

Health Education England Policy

Suspension of postgraduate medical training in relation to serious concerns

1. Introduction

1.1 This policy details the processes to be followed in consideration of the suspension of postgraduate medical training in a local education provider or other education setting.

1.2 This policy is owned by the (national) Director of Education Quality of Health Education England (HEE) and applies to directly-managed postgraduate medical training posts in England only. It has been developed by HEE's postgraduate deans and directors and deans of education quality in consultation with the General Medical Council and pursuant to legal advice.

1.3 Suspension of training is normally an act of last resort following the identification of serious concerns about the quality of training and/or patient care. Examples of circumstances when suspension of training might be considered include: confirmed undermining, poor or inadequate supervision, inappropriate resources or support or service reconfiguration not fulfilling the requirements of the trainees' curriculum.

1.4 Before considering training suspension, opportunity should always be given for concerns to be resolved locally unless there are urgent considerations of patient or trainee safety.

1.5 This policy should be read in conjunction with the General Medical Council's (GMC) training standards¹.

1.6 This policy does not apply to the following circumstances; gaps in programmes occurring due to the normal rotational movement of trainees, allocation of trainees to meet specific training requirements, removal of trainees where a breakdown in relationship has occurred, planned reductions in training capacity to fulfil workforce plans, removal of posts due as a result of local service changes or reconfiguration, removal of approval for training environments contracted to provide a minor component of a programme (e.g. GP out-of-hours) and occasions when a training environment is left fallow by mutual agreement.

1.7 The decision to remove undergraduate students from across the range of healthcare professions lies with their own higher education institution in conjunction with the relevant regulator e.g. General Medical Council, Nursing and Midwifery Council. But such

¹ General Medical Council. *Promoting excellence: standards for medical education and training*. <http://www.gmc-uk.org/education/standards.asp> (accessed 19th August 2015)

consideration would normally be in partnership with HEE to allow consideration of quality and safety issues as they relate to all healthcare learners in the setting.

2. General Medical Council policy

2.1 The General Medical Council's *Quality Improvement Framework*² states "If there are training concerns, deans can remove one or more groups of students or trainees from a setting or organisation. Such a change should involve the appropriate medical royal college or faculty at postgraduate level. It must be reported to the GMC immediately and recorded as part of the school or deanery report to the GMC, setting out the actions taken to remedy the situation where appropriate in the accompanying action plan" (para 43).

2.2 The decision to suspension of training therefore rests with the local postgraduate dean acting within the statutory frameworks of the GMC. This will normally be in consultation with the geographical director of education quality and local director of HEE.

2.3 A named deputy can also make these decisions in the absence of the postgraduate dean when designated to do so.

2.4 Although the decision to remove trainees from a given training environment rest with the postgraduate dean, removal of approval for a training programme, placement or trainer is a GMC responsibility and therefore requires a decision to do so by the GMC's Director of Education and Standards or nominated deputy.

2.5 The timescale for removing trainees from a given training environment must be agreed with the GMC. Once the GMC has been aware of serious concerns, maintaining trainees in that environment is not normally permitted and timescales are therefore, normally short.

2.6 Only the General Medical Council can legally withdraw approval of training under any circumstances. The Medical Act states that, The General Council may at any time withdraw approval where they are satisfied that:

(a) any conditions imposed under subsection (3); or

(b) any standards or requirements established under section 34H(1)(a),

2.7 This document refers to a HEE led process which takes place with the advice and support of the GMC. The GMC may also wish to withdraw approval of training if their thresholds are met.

2.8 HEE may also permanently decommission training placements. Such decommissioning may include consideration of severe or persistent quality concerns

3. Risk escalation where there is a 'cause for concern'

3.1 The General Medical Council Education and Standards Directorate should be informed promptly of concerns in the following circumstances:

²General Medical Council Quality Improvement framework http://www.gmc-uk.org/Quality_Improvement_Framework.pdf_39623044.pdf (Accessed 19th August 2015)

- persistent or immediate patient safety concerns
- education and training concerns where suspension of trainees is likely
- emerging concerns of high impact (service, media, political)
- instances where specific GMC advice or support is required.

3.2 Escalation within HEE should also be triggered by the same criteria or where the actions of HEE or the LETB may be called into question. The appropriate route of escalation is to the Director of Education Quality of the relevant geography (South, London and South East, Midlands and East, North) through to the national Director of Education and Quality as appropriate. The Local Director should also be informed. As HEE develops its national quality assurance framework, risk escalation processes within that framework should be followed.

3.3 Risk should also be flagged to stakeholders at an early stage through an appropriate local mechanism such as the local Quality Surveillance Group. Section 6 outlines those parties that will need to be informed and involved.

4. Coming to a decision

4.1 The primacy of upholding nationally agreed training standards and/or immediate patient safety concerns raised by trainees should not be diminished or necessarily contingent upon risks identified by service.

4.2 Consideration should be given to the training quality and conditions of other healthcare learners in the setting where this may provide additional information for the purposes of triangulation and where this may also trigger decisions regarding their placements.

4.3 Where removal of trainees may impact on service provision the decision to suspend training should be discussed with the regional medical director of NHS England and the relevant local team.

4.4 Consideration should also be given to triggering a formal 'risk summit' to ensure open discussion of the issues, triangulation with other bodies, consideration of risks and contingency planning. Any one of a number of organisations, including HEE, can trigger a risk summit which is normally preceded by an intelligence sharing or planning meeting. Full details are to be found in the National Quality Board's document *How to Organise and Run a Risk Summit*³

4.5 A risk summit is not always necessary and if immediate action is required, this may proceed in advance of or without a risk summit.

5. Taking action

5.1 The postgraduate dean should formally notify the local education provider of concerns and the intention to suspend training. Those to be notified should include as a minimum, the

³ National Quality Board *How to Organise a Risk Summit* <http://www.england.nhs.uk/wp-content/uploads/2014/12/nqb-organise-risk-summit.pdf> (accessed 25th March 2015)

chief executive, medical director and the director of medical education. It is the local education provider's responsibility to inform the relevant clinical directors(s), training lead(s) and trainers.

5.2 An indicative timescale for suspension of training will be issued to the local education provider and a patient safety impact assessment requested which should be received within 10 working days. After consideration of the impact assessment, a final timescale for suspension of training will be confirmed to the local education provider by the postgraduate dean having first agreed this with the General Medical Council.

5.3 While timescales are being agreed, the postgraduate dean will require the local education provider to ensure that appropriate measures are in place to ensure that trainees are adequately supported and patients are safe. Through this process, it is possible that sufficient mitigating measures are put in place by the local education provider to allow the decision to suspend training to be reversed, and deans should be alert to this possibility and such measures communicated with the GMC.

5.4 Funding for posts in which training is suspended may be left within the local education provider to support the organisation to undertake mitigating actions in relation to the loss of trainees e.g. workforce and/or service reconfiguration. Funding decisions though are at the discretion of the postgraduate dean in discussion with the local LETB director.

5.5 Once training has been suspended in a given location, a clear plan and timetable for review must be agreed with the local education provider and consideration given as to the continuation of the location as a training environment in the longer term.

5.6 Once training has been suspended, it is the view of HEE that doctors holding a training number but working outside a supervised training programme (e.g. trainees formally out of programme or undertaking additional locum work over and above their contracted hours) should not be permitted to work in an environment that has been deemed unsuitable for the placement of 'regular' trainees.

5.7 Health Education England has a multiprofessional remit in relation to ensuring the quality of clinical placements. Consideration should be given to other students and trainees attending or placed in the environment and whether the issues necessitating suspension are also issues for those other learners, whether suspension will negatively impact on those groups and therefore whether any other actions are required.

5.8 If the GMC deem it unlikely that improvements will allow doctors in training to return to the environment, the GMC may withdraw approval. If this happens, formal notification will be issued to the LEP and the Dean.

5.9 In line with 2.8 HEE may permanently decommission placements independently of GMC approval.

6.0 Involvement of stakeholders

6.1 If a risk summit is to be held then the majority of relevant stakeholders will be present. If it is not then there are a number of key stakeholders that must be informed.

6.2 The following should be advised of the removal of trainees:

- NHS England - regional and local area team
- Service commissioners – normally the lead clinical commissioning group or NHS England as specialist commissioner
- NHS Improvement (Trust Development Authority (if non-foundation trust), Monitor (if foundation trust))
- Care Quality Commission
- Relevant medical royal college or faculty.

6.3 Given HEE's whole workforce remit, discussions should also be had with all organisations that place students or trainees in the affected setting such as medical schools and other HEIs.

6.4 Whilst quality management of education and training of placements is the remit of the local postgraduate dean, if other deans rotate trainees into local placements then the postgraduate dean of those LETBs should normally be consulted prior to removal.

6.5 In line with the *GMC Quality Improvement Framework* the relevant medical royal college should be informed of the concerns and possible removal of trainees. Such communication will normally be in confidence to the President or relevant senior college officer by the HEE DEQ or designated deputy.

7.0 Communications

7.1 It is important that all affected trainees, both those currently in post and those expected to rotate to the organisation, are informed and supported.

7.2 Given the potential impact on service and the fact that removal potentially makes a statement about education and patient care within an organisation, public and media interest should be anticipated.

7.3 Press statements should be agreed between Health Education England and the local education provider and shared with the GMC.

7.4 Consideration should be given to informing the British Medical Association early in the process through the relevant regional forum.

7.5 Communication plans should consider print and broadcast media, social media, elected representatives, members of the public, other staff and former staff, students and trainees.

7.6 Risk summit conversations are not covered by the Freedom of Information Act, as those present must have the freedom to speak openly, but the minutes are.

7.7 Throughout the process of training suspension all concerned should proceed with openness and candour. Reports, minutes and other communications should be written honestly and accurately whilst protecting the identity of individuals.

8. Protection of whistle-blowers

8.1 If the consideration of removal is triggered by an individual or individuals raising concerns it is vital that they do so under the protection of HEE and the NHS in general in line with HEE and local whistleblowing policies. Steps should be taken to support them and where possible protect their identity.

8.2 Individual trainees should not normally be exposed to risk summits or media enquiries.

9.0 Review

9.1 This policy will be reviewed annually.

9.2 Date of last revision 31st August 2015