The Quality Management of Training

Hospital Trust Visiting Policy

Approved by the Oxford Deanery Executive Team: 29 June 2009

Review date: June 2010
Oxford Deanery
The Quality Management of Training
Hospital Trust Visiting

Summary

This paper describes the hospital trust visiting process, which is a part of the Oxford Deanery’s system for the quality management and improvement of Foundation and Specialty Training placements in secondary care in all specialties.

Four types of visit take place:

1. NESC contract monitoring visits.
2. Educational development visits by the Postgraduate Dean;
3. Routine school monitoring visits;
4. Deanery triggered visits;

The PMETB audits deanery quality control systems rather than looking in detail at particular specialties. Oxford Deanery has decided that it will visit systematically, taking the view that visits are an essential way of triangulating data and that they send out a strong message that bad practice cannot be hidden. They can also be a very effective peer review exercise, facilitate the sharing of good practice and raise the Deanery’s profile. School visits can be arranged relatively quickly, in a way that is sensitive to local needs and issues and avoids excessive service disruption.

This paper focuses on Dean’s and School visits, both of which assist the Deanery in deciding whether or not Foundation and Specialty Training is meeting national and local standards, how it can be improved and whether it can be approved.

1. NESC meets with senior managers in each trust up to three times a year to monitor the trust’s provision and spending on NESC-funded multi-professional undergraduate and postgraduate education and training. These meetings are high-level and strategic and involve the Postgraduate Dean.

2. Dean’s visits are not specialty specific; they relate to training across all specialties in a trust. Each year the Dean will focus on a three to four quality issues of current local and/or national importance.

3. School visits are to one specialty in one trust only (or a specialty and its sub-specialties) and are undertaken at departmental level. Visits cover all the PMETB standards and may also focus on particular issues of local and/or national importance identified in advance by the School or Deanery.

4. Deanery triggered visits are arranged at short notice to investigate reports, from any source and in any form, of serious concerns that cannot be resolved in any other way. The focus of the triggered visit, composition of the visiting team and outcome are not prescriptive as they will depend on the nature of the problem. A representative from the relevant royal college/faculty and/or a lay assessor will normally be included in the visiting team.

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1 Unless where Schools have shared responsibilities when there should be co-ordination to ensure that appropriate joint visits are undertaken to minimise disruption to Trusts
### Purpose

<table>
<thead>
<tr>
<th>Dean's visit</th>
<th>School visit</th>
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<tr>
<td>The purpose of the visit is:</td>
<td>For the specialty being visited, the purpose of the visit is to:</td>
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<tr>
<td>➢ to assist the Deanery in deciding whether or not training meets national</td>
<td>➢ assist the School in verifying that training meets national and local</td>
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<td>standards and can be approved</td>
<td>standards and can be approved</td>
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<td>➢ ambassadorial: the Dean will outline national, NESC and Deanery strategy</td>
<td>➢ identify good practice and areas for improvement</td>
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<tr>
<td>➢ to enable Dean and trust to share information on current local and national</td>
<td>➢ assist educators in realising their own educational goals</td>
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<td>issues in training&lt;sup&gt;2&lt;/sup&gt;</td>
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### Externality

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<th>Dean's Visit</th>
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<tr>
<td>The visiting team includes a lay assessor and a DME from another trust.</td>
<td>The visiting team includes a lay assessor and senior educator from the</td>
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<td>specialty who works at another trust.</td>
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<td>Where the trust being visited is the head of school's own trust, the</td>
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<td>deputy head of school of the lay assessor leads the visit.</td>
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### Process

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<th>Frequency/timing</th>
<th>Dean's Visit</th>
<th>School Visit</th>
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<td>Once a year to each trust, following the DAC meetings</td>
<td>Schools will undertake routine visits of trusts at least every three years,</td>
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<td>and in some cases like the foundation school annually</td>
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<tr>
<th>Papers to be made available to visiting team</th>
<th>Dean's Visit</th>
<th>School Visit</th>
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<tr>
<td></td>
<td>➢ DAC recommendations</td>
<td>➢ DAC recommendations</td>
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<td>➢ Previous Dean's and School visit reports</td>
<td>➢ Previous Dean's and School visit reports</td>
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<sup>2</sup> For example implementation of the EWTD
| **in advance of visit** | PMETB and local survey data  
Trust education strategy  
DME’s most recent self assessment report  
Reports from other regulators  
| PMETB and local survey data  
Trust education strategy  
DME’s most recent self assessment report  
Reports from other regulators  
The results of national trainee assessments |
|------------------------|--------------------------------------------------------------------------------------------------|
| **Visiting team** | Normally has five members and comprises the Postgraduate Dean, Education Quality Manager, Business Manager, a DME from another trust and a lay assessor.  
Resources permitting, a third member of the Deanery’s administrative team will accompany the visitors to assist in managing the visit and in writing the report.  
| Normally has three members and comprises the Head of School (normally the lead visitor), a lay assessor and a college tutor or training programme director who does not work in, or have responsibility for training in, that trust.  
Resources permitting, a member of the Deanery’s administrative team will accompany the visitors to assist in managing the visit and in writing the report. |
| **Visitor training** | No training at present. Following the first round of visits, members of visiting teams will share best practice. Guidance for visitors will be developed and training may follow.  
| No training at present. Following the first round of visits, members of visiting teams will share best practice. Guidance for visitors will be developed and training may follow. |
| **Format of the visit structure/personnel interviewed** | Meeting at the trust with the trust’s senior management team, including the DME and postgraduate centre manager. A selection of educational supervisors should also be present.  
| Meetings at the trust with the DME, clinical director of the department, training programme director(s), educational supervisors and trainees. Trainees will always be seen separately from educators and educational supervisors separately from trust senior management. |

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3 Including most recent Director of Medical Education’s most recent self assessment report  
4 For example the Care Quality Commission; reports to be provided by NESC  
5 Where the visited trust is the head of school’s own, the deputy head of school or a lay assessor leads the visit  
6 A sample of educational supervisors from the specialties that have been considered in detail at the DAC immediately preceding the visit will meet the Deanery visiting team
### Outcome

<table>
<thead>
<tr>
<th>Dean's visit</th>
<th>School visit</th>
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<tr>
<td>A written report structured around PMETB standards with action points and deadlines. Normally finalised within two months of the visit.</td>
<td>A written report structured around PMETB standards with action points and deadlines(^7). Normally finalised within two months of the visit.</td>
</tr>
<tr>
<td>The report is sent to the trust and Deanery Heads of School and will, therefore, inform the Head of School's report to the DAC.</td>
<td>The report and any updates from the trust in response to action points are considered by the school board, will inform the Head of School's recommendations to the DAC and be available in full to the annual DAC.</td>
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<tr>
<td>Serious concerns are reported immediately to the trust chief executive, DME and relevant Head of School.</td>
<td>Serious concerns are reported immediately to the trust chief executive, DME and Dean.</td>
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**Author: Dr Simon Plint & Katie Carter**  
**June 2009**

\(^7\) Report proforma at appendix 1
Oxford Deanery
Quality Management of Training
School Monitoring Visits Report Template

Author:
School:
Date:
Briefing Notes

School monitoring visits assist in verifying that training meets national and local specialty-specific standards, help to identify good practice and areas for improvement and also serve to assist educators in realising educational goals.

The report form is for the use of all Schools within the Oxford Deanery, including the Foundation School.

The form is structured in line with GMC and PMETB standards. Evidence for compliance with some standards may be available in documents submitted before the visit for the information of the visiting team so allowing the team to concentrate on other areas. The form should be used in conjunction with PMETB Generic Standards for Training and Standards for Trainers, any specialty specific standards produced by royal colleges/faculties and local Deanery standards.

Visitors are not required to confine themselves to the areas for exploration suggested in the form.

Visiting teams will normally also be asked by the School and/or Deanery to investigate, in detail, a small number of issues of current national/local concern, for example implementation of the EWTD.
Section 1

<table>
<thead>
<tr>
<th>Type of Visit</th>
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<tr>
<td>School</td>
<td>Routine School Monitoring</td>
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<td>Deanery led Triggered Visit</td>
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<td>Reason:</td>
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Trust

Date of Visit

Brief description of Trust
Eg population served, size, locality, sub-specialties/teaching hospital

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<th>Trust Representatives</th>
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<tr>
<th>Visiting Team</th>
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<td>Title</td>
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### Trust/School Staff to whom the visit report is to be sent for comments

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<tr>
<th>Title</th>
<th>Name</th>
<th>Email address</th>
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### Information and reports to be sent after the visit

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### Information and reports received at the visit

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Notes on presentation
### Section Two

#### Trainees interviewed

<table>
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<tr>
<th>Grade</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Specialties</th>
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<td>eg F1</td>
<td>7</td>
<td>5</td>
<td>12</td>
<td>Neurology</td>
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## Findings against PMETB/GMC Standards for Training

### DOMAIN 1 - PATIENT SAFETY

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

### Areas for exploration with trainees

- Concerns about patient safety in relation to the working environment
- The adequacy of levels of clinical supervision
- Whether they are being asked to undertake procedures they are not trained for and confirmed as competent to perform
- Whether appropriate information about individual patients is easily available
- If patient records allow effective and safe management of every patient
- The organisation of patient handover
- The hospital at night process
- Concerns about patient safety in out of hours placements
- The recording and use in teaching of critical incidents
- Arrangements for taking consent

### Areas for exploration with DME, department clinical director, training programme director and educational supervisors

- Whether trainees are exposed to situations that may compromise patient safety
- If levels of clinical supervision of trainees are adequate
- Working rotas for trainees
- The organisation of patient handover
- Whether working hours/shift patterns allow adequate rest
- Supervision and teaching out of hours
- The recording, and use in teaching, of critical incidents
- Arrangements for taking consent
### Findings against PMETB/GMC Standards for Training

**DOMAIN 2- QUALITY ASSURANCE, REVIEW AND EVALUATION**

Postgraduate training must be quality managed locally by deaneries, working with others as appropriate but within an overall delivery system for postgraduate medical education for which Deans are responsible.

#### Areas for exploration with trainees
- If they are involved in any way in Deanery quality management processes

#### Areas for exploration with DME, department clinical director, training programme director and educational supervisors
- Familiarity with PMETB *Generic Standards for Training and Standards for Trainers*
- If they are involved in Deanery quality management processes
- Familiarity with the Deanery’s management structure and, in particular, the governance processes and individuals concerned with quality management
- How the trust ensures compliance with the EWTD, Data Protection Acts, and the Freedom of Information Act
- How the trust quality controls training placements
- How necessary changes are action planned, progressed and audited
- The service provided by the Education Centre
## Findings against PMETB/GMC Standards for Training

### DOMAIN 3 - EQUALITY, DIVERSITY AND OPPORTUNITY

Postgraduate training must be fair and based on principles of equality

#### Areas for exploration with trainees
- If they have seen/experienced discrimination in the workplace
- If less-than-full-time training programmes are available for trainees who, for good reason, are unable to train full time
- If reasonable adjustments, that do not compromise standards, have been made to training programmes and environments to accommodate trainees with disabilities, special educational needs or other needs

#### Areas for exploration with DME, department clinical director, training programme director and educational supervisors
- Examples of trainee equality and diversity issues that have arisen; the process for resolution of issues
- How HR/Medical Staffing deal with trainees with disabilities or special needs
- If less-than-full-time training programmes are available for trainees who, for good reason, are unable to train full time.
- If reasonable adjustments, that do not compromise standards, have been made to training programmes and environments to accommodate trainees with disabilities, special educational needs or other needs
- Whether educational and clinical supervisors receive regular training in equality, diversity and human rights best practice
## Findings against PMETB/GMC Standards for Training

### DOMAIN 4 - RECRUITMENT, SELECTION AND APPOINTMENT OF TRAINEES

Processes for the recruitment, selection and appointment of trainees must be open, fair and effective

**Areas for exploration with trainees**

- Whether clear information about training programmes, their content and purpose was readily available when they were applying for training
- If, as far as they could tell, recruitment and selection processes were fair and open

### DOMAIN 5 - DELIVERY OF CURRICULUM INCLUDING ASSESSMENT

The requirements set out in the curriculum must be delivered and assessed
The approved curriculum must be fit for purpose

**Areas for exploration with trainees**

- If there is sufficient clinical and practical experience in the placement to cover the relevant areas of the curriculum
- Irrespective of the environment in which they are training, whether they have been able to, and been given help to, access the learning opportunities necessary to enable them to cover the curriculum
- The amount of protected teaching time received and its relevance to their specialty curriculum
- The support provided by educational and clinical supervisors in the completion and recording of assessments
- Their experiences of completing the (e)portfolio
- If they have regular, formal appraisals in accordance with the requirements of the Gold Guide and the General Medical Council
Areas for exploration with Educational Supervisors

- Familiarity with aspects of the curriculum relevant to the placement
- How they ensure trainees gain experience of a range of relevant conditions
- Familiarity with the relevant royal college assessments
- Any problems with the effective delivery of assessments
- If they and clinical supervisors are trained and moderated in the completion of WPBAs
- Their views on the accessibility and effectiveness of the (e)portfolio

Areas for exploration with DME, training programme director and department clinical director

- How they ensure that there is sufficient clinical and practical experience in the placement to cover the relevant areas of the curriculum
- Whether educational and clinical supervisors have been trained to carry out Workplace Based assessments (WPBAs)
- How assessment is monitored; if educational supervisors are monitoring the completion of (e)portfolios
- The arrangements for enabling trainee access to protected teaching and other learning opportunities
- The arrangements for carrying out trainee appraisal in accordance with the requirements of the Gold Guide and the General Medical Council
### Findings against PMETB/GMC Standards for Training

**DOMAIN 6 - SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY**

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

*Support, training and effective supervision must be provided for foundation doctors*

#### Areas for exploration with trainees

- If they have received good quality induction to the service
- If they have been given induction that ensures that they understand how the placement will deliver the relevant curriculum competences
- If they have named clinical and educational supervisors; whether their educational supervisor is from their specialty or another specialty
- If they have signed a learning agreement with their educational supervisor or programme director
- The frequency of meetings with their educational supervisor – do they meet at least once every three months?
- The support provided by educational and clinical supervisors in the completion of WPBAs and portfolios
- If the outcomes of WPBAs are used to modify training
- Access to career advice
- Knowledge of the processes for feeding back on the quality of training and for raising concerns about training
- The learning experience in Outpatients – quantity/quality
- Knowledge of the process of applying for study leave; access to study leave
- Awareness of academic opportunities and their experiences of applying for academic training
- Experience of undue pressure or bullying
- Opportunities to learn from, or with, professionals other than doctors
- Whether they have been asked to undertake routine or repeated activities of no educational value or relevance to the curriculum.
- The support given to acquire generic professional skills, including training in the use of audit as a learning tool and in the use of significant event analyses.
Areas for exploration with educational supervisors

- What form clinical and educational induction of trainees takes
- If their trainees sign a learning agreement
- How often they meet with their trainees
- How protected teaching time is managed and organised
- Whether communication between clinical and educational supervisors is effective; what form it takes
- The educational supervisor development provided by School and Deanery, including feedback from the ARCP process
- Whether multi-source feedback is used
- How they ensure that other professionals are involved in the supervision and teaching of trainees
- How they ensure that trainees acquire generic professional skills, including the use of audit as a learning tool and significant event analysis.
- How the educational elements of out of hours work are defined and their provision monitored

Areas for exploration with Training Programme Directors

- How educational supervisors in the specialty are accredited/re-accredited
- What form induction of trainees takes - clinical and educational
- If trainees sign a learning agreement; how the agreement is drawn up
- How educational supervisors are allocated to trainees
- How they monitor the quality and quantity of the educational supervision provided by educational supervisors
- The study leave arrangements for trainees
- The support provided by Deanery and School for educational supervisor development, including feedback from the ARCP process
- The processes that enable trainees to feed back on the quality of training and raise concerns about training
- How the educational elements of out of hours work are defined and their provision monitored
Findings against PMETB/GMC Standards for Training

**DOMAIN 7 - MANAGEMENT OF EDUCATION AND TRAINING**

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage

**Areas for exploration with DME, training programme director and department clinical director**
- How the management plan that defines the respective responsibilities of Deanery and trust for training is drawn up and agreed
- The effectiveness of the relationships between Heads of School, training programme directors and educational supervisors
- If they are remunerated/given protected time for their training roles
- How the trust manages its response to the findings of PMETB surveys and other, local surveys
- Processes for identifying and supporting trainees whose conduct, health, progress or performance give cause for concern
- Process for informing the Deanery of any significant change to trust organisation and/or structures that might effect the training experience

**Areas for exploration with educational supervisors**
- Their awareness of the work of the School
- Processes for identifying and supporting trainees whose conduct, health, progress or performance give cause for concern
- How/whether they are remunerated/have protected time for educator role
Findings against PMETB/GMC Standards for Training

**DOMAIN 8 - EDUCATIONAL RESOURCES AND CAPACITY**

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum

**Areas for exploration with trainees**
- If training capability and capacity in all placements is adequate for the number and type of trainees being trained at any one time
- The quality and sufficiency of the training and support received from non-doctor colleagues
- If access to a library and the internet are sufficient/of good quality

**Areas for exploration with training programme directors and educational supervisors**

The initial and continuing training received to fulfil their educational responsibilities
- If they have the necessary resources to fulfil their educational responsibilities
Findings against PMETB/GMC Standards for Training

DOMAIN 9 – OUTCOMES

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards

Areas for exploration with DME, training programme director, department clinical director, educational supervisors and trainees

The outcomes for F1 and competences for the Foundation Programme are published. All doctors should meet these outcomes and competences before successfully completing the Foundation Programme

Awareness of trainee outcomes
### Section 3

**Areas of notable practice**

- Please identify any areas of good or best practice.
- Please note as * any exceptional examples which have good potential for wider use or development elsewhere in the NHS.

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**Aspects needing improvement**
Section 4

<table>
<thead>
<tr>
<th>Recommendations [Mandatory requirements for approval]</th>
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Please can you let us have any comments you may want to include on Visits process and any supporting paperwork?
**Action Required**

Hospital/Trust/School should provide a written report back to (Lead of the visiting team) by no later than describing how the mandatory requirements have been addressed.

Signed by the Lead of the visiting team: _____________________________________________

**Approved by Oxford Deanery Quality Management Group**

Signed by Dr Simon Plint
Quality Lead
Oxford Deanery

Date:___________________________________________

Signed by Dr Michael Bannon:
Postgraduate Dean
Oxford Deanery

Date:___________________________________________

Oxford Deanery
May 2009