

Postgraduate Medical Education Quality Improvement Framework

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Introduction

CMFT is a large trust with a long and proud history in medical education. The trust aims to deliver high quality training to doctors at all levels from foundation years through to consultant level.

This document outlines the quality management and enhancement processes of the postgraduate department to ensure that the trust delivers educational outcomes for trainees placed at CMFT.

The Quality Management Framework (QMF) utilizes a variety of quality interventions based on continual review and targeted review based on perceived risk to the delivery of education and training within divisions and departments. Through the QMF the postgraduate department ensure that standards in education are met according to the needs of stakeholders and regulators and that the quality of education in turn improves the quality of patient care.

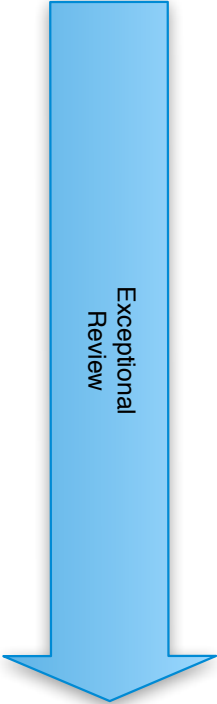
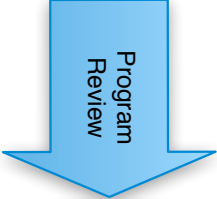
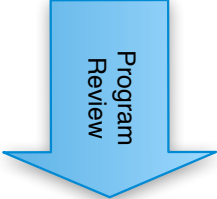
The QMF seeks to enhance training to both ensure that minimal standards are met but also to review, share and promote areas of notable and innovative practice.

The QMF encompasses the processes and data collection required by the trust educational regulator (typically the North West Deanery) and the national regulator for training (GMC).

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Framework	Description	Responsible
 Exceptional Review	Scheduled review Planned review cycle through divisional leads. 3-4 paper based reviews per year. Presented to PGD and Divisional Board Informs Divisional Action Plans	aDME Div lead Qual lead
	Level 1 concerns Exceptional Paper based review Led by Divisional Lead in conjunction with departments	aDME Div lead Qual lead
	Level 2 concerns Exceptional visit review Significant risk identified. Focused visit by PGD team to explore and advise on solutions.	DME Exec (Ed) Qual lead
	Level 3 concerns Exceptional visit with Deanery representation High risk identified/failure of Level 2 Deanery invited to jointly investigate and advise on concerns.	PG Dean Exec (Ed) DME
	Level 4 concerns Exceptional visit with regulator representation GMC led visits by response to concerns team	GMC PG Dean
 Program Review	Program reviews Small speciality reviews	PG Dean Exec (Ed) DME
 Program Review	Deanery Visits Scheduled Deanery led visits. Currently on a 2 year cycle	PG Dean Exec (Ed) DME

Quality standards for training.

Standards for training are described in ‘The Trainee Doctor’. This document can be accessed and downloaded from the GMC website.

The Trainee Doctor

http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp

Educational quality assurance assesses posts and training according to 9 domains. These domains form the basis of all quality assessments with the QMF

- Patient Safety
- Quality Management, review and evaluation
- Equality, Diversity and opportunity
- Recruitment, selection and appointment
- Delivery of approved curriculum and assessment
- Support and development of trainees, trainers and local faculty
- Management of education and training
- Educational resources and capacity
- Outcomes

The 2012 **professional standards for educators** can be accessed via the Academy of Medical Educators website

2012 Professional standards

<http://www.medicaleducators.org/index.cfm/profession/profstandards/>

- Design and planning of learning activities
- Teaching and supporting learners
- Assessment and feedback to learners
- Educational research and evidence based practice
- Educational management and leadership

Scheduled reviews

Scheduled reviews are regular reviews undertaken within the divisional frameworks of the trust. They are led by the Divisional leads with the support of the PG team.

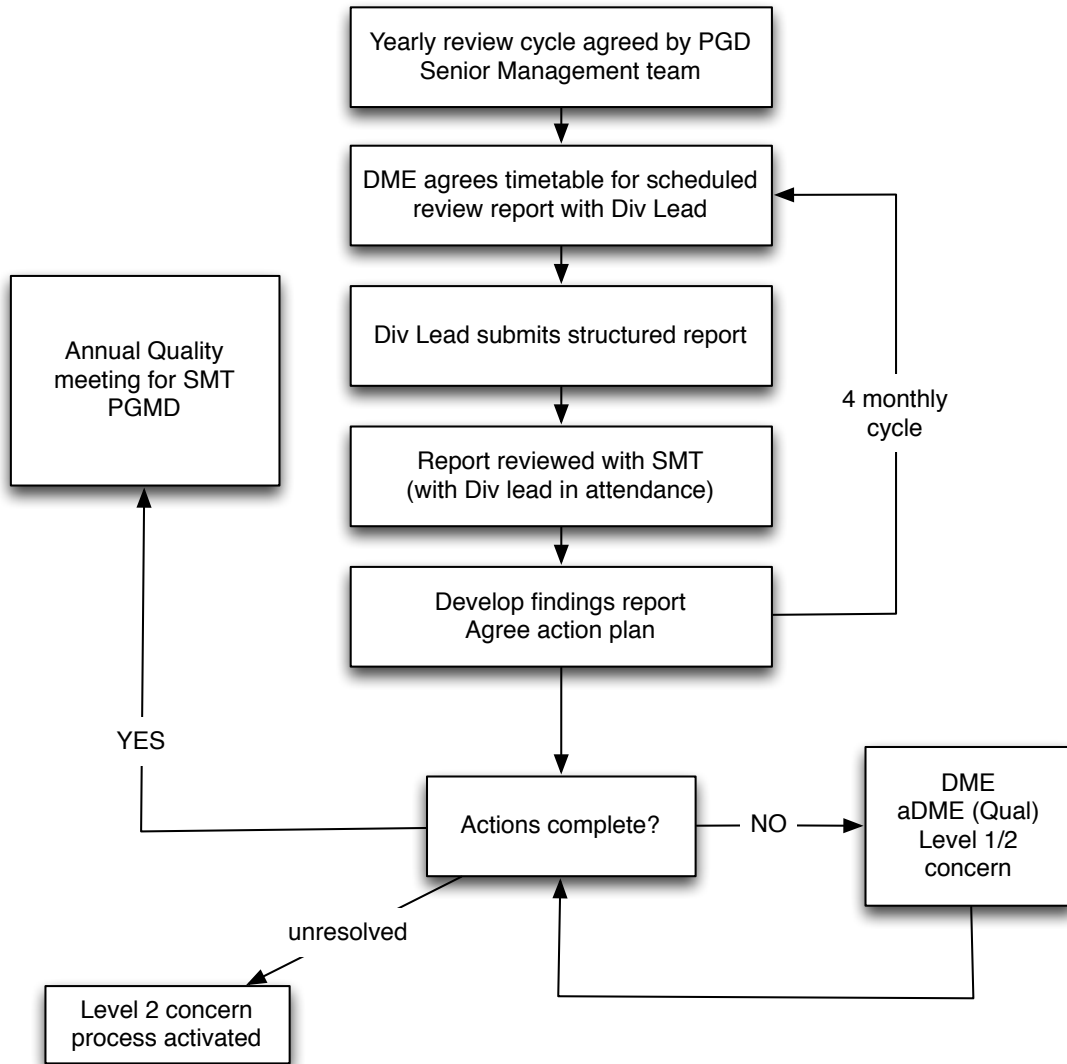
Structure reviews are used to address regular monitoring requirements, strategic threats and opportunities and the response to minor concerns raised through other reporting mechanisms such as the GMC survey.

Findings from scheduled reviews may trigger further investigation by the PGD team.

Typically the scheduled reviews will be examined by the DME (or representative) on a 4 monthly cycle.

All scheduled reviews will be signed off by the Quality Management committee which meets annually to review entire year's reports.

Scheduled review process



Level 1 concerns

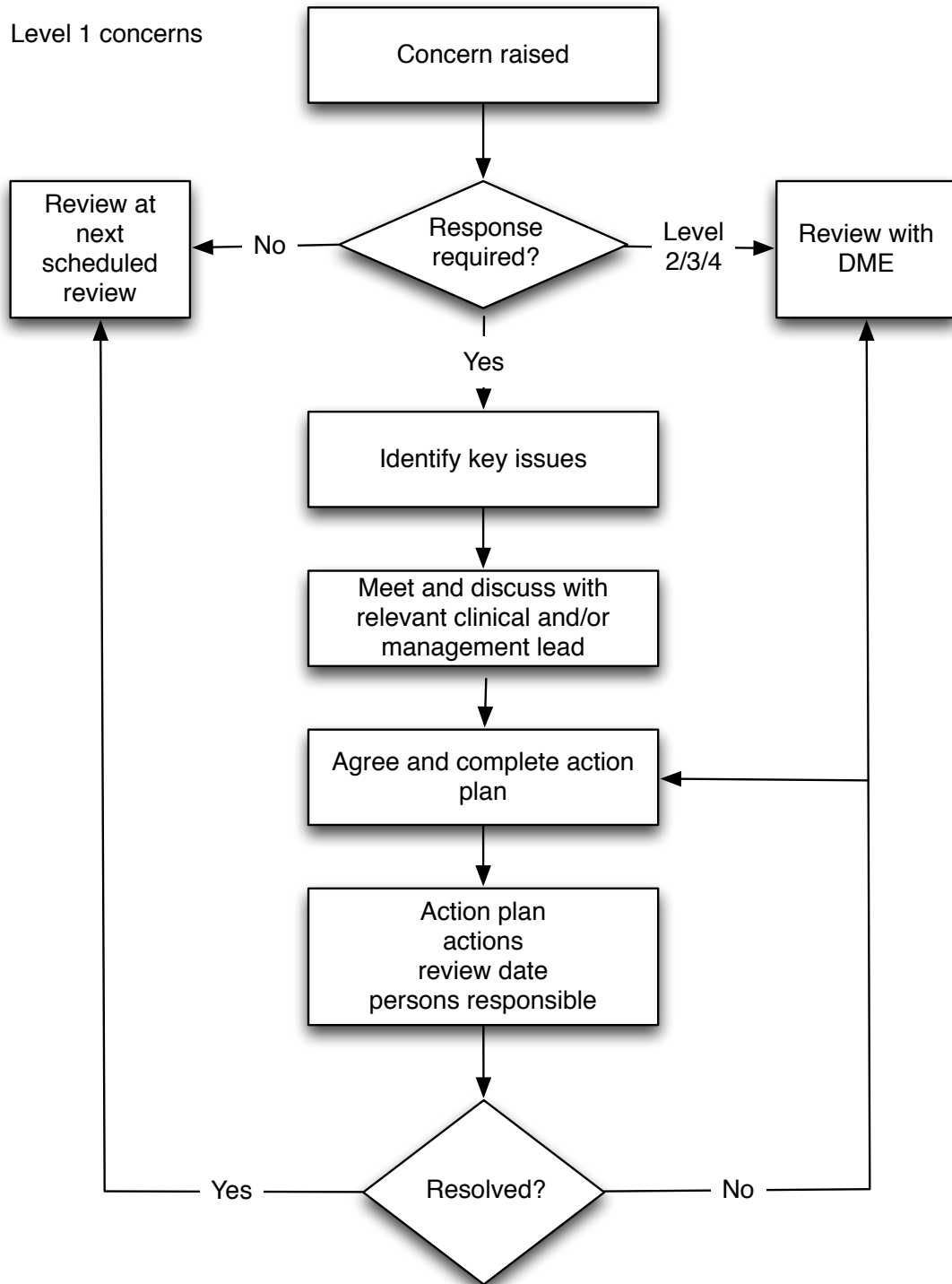
Level 1 concerns are a response to exceptions raised through the GMC survey or through the scheduled reporting system. Examples of issues that may trigger a level 1 concern are shown below.

- GMC Red flag
- Concerns informally raised by trainees (e.g. lack of phlebotomy services)
- Low level concerns raised by external agencies (e.g. Deanery or training program director)

The process for level 1 concerns integrates into the scheduled reviews and is outlined in the diagram on the following page.

The level 1 concern process is similar to the previous business planning cycle.

The number and outcome of level 1 concerns will be shared with the DME team, Clinical Head of Division and Divisional Manager.



Level 2 concerns.

Level 2 concerns require a structured visit to the department or division to gain further understanding of issues identified through surveys, reports or other mechanisms. Examples of issues that might trigger a Level 1 review are shown below.

- Three or more red triangles on GMC survey
- Failure to resolve Level 1 concerns process
- Concerns regarding trainee safety
- Concerns with patient safety issues relating to training (e.g. clinical supervision)

The level 2 concerns process is designed to help departments and divisions explore and resolve concerns regarding the management and support of trainees. The PGD team will act in the role of advisors to assist the trust in identifying areas of development.

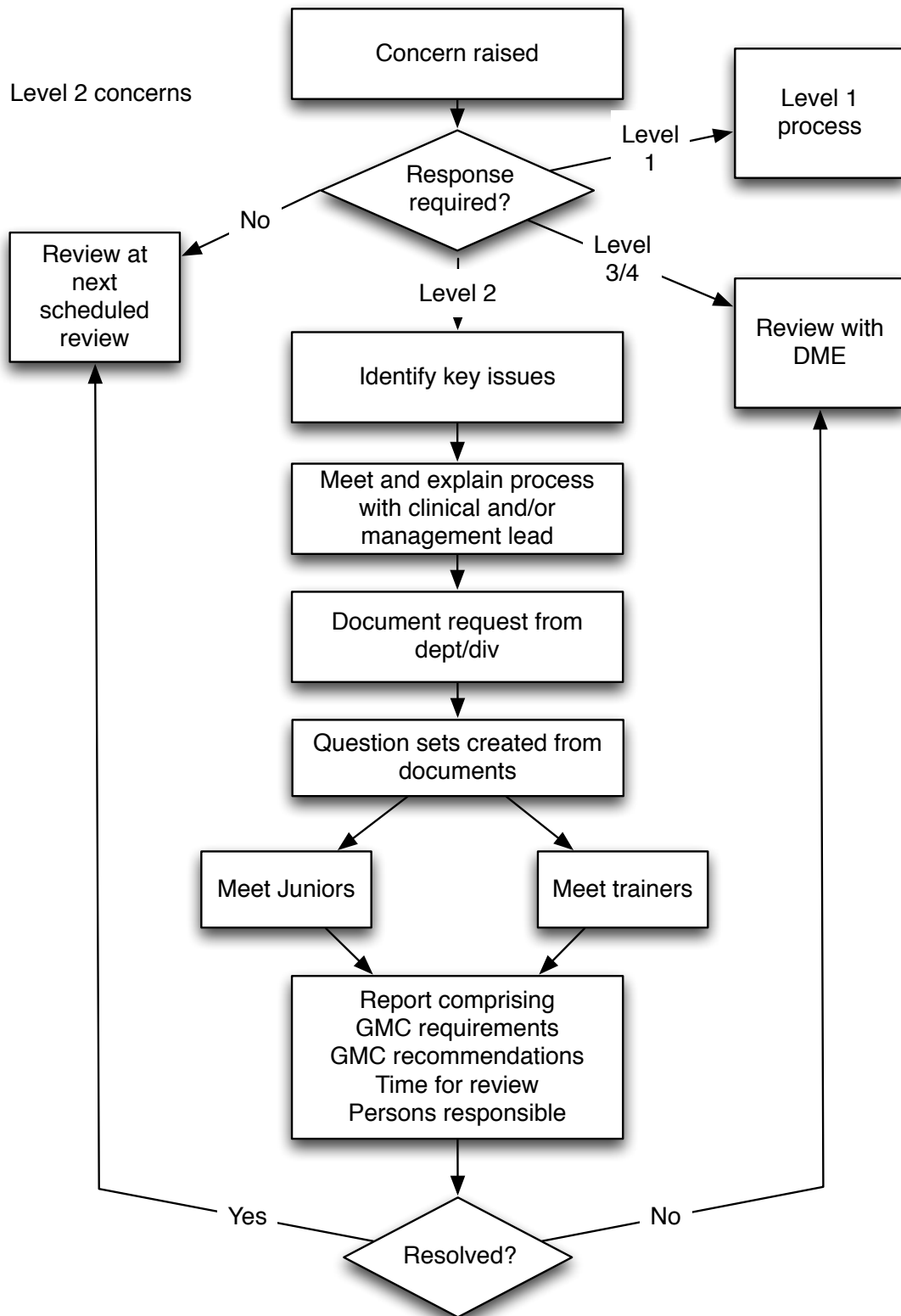
Level 2 concerns will follow the structure outlined on the next page.

Level 2 concerns will use the GMC and AOME standards to determine whether the trust is meeting it's requirements for training.

Level 2 concerns require a small team to visit and meet with consultants and trainees. The composition of this group will vary but will typically include the following.

- DME or aDME (team leader)
- Education Manager
- Divisional lead (from another division)
- Educational supervisor (from another division)
- Admin support

The composition of the team will be determined by the team leader.



Level 3 and 4 concerns

Level 3 and 4 concerns arise as the result of serious concerns being raised via the deanery, trust or GMC.

The level 3 and 4 concerns are led by external organisations and will follow the processes of those organisations.

The PGD and Divisions will cooperate fully with any external reviews.

The PGD encourages medical educators to take opportunities to form part of external review teams through the deanery visit process. Further details on this are available via the PGD.

Program reviews

Program reviews are led by the deanery and address training in a speciality across the region and therefore across several trusts. The PGD will facilitate program reviews when they involve CMFT

Deanery reviews

The PGD will cooperate fully with the deanery as part of their planned visit cycle.

Sharing good practice

Quality management has an unfortunate reputation for focusing on concerns in medical education.

At CMFT the PGD team believes that the sharing of good practice is equally if not more important. The challenges of sharing good practice across a large organisation are clear.

The QMF allows good practice to be identified by

- Scheduled reviews
- Through level 1 and level 2 reviews
- Through trainee input on training committees
- Through dissemination of good practice sources from external sources such as the deanery and GMC

Dissemination of good practice in medical education will be achieved through.

- Closer links with Divisions through structured reporting.
- Three monthly focused meetings with Divisional leads.
- Feedback on level one and level two concerns.
- Identification, exploration and dissemination of green triangles through divisional lead mechanisms.

Further work is needed to ensure that the dissemination of good practice balances the regulatory elements of the QMF.

Divisional lead meetings.

The PGD will hold 4 workshops/meetings per year to focus on educational development. These will be themed around current and future challenges around medical education at CMFT.

These meetings will be led by the DME/aDME.

Indicative examples of these are shown below.

- Standards for trainers
- QMF developments
- Doctors in Difficulty
- Trainee feedback

Trainee involvement in Postgraduate education.

All divisional leads are required to assist in the identification and support of a junior doctor to represent the trainee perspective within the divisions.

A trainee representative meeting will take place 4 times per year led by the DME/aDME.

The Postgraduate team will maintain an open door policy for all trainees who require support from the trust.

Trainees are encouraged to contact the PGD through information on the website and through information circulated at induction.

Quality Management Committee

The Divisional lead role is key to making the quality framework work at local level. However, the trust and PGD must maintain an overview of quality management across all divisions.

The role of the Quality management committee is to maintain an oversight of all quality processes in the trust.

The QMC meets annually in August/September.

The committee membership

- DME (Chair)
- aDMEs
- Director of Medical Education
- Head of Postgraduate Education
- FPD
- Associate Dean with responsibility for CMFT
- Associate Medical Director with responsibility for education

Standing invites for

- Med Director
- Chief Executive

Indicative agenda

1. Apologies
2. Introductions
3. Review of Divisional leads reports
4. Review of Quality management framework
5. Quality timetable for following year.
6. AOB

Minutes released to

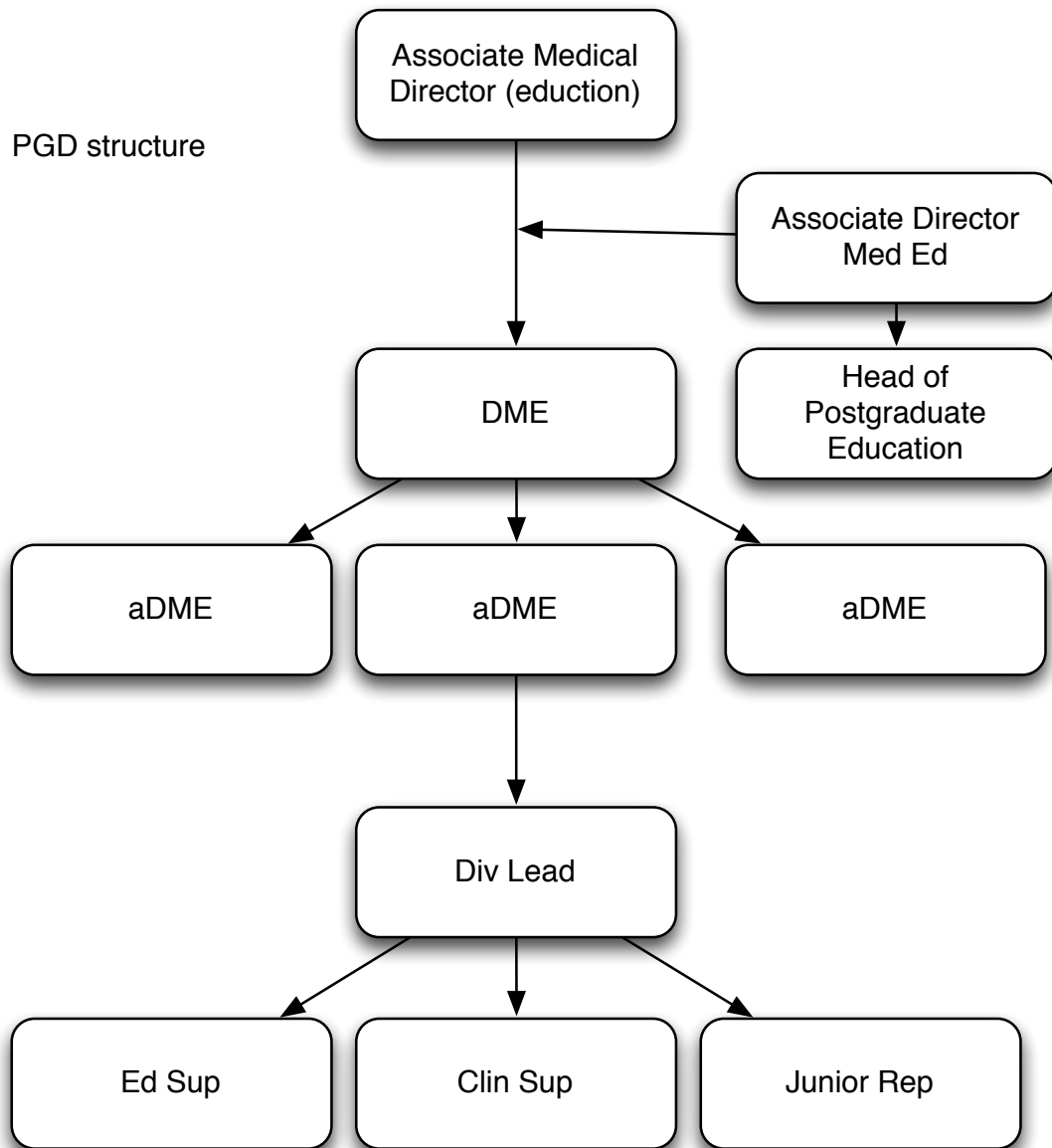
- ChoDs
- MD
- CE

Summary

CMFT is a large teaching trust that must be able to demonstrate an effective system for the supervision, assessment, support and oversight of medical education.

The Quality Management Framework described in this document is a guide to the processes and systems that will allow the postgraduate team to ensure that training meets national and regional standards.

Appendix 1: Postgraduate structure



Appendix 2. Structure reporting tool for divisional leads.

Divisional leads reporting

Division		
Date		
Specialities in division		
Divisional Lead		
Clinical Head of Division		
College tutors (if applicable)	Speciality	Name
Undergraduate tutors (if applicable)		
Current GMC survey Red flags in Division		
Current GMC survey Green flags in Division		
Current 'open concerns' in division	Issue	Date opened

GMC Domain	
1	Patient Safety e.g. induction, consent, EWTD, rotas, supervision, handover, doctors in difficulty

2	<p>Quality Management, review and evaluation</p> <p>Audit of training, % trainers trained, education representation at div. board level</p> <p>Education committee minutes to be attached</p> <p>Trainee representation within division structures.</p>	
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3	Equality, Diversity and opportunity Compliance with HR standards. LTFTL opportunities. E+D data, reasonable adjustments	
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4	Recruitment, selection and appointment Fairness in appointment (usually devolved to deanery/HR) Exception reporting.	
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5	Delivery of approved curriculum and assessment Curriculum mapping, simulation, teaching access, service:training balance	
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6	<p>Support and development of trainees, trainers and local faculty</p> <p>Induction, ES/CS appointment and training, SPA in Job plans, study leave, appropriate levels of supervision</p>	
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7	<p>Management of education and training</p> <p>Liasion with Heads of school and training program directors.</p> <p>Awareness of speciality specific reports and issues.</p>	
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8	<p>Educational resources and capacity</p> <p>Facilities, infrastructure, overall educational capacity.</p>	
9	<p>Outcomes</p> <p>ARCP adverse outcomes. Trainee progression data. Local survey Link to E+D data if possible.</p>	

	Additional comments	
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