the TPD report this year.

Please do not hesitate to contact me (at this email address) if you have any questions or comments about the QRP, visits process or anything else related to the Deanery QM process. More information can also be found on the NES website (embed link).

With kind regards

Associate Postgraduate Dean (Quality)

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**Guide to Data Sources**

1. **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 2018).
	+ 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 to 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

1. **Scottish Training 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. Also gives DMEs and TPDs access to free text comments where numbers of trainees in a LEP/ programme allows.

1. **Dean’s Report**

* + Known as DR
	+ Online Dean’s report to GMC – we tell them our news (good and bad); they ask for specific feedback on enhanced monitoring and other cases.
	+ Online tool allows year-round updates. The QRP is a good opportunity to seek local intelligence on current DR entries.

1. **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.
1. **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.

1. **STS Freetext Comments**
	* Trainees are offered the opportunity to comment on particularly positive or negative aspects of their most recent training post.
	* Comments are reviewed following each survey run in batches by APGDs-Quality and identified as informing quality control (for DME/ TPD attention) or informing quality control & quality management (for sQMG attention).
	* A process for management by the sQMG is then followed.
	* Due to the volume of comments only those identified for quality management and relevant to the LEP and trainee level of the QRP taking place will be included.

1. **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 o Introduction o Record of Discussion o Summary
		- Reference to GMC standards o Areas of Good Practice o Areas for Improvement o Requirements – Issues to be Addressed o 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.

1. **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

1. **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

1. **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!!

1. **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

**12. 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.