

Scotland Deanery Quality Management Visit

Trainer Session

*Site Question Set Version 3*

|  |
| --- |
| **Specialty: Grades:** |
| **Site:** |
| **Date of Visit:**  |
| **Type of Visit:**  |
| **Panel Member:** |
| **Information for panel members:**The questions within this question set have been created with reference to the GMC standards for Promoting Excellence, the GMC published standards, the GMC National Training Survey, The Scottish Training Survey and the previous deanery visit question guide. The questions have been mapped to the requirements within Promoting Excellence and in order to make an accurate assessment of whether standards are being met visit panels should aim to complete all core questions during every visit. The Chair may direct panel members to give more time/ weight to certain question areas where the available data suggests risk but the visit should still cover all core question areas. Panel members should strive to ask the questions as they are written to ensure that there is no alteration to the tone or meaning of the question. For lab based specialties, the standard question set may not be appropriate to use in its entirety and panel members should use an alternative question set |
| **Introduction (Visit Lead)**  |
| * Provide an explanation of the Deanery’s quality management process, and the purpose of visits.
 |
| * Ask trainees/trainers if they have any questions about the process?
 |
| * State that comments will be compiled into a report that will not personally identify or name any trainee. However, if anyone would like to speak to someone in confidence about an issue, they can contact a named Quality Manager.
* Explain that question set is based around the 10 standards (S) and supporting requirements (R) listed within the five themes of the GMC Standards for medical education and training:
	+ Learning Environment and Culture (S1.1-2, R1.1-22)
	+ Educational Governance and Leadership (S2.1-3, R2.1-20)
	+ Supporting Learners (S3.1, R3.1-16)
	+ Supporting Educators (S4.1-2, R4.1-6)
	+ Developing and Implementing Curricula and Assessments (S5.1-2, R5.1-12)
 |
| **Induction – site & department**  |
| **Trainer Core Questions** | **Trainer supplementary Questions** |
| 1. How effective is induction in preparing doctors to work during the day and out of hours?
2. What happens if trainees are unable to attend their normal inductions?

 1. Are there aspects of the site or departmental inductions that could be improved to prepare your trainees better for working here?
 | How is information about the rota, clinic (theatre) access shared? How is information about roles, OOH cover & who to contact when required covered?How are arrangements about educational supervision covered? |
| If no issues are raised by trainees in the PVQ and the site has provided pre-visit information in relation to Induction, move to Formal Teaching. |
| **Formal Teaching** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. Thank you for submitting list of formal teaching available to your trainees (a copy is available in the pre-visit pack). How is teaching made bleep-free?
2. How do you enable trainees to attend regional or national teaching?
3. How do you ensure the departmental teaching is meeting trainees needs?
 | Is any teaching delivered as part of multi-professional groups?In what ways is simulation part of the teaching that is delivered? |
| If no issues are raised by trainees in the PVQ and the site has provided pre-visit information in relation to Teaching, move to Study Leave. |
| **Study Leave** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. Does the department face any challenges in supporting study leave?
 |  |
| If no issues are raised by trainees in the PVQ and the site has provided pre-visit information in relation to Study Leave, move to Formal Supervision.  |
| **Formal Supervision**  |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. Could you describe the process for allocating supervisors in your unit?
2. How are you supported to fulfil your roles as Educational and/or Clinical supervisors?
3. How much time do you have in your job plan to undertake your educational role?
4. Are your Educational/Clinical Supervisor roles considered during your annual appraisal?
5. What information would you be given about a trainee where there were known concerns?
 | When do educational supervisors meet with students or trainees?How often do you meet with doctors in training who you supervise?What access do you have to resources to support the delivery of training against the curricula your trainees are following?How are you supported by your employing hospital or Board to deal effectively with concerns or difficulties you face as a trainer? |
|  |
| **Clinical Supervision**  |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. How do you ensure that all staff can differentiate between the training grades of doctors and avoid the term SHO?
2. How do trainees know who to contact for advice or support during the day and out of hours?
3. Are you aware of instances where trainees have felt they had to cope with problems that were beyond their competence or experience?
4. How do you ensure that doctors in training seek consent only for procedures in which they are competent to do so?
 | How do you ensure trainees do not work beyond their competence? In practice, how accessible are senior colleagues when a trainee asks for support?Are you aware of situations when trainees have been asked to consent for things they are not competent to do? |
|  |
| **Adequate Experience** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. As supervisors how familiar are you with the updated curricular requirements for the different trainee grades under your supervision?
2. How do you ensure that trainees attend a satisfactory number of specific learning experiences such as clinics / theatres?
3. Which curriculum competencies / intended learning outcomes are more difficult to deliver to trainees / students?
4. How would you describe the balance between time spent developing as a doctor and other activity of little or no educational benefit?
 | Are there any particular informal learning opportunities which are a key feature of this unit?When did you last map your posts here to the curricula for the various training posts / placements? |
|  |
| **Adequate Experience (assessment)**  |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. How easily can trainees achieve their portfolio assessments?
2. Have you had an opportunity to benchmark your assessments against those of other trainers?
 |  |
|  |
| **Adequate Experience (multi-professional learning)** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. What opportunities are there for multi-professional learning where doctors and other healthcare professionals are learning together?
 |  |
|  |

|  |
| --- |
| **Adequate Experience (other)** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. How are trainees supported to undertake quality improvement\* or audit projects?

[\*Note that for some programmes including Foundation and Internal Medicine/ Core Medicine there is a curricular requirement to undertake QI projects (and audit would not be sufficient)]. |  |
|  |
| **Feedback to trainees** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. How is feedback provided to trainees about the decisions they make and treatments they plan during the day, and out of hours?
 |  |
|  |
| **Feedback from trainees** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. What feedback is gathered on learners' experience within your department and what do you do with this?
2. What opportunities do doctors in training have as a group to feedback concerns about their training or their experiences of working here?
 |  |
|  |
| **Culture & Undermining**  |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| 1. What steps are taken to create a team culture here?
2. How do you ensure the training environment is free from undermining and bullying behaviours?
3. What channels are in place to report bullying and discrimination issues at the organisation?
4. Are you aware of any trainees having received comments that were felt to be less than supportive or undermining?
 |  |
|  |
| **Workload / Rotas** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. Does your rota design accommodate specific learning opportunities to match trainee’s curriculum requirements such as clinics, endoscopy lists or theatre sessions (where relevant)?
2. Do you have rota gaps? How are these managed?
3. Could improvements be made to your trainees’ rota? Have you engaged with the trainees in a rota improvement process such as PCAT (Professionalism Compliance Analysis Tool)?
4. Are you aware of aspects of this post that are compromising trainees’ well-being?
 | How is the rota organised and communicated to trainees and other staff? *Do you feel rota gaps are managed proactively, in a way that protects patient safety and trainees learning?* How is the rota monitored and when was it last monitored?*Are there other rota issues that have implications for patient safety, or trainee’s wellbeing or training?**What are the barriers to such engagement in your experience?* |
|  |
| **Handover** |
| **Trainer Core Questions** | **Trainer supplementary questions** |
| 1. Do you feel the handover arrangements provide safe continuity of care for new admissions and for those in downstream wards?
2. How is handover used as a learning opportunity?
 | Who takes part in the handovers and who leads them?Is there a recognisable structure used to relay information during handover?Is there written record of any of the handovers and is this kept? |
|  |
| **Educational Resources** |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| 1. What facilities and resources support learning here?
2. What opportunities are there for technology enhanced learning?
 |  |
|  |
| **Support** |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| 1. What support is available here for doctors in difficulties?
2. What career support do you provide?
 | What is in place to support the health and wellbeing of your doctors in training?How do you manage the situation where the performance of a trainee gives rise to potential concern in relation to the care of patients?How would you adjust the training and teaching provided here in the event of there being a LTFT trainee / student or a trainee / student returning from a career break?How easy it is to request and to access reasonable adjustments? |
|  |
| **Educational Governance** |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| Is there a committee that oversees the management and quality of postgraduate medical education and training in your site?Are **trainers** involved in this process?1. How do your local quality processes ensure issues are identified and resolved?
2. Are you aware if the Health Board considers quality of medical education as part of its internal assurance processes?
 | Could you describe the committee structure through which the quality of education and training is managed in this hospital and health board?How are your views on education delivery shared with those responsible for leading it? |
|  |
| **Raising concerns** |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| 1. How are trainees encouraged and supported to raise concerns about patient safety?
2. How are trainees encouraged and supported to raise concerns about their education & training?
 |  |
|  |
| **Patient Safety** |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| 1. How safe is the environment here for trainees and patients?
2. Do you have any concerns about the quality and safety of the care of patients who are boarded in your hospital?
3. What routine systems are in place to monitor the safety of patients, e.g. tracking Borders, safety huddles or equivalent?
4. How do these involve doctors in training?
 |  |
|  |
| **Adverse incidents and Duty of Candour** |
| **Trainer Core Questions** | **Trainer Supplementary Questions** |
| 1. How are adverse incidents reported and addressed?
2. How do trainees receive feedback after an incident?
3. How does the system here foster learning among the whole team when something goes wrong such as incidents or near misses?
4. When something goes wrong with a patient’s care, how are trainees supported in communicating what has happened to the patient affected?

  |  |
|  |