The rating of posts forms an integral part of quality management within Wessex; this document outlines our strategy to ensure a consistent and transparent approach.
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Introduction

A quality rating system for posts has been in place since 2011 with the aim of coordinating support for education across Wessex, and providing an overview of the quality of medical training within Schools and Trusts. The system aims to offer a clear visual summary; highlighting areas of concern, and helping ensure that appropriate monitoring is in place, whilst minimising the focus on detail.

Ratings

Each post will be rated based on a system aligned with the General Medical Council (GMC)’s Red/Amber/Green system;

The ratings system will purely highlight where standards are and are not being met;

Good practice at a School/Trust level will be managed independently of the ratings system to ensure initiatives are properly reviewed and disseminated;

Risk is a key identifier of the system and is defined as the impact of a concern (either on patient/trainee safety or trainee education); multiplied by the likelihood of this issue arising. The full risk matrix can be seen in Appendix 2. The use of a risk matrix enables all potential challenged to be measured and assessed equally.

This system has been designed with an evidence-based focus, and should afford clearer guidance to all those involved in the process. This will ensure that each School and committee decision is based on specific educational evidence in hand, and remove the possibility for a rating to be used as a ‘lever’, or for non-educational issues to be considered as part of a rating.
How are ratings calculated?

There are four ratings based on the GMC’s Red/Amer/Green system. However, a difference to our system is the inclusion of two ‘Green’ ratings, both of which reflect good training and education. This differentiation is to allow us to monitor those posts with which minor concerns have been identified, or to track sustained improvements following a previous Amber or Red rating.

The rating of a post will be determined via data gathered through existing quality management systems (e.g. visits; GMC National Training Survey; Annual Quality Reviews [AQRs]; Annual Reports). All information must be supported with evidence and/or feedback, and specific ratings will be calculated via the risk matrix (Appendix 2).

All Red and Amber rated posts will be reported to the GMC via the Annual Dean’s Report, and will be reviewed by the Quality Management Committee (QMC) at three and six monthly intervals respectively.

Summary of rating definitions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green 1</td>
<td>Meets all national standards for education and provides an appropriate and quality assured training experience. Clear action plans for any challenges which arise, with the impact of difficult to resolve issues minimised.</td>
</tr>
<tr>
<td>Green 2</td>
<td>Meets all national standards for education and provides an appropriate and quality assured training experience. Minor challenges require monitoring, or the sustainability of improvements to previously Amber or Red rated posts need tracking.</td>
</tr>
<tr>
<td>Amber</td>
<td>Requires improvement: trainees mostly able to achieve required outcomes, but if issues left unaddressed trainee education/patient safety could be at risk.</td>
</tr>
<tr>
<td>Red</td>
<td>Requires significant improvement: patient/trainees potentially at risk or trainees are likely to be unable to achieved required competencies due to quality of post. Red rated posts will be reviewed by the Dean and may be added to the HEW Risk Register.</td>
</tr>
</tbody>
</table>

Table 1: Summary of new ratings and their definitions

Please see Appendix 1 for a table outlining potential examples of challenges that may afford each rating; and Appendix 2 for a detailed description of the risk matrix.

GMC Enhanced Monitoring

Enhanced monitoring is the process by which the GMC support LETBs to resolve safety and quality issues in medical education and training. Posts rated Red and with high impact/high likelihood concerns may be added to the HEW Risk Register and GMC Enhanced Monitoring requested, with the posts being at risk of withdrawal. A post will remain subject to Enhanced Monitoring until improvements have been seen to have been sustained over time; therefore posts rated Amber/Green may still remain under review within this system.
## Timeline

### June (late)
- Wessex to send out annual report templates to Trusts and Schools, populated with post ratings mapped to the new RAG rating system, and a proforma for any examples of good practice for sharing.

### August (early)
- Annual reports due in from Trusts and Schools; to include provisional ratings based on new RAG system, and details on pro formas of good practice for sharing.

### August (mid)
- If there are discrepancies between a School and Trust’s provisional rating for a post, the Quality team will email both parties asking them to link in together and agree a rating in advance of the School Annual Quality Review to enable a more focused review at this meeting.

### August (late)
- Agendas for AQRs to be circulated including items of good practice; Dean’s Report items; and all posts for discussion (all Amber/Red ratings; any changes in rating; unresolved Trust/School discrepancies in ratings; posts with 3+ below outliers in GMC Survey).

### Sept.
- AQR meetings taking place.

### October (late)
- Draft AQR reports to be sent to Schools for review with *one week* to comment prior to finalisation.

### 30 October
- Dean’s Report to GMC to include good practice items and Amber/Red posts as agreed at AQRs.

### Nov.
- AQR outcome reports to be circulated. Trusts will be given the opportunity to appeal against any rating decisions they disagree with (please see Appendix 4 for details of this process).
Good practice

There is a drive nationally to improve the sharing and dissemination of good practice, which we also wish to encourage within Wessex. Sharing areas of excellence is imperative in both supporting and driving quality improvement within our local systems, and the benefits of this will be seen across School and Trusts.

By focusing on good practice as a process in its own right we will be:

+ Facilitators of change through the linking of best practice initiatives to areas in which related challenges have arisen;
+ Obtaining information on good practice taking place within posts which may have faced challenges and therefore be rated as Amber;
+ Splitting good practice into themes to provide a clearer overview of the types of initiatives taking place across the region;
+ Working together to provide solutions to different challenges across Wessex.

We will gather items of good practice from both Schools and Trusts via their Annual Reports through the completion of the GMC’s Good Practice proforma (Appendix 3) under the following headings:

- **Challenges and origins**: Why is this an area to share?
- **Brief illustration of the good practice/initiative**: What is it about?
- **Evidence of impact**: What is the impact on education and training? Can this be verified? How?
- **Limitation, implication and consideration**: Can this be adopted elsewhere? Is there anything else that needs to be considered?

**GMC definition of good practice**

“Good practice includes areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances.”
School Annual Quality Reviews

Annual Quality Reviews (AQRs) will be held with each School in the autumn.

AQRs will focus on quality in a School as a whole, rather than just ratings and will take on the following format:

* School quality processes / School changes in the year;
* School-wide challenges;
* School Quality Dashboard to include Dean’s Report / GMC Survey updates (if applicable);
* Good practice (if none has been raised via the Annual Report);
* Ratings;
* Any other items the School wish to discuss.

Attendees and responsibilities

Should a decision on a rating be unclear, the final decision is left with the lay advisor and external panel member, with a chance to raise any discussion points with the Chair.

Quorum

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wessex Quality team</td>
<td>Facilitate entire process and drive each meeting</td>
</tr>
<tr>
<td>Lay advisor</td>
<td>Ensure fair process; provide trainee/patient voice; challenge</td>
</tr>
<tr>
<td>Chair (Dean’s representative)</td>
<td>Ensures meeting functions properly; all matters discussed; effective decisions made</td>
</tr>
<tr>
<td>Head of School</td>
<td>Provide evidence on quality of training for posts within School</td>
</tr>
<tr>
<td>Programme Manager or Programme Coordinator</td>
<td>Support Head of School</td>
</tr>
</tbody>
</table>

Optional attendees

- Externality and peer review - Head of School / Programme Director from another School
- Trainee advisory group representative for the School - Provide trainee feedback / experience
- Programme Directors – only for posts specifically being discussed;
- Directors of Medical Education (DMEs) – DMEs will be given dates of all meetings and invited to discuss any posts within their Trusts causing concern.
Meeting output

Quality team to provide a summary report of the meeting, documenting any changes over the last year;

Report sent to Head of School after meeting to agree content before finalisation; deadline of one week for any comments. Once finalised, this is sent to the School and relevant Trusts;

Trusts given two weeks to appeal against any rating decision that they disagree with (full details in Appendix 4);

Quality team to attend a School Board meeting to discuss quality and progress at least once during the reporting year.
<table>
<thead>
<tr>
<th>Grading</th>
<th>GMC RAG</th>
<th>Risk matrix definition</th>
<th>Examples of possible challenges (please note this list is not exhaustive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green 1</td>
<td>Impact: LOW Likelihood: LOW</td>
<td>Supervision: good clinical and educational supervision; Workload/teaching: no rota issues, EWTR compliant, protected time for training; focused, relevant teaching sessions; Feedback: regular formal sessions and informal feedback; Performance: trainers flag up and communicate possible trainee performance issues early; Adequate experience: good access to WPBAs; no concerns about experience available to meet competences; good log book numbers; Handover: well organised handover, always take place; Induction: Trust and department induction are good and happen in timely manner; Culture: open door policy at senior level; clear lines of reporting for trainee concerns; Educational resources: good IT access and infrastructure; space for private study; good access to simulation (where applicable).</td>
<td></td>
</tr>
<tr>
<td>Green 2</td>
<td>Impact: LOW Likelihood: MEDIUM Or Impact: MEDIUM Likelihood: LOW</td>
<td>Supervision: good clinical and educational supervision; Workload /teaching: minor rota issues; adequate release for teaching (occasional difficulty); Feedback: some feedback happens, though quality may be inconsistent; Performance: trainers flag up and communicate possible trainee performance issues; Adequate experience: good access to WPBAs; mainly adequate log book numbers; Handover: handover in place; Induction: timely and good departmental induction takes place; Culture: clear line of reporting for trainee concerns; Educational resources: occasional difficulty with IT access; space for private study; some simulation opportunities (where applicable).</td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>Impact: MEDIUM Likelihood: MEDIUM Or Impact: LOW Likelihood: HIGH Or Impact: HIGH Likelihood: LOW</td>
<td>Supervision: poor clinical supervision; poor access to clinical and educational supervisors; Workload/teaching: strong service focus with little training; on the job teaching infrequent; justified rota complaints from trainees; Feedback: little feedback given; feedback only given at request of the trainee; Performance: trainers aware of possible performance issues, but concerns not acted upon; Adequate experience: difficulty accessing WPBAs; some concerns with experience available being sufficient to meet competences; inadequate log book numbers; Handover: poorly organised with potential for patient safety risk; Induction: poor dept induction; lack of Trust induction; Culture: unclear line of reporting for trainee concerns; some evidence of undermining; Educational resources: limited IT access and poor infrastructure; limited/lack of private study space; limited simulation access. GMC Survey feedback: poor / consistently poor GMC Survey feedback</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td>Impact: MEDIUM Likelihood: HIGH Or Impact: HIGH Likelihood: MEDIUM Or Impact: HIGH Likelihood: LOW</td>
<td>Supervision: no clinical supervision; clinical/educational supervisor not identified; no access to supervisors; Workload/teaching: unable to access training; frequent justified rota complaints from trainees; no awareness of educational needs by trainers; Feedback: little awareness of value of feedback; no feedback given; Performance: trainers have no awareness of possible trainee performance issues; Adequate experience: poor/no access to WPBAs; very poor log book numbers; available experience is insufficient for trainees to meet competences; Handover: doesn’t take place; no place in rota for handover; patient safety at risk; Induction: no dept induction; Culture: culture of undermining; trainees unaware how to report concerns; Educational resources: no/very limited access to IT; no space for private study; no access to available simulation opportunities. GMC Survey feedback: poor / consistently poor GMC Survey feedback</td>
<td></td>
</tr>
</tbody>
</table>
# Appendix 2 - Risk matrix

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Impact</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Green 1</td>
<td>Green 2</td>
<td>Amber</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>Green 2</td>
<td>Amber</td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Amber</td>
<td>Red</td>
<td>Red*</td>
<td></td>
</tr>
</tbody>
</table>

**Impact** takes into account:
- Patient or trainee safety;
- The risk of trainees not progressing in their training;
- Educational experience - for example the educational culture, the quality of formal/informal teaching, etc.

**High impact:**
- Patients or trainees within the training environment are being put at risk of coming to harm
- Trainees are unable to achieve required outcomes due to poor quality of the training posts/programme.

**Medium impact:**
- Trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement.
- Patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

**Low impact:**
Concerns have a minimal impact on a trainee’s education and training, or the quality of provision for the patient.

**Likelihood** measures the frequency at which concerns arise.
- E.g. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

**High likelihood:**
- The concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be ‘enough frequency’ may vary depending on the concern.
- E.g. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be ‘high’.

**Medium likelihood:**
- The concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training.
- E.g. if the rota is usually fully staffed and compliant but there are no reliable arrangements to cover for sickness absence or maternity leave, especially if the default position is back fill by trainees on the rota, then the likelihood of concerns arising as a result would be ‘medium’.

**Low likelihood:**
- The concern is unlikely to occur again.
- E.g. if a rota has a gap because of several unexpected short term sickness absences occurring at once, the likelihood of concerns arising as a result would be ‘low’.
## Appendix 3 – Good practice proforma

### Case studies: GMC Good Practice in Medical Education and Training.

### Lead contact details (to be published with case study):

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Weblink (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

### Information to be published with case study:

<table>
<thead>
<tr>
<th>Stage (tick all that apply)</th>
<th>Foundation</th>
<th>Core</th>
<th>Higher</th>
<th>Multi-professional</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme(s) (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department/post(s) (as applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Trust/Host organisation:</td>
<td>Site/GP Practice:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme (GMC use only)</td>
<td></td>
<td></td>
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</tbody>
</table>

### Summary:

1. **Paragraph 1 - Challenges and origins** – Why is this an area to share?

2. **Paragraph 2 – Brief illustration of the good practice/initiative** - What is it about?

3. **Paragraph 3 – Evidence of impact** – What is the impact on education and training? Can this be verified? How?

4. **Paragraph 4 – Limitation, implication and consideration** – Can this be adopted elsewhere? Is there anything else that needs to be considered?
## Appendix 4 – AQR ratings appeals process

### Educational quality rating – Appeal request form

<table>
<thead>
<tr>
<th>Information on the educational quality rating you are appealing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

| Rationale for rating from AQR |

| Reason and evidence for appeal *(max 500 words)* |

| Quality Management Committee review |

| Final rating decision: |