Review of Training Posts incorporating Quality Grading and Confirm and Challenge Meetings

Wessex Deanery

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1) Introduction

This paper outlines the Wessex Deanery approach to:
- the allocation of quality grades to posts, in each specialty, in a trust
- an annual "confirm and challenge" meeting for each School, where post grades are discussed and confirmed
- how issues link to a grade for each post
- how the grade of a post can be changed.
- how the level of an issue can be changed

The grading of posts is intended to help co-ordinate support for education across the whole deanery area from local, to Trust, to regional level. It gives an overview for each Trust and should help local educators when requesting resources and to highlight good practice.

Grading gives a clear visual summary, and minimises the need to focus on detail at regional level. Grading is also a requirement of the education commissioners (the two Strategic Health Authorities) and the Deanery must report on post grades annually to both the GMC and the SHAs.

2) Post Grading

Annually all training posts will be graded (down to the level of same training year, same specialty, same trust). Most posts will be graded as satisfactory (A, green). The focus of decision for the minority will be whether some posts have issues which are affecting the education of trainees (B,C), are unsatisfactory (Red D) or are actually commended as excellent (A*). All posts will have some issues but it is how these are dealt with that is important.

A draft grading will be proposed for each post, determined by the number and type of issues that may be pertaining to that post. This draft grade will be proposed by the Quality and Workforce Manager after review of all sources of feedback. This includes information from local departmental lead educators collated within Director of Medical Education (DME) reports from each Trust. The draft grade will then be discussed and either agreed or amended at a “Confirm and Challenge” meeting between the Dean and Head of School (HoS)(see 3 below).

The basis for the draft post grades will be:

<table>
<thead>
<tr>
<th>Post Grade</th>
<th>Definition</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>A *</td>
<td>Excellent</td>
<td>All issues are dealt with as they arise AND positive evidence of notable practice.</td>
</tr>
<tr>
<td>A Green</td>
<td>Satisfactory, approved</td>
<td>Clear action plan for all issues and no risk to the long term education of all trainees.</td>
</tr>
<tr>
<td>B Yellow</td>
<td>Conditional approval, problems</td>
<td>Issues being addressed, but these may affect the education of the all trainees. The impact of difficult to resolve or long term issues have been minimised</td>
</tr>
<tr>
<td>C Orange</td>
<td>Conditional approval, significant problems</td>
<td>Significant issue(s) being addressed, but which are likely to severely affect the education of all trainees</td>
</tr>
</tbody>
</table>
### D Red

| Un satisfactory | Significant issue(s) not being addressed and affecting the education of all trainees. Post approval will be withdrawn if not addressed within an agreed period |

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### 3) The “Confirm and Challenge” Meeting

A “Confirm and Challenge” meeting will be held annually, with each Head of School. Meetings will take place in October so that post grades can feed into the Deanery Report (DR) for the GMC and the Deanery’s own Quality Management Steering Group in November.

The agenda for the meeting will include:

- Presentation of the proposed draft post grades by the Deanery
- Discussion around these post grades, presentation of evidence to challenge any grading (if applicable); agreement of final post grades
- Discussion regarding the School’s visits over the past year
- Discussion regarding the School’s QM processes and annual Head of School report
- Discussion regarding the GMC trainee and trainer survey results

The Dean or their representative will attend and chair the meeting supported by the Quality and Workforce Manager and other colleagues including lay input as required. The Head of School should also attend the meeting, supported by the Programme Manager and other colleagues as required/desired.

The outcome of the meeting will be the final grades for all the posts in that school. There may also be an action plan agreed, if required, pertaining to posts, visiting, QM processes, the GMC survey or any other issue arising from the meeting.

The outcome of the meeting will be recorded by the Quality and Workforce Manager on the Deanery’s QM system. A summary of all post grades will be presented to the QM Steering Group’s November meeting, and published to schools/trusts as appropriate.

### 4) Issue Level

A training post may be affected by more than one issue, but only the serious and significant issues for each post require review by Trust, Programme or Deanery, irrespective of the grading allocated to a post. Less significant issues should be monitored locally. The level of an issue is an indication of its seriousness and impact on education.

Various sources of information are used to highlight an issue with a training post. These can include visit reports, GMC survey data, annual reports from both Trusts and Schools and direct feedback from trainees or trainers.

Each quality issue that crops up will be allocated a level of severity based on the affect on the training experience and patient care. This allocated level clarifies which issues are for local resolution alone and which require Trust, Programme or Deanery review.
Wessex Deanery

Wessex Deanery is part of the South Central Strategic Health Authority and provides postgraduate medical and dental education for Hampshire, Isle of Wight, and the States of Jersey, and for Dorset and South Wiltshire on behalf of the South West Strategic Health Authority

<table>
<thead>
<tr>
<th>Issue level</th>
<th>Definition</th>
<th>Tracking progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Least Serious – The education is below the standard expected but issues are unlikely to affect the education of all trainees long term</td>
<td>Department will address and subsequently report on annually. Deanery to track via annual report</td>
</tr>
<tr>
<td>Level 2</td>
<td>Moderately Serious – The education of the trainee is at risk. These issues may affect the education of all trainees long term</td>
<td>Trust and Programme Leads close review and Deanery will track via mid-year update</td>
</tr>
<tr>
<td>Level 3</td>
<td>Major Concern – The wellbeing of the trainee or patients is at risk. These are “significant issues” likely to affect the education of all trainees. Sufficient to lead to the withdrawal of posts if not resolved</td>
<td>Trust and Programme leads action and Deanery QM Steering Group Meeting will review quarterly; updates will be required prior to each meeting</td>
</tr>
</tbody>
</table>

The majority of issues that are likely to occur can be found in Appendix A together with a suggested level (level 1, 2 or 3). This list could be used to reduce subjectivity from visit reports etc. and help ensure consistency in scoring. This should make allocating an issue level less contentious for all parties involved. Issues not covered by Appendix A should be given a level by the reviewer (see definitions).

Issues which present a patient safety concern should be raised immediately with the relevant Trust Medical Director or Chief Executive by the originator of the issue

**Resolving Issues**

All issues will require an action plan, a resolution date and a review of progress.

The author of the action plan will depend upon the issue identified eg. for Trust induction issues this may be the DME; for failure to release the trainees for study leave this may be the lead educator in the department concerned.

The timeframe for producing an action plan on all issues should be *four weeks from the point at which the issue was raised*. The issue may be raised either verbally during/following a review meeting; in writing as part of a visit report; as an identified outlier on the Trainee Survey results (red triangle); or as part of a letter from the Deanery ie if an issue is raised verbally at a visit, then the action plan should be produced within 4 weeks, rather than waiting for the written report to come out. All action plans must include a resolution date with a review plan stating WHO is reviewing the issue, WHAT review they will do and WHEN the review will be completed. (IAR.www Issue Action Review: who, what, when) and should be submitted to the issue originator or in the case of issues identified via a trainee or the survey, the Deanery Quality and Workforce Manager.
The timeframe for resolution or resolution date is determined by the issue originator (or in the case of issues identified via a trainee or the survey, the Deanery Quality and Workforce Manager).

The review of progress will be arranged for a date shortly after the resolution date by the issue originator (or in the case of issues identified via a trainee or the survey, the Deanery Quality and Workforce Manager). This may be a re-visit, a written report, an informal meeting or telephone conversation or other form of review, to be determined by the issue originator (or in the case of issues identified via a trainee or the survey, the Deanery Quality and Workforce Manager). The purpose is to ensure that the issue is resolved so that the issue originator can advise the Quality and Workforce Manager.

Insoluble Issues – it is recognised that some issues are out of the direct control of a department or Trust or may be “insoluble”. These issues should be logged and an action plan formed to ameliorate the impact however it is acknowledged that a full resolution may not be possible.

5) Removing an Issue from the Log

An issue can be removed from the issues and actions log at any time on the following basis:

- The issue is no longer regarded as a “live” issue by the issue originator (e.g. if originating in the GMC survey, it does not appear in the following year’s survey; the DME that raised it is happy it is resolved; the HOS that raised it is happy it is resolved.)

- At the Confirm and Challenge meeting, by agreement with the Dean or chair of the meeting, and provided robust evidence is presented to demonstrate it is no longer a “live” issue.

6) Changing a Post Grade

A post grade will only normally be changed at the Confirm and Challenge meeting, by agreement with the Dean or chair of the meeting, and provided robust evidence is presented demonstrating that a different post grade is applicable.

In exceptional circumstances Schools may request a change to a post grade to be considered by the June QM Steering Group. To support any request for a mid-year change of grade, the School must submit robust written evidence, which will be considered by the QM Steering Group on behalf of the Dean.

7) Disputes/appeals

Allocation of an issue level or a post grade should not normally present difficulty given the protocols in this document and the opportunity for discussion at the Confirm and Challenge meeting. However, if agreement cannot be reached, an appeal to a representative subgroup of the Deanery Quality Management Steering Group can be made. The Quality and Workforce Manager should be contacted in this instance.

8) Roles and Responsibilities

8.1 Issue Originator

This is the person originally raising the issue or the source of the data. It may be a DME, HOS, PD, Departmental Lead Educator, trainee, via the GMC or other surveys or some other source.
The issue originator (or in the case of issues identified via a trainee or the survey, the Deanery Quality and Workforce Manager) is the person who will receive the action plan and review that action has been completed satisfactorily. This is a named person. They will usually be a Director of Medical Education or Programme Director (PD) or Head of School or Quality and Workforce Manager.

8.2 Departmental Lead for Education

Departmental leads for education should focus on, and have a plan, to resolve all issues identified within their department as soon as possible after the issue is identified. The Departmental Lead should pass this information to their Trust Director of Medical Education for their Annual Report to the Deanery or more frequently if indicated in the action plan.

8.3 Directors of Medical Education

Directors of Medical Education/Clinical Tutors should maintain an overview of the posts they are responsible for and will report on the issues within their trust in their Annual Report for the Deanery.

8.4 Heads of Schools

Heads of Schools should maintain an overview the posts they are responsible for on an annual basis. They will report on the issues within their School in their Annual Report for the Deanery. Heads of School should ensure robust quality management processes are in place in their School. Heads of School will represent the School at the Confirm and Challenge meeting, agreeing final post grade or presenting robust evidence to challenge a draft grade.

8.5 Programme Directors

Programme Directors should maintain an overview the posts they are responsible for on an annual basis. They will report on the issues within their programme to their Head of School to feed in to the Head of School Annual Report for the Deanery.

8.6 The Deanery Staff

Deanery staff are involved in the quality management of education and training.

The Quality & Workforce Manager logs each issue and tracks it through to resolution on behalf of all the educators and leads involved. A record of each issue is kept and a record of the overall grading of each post is kept by the Quality and Workforce Manager. This is reported as part of the Deanery’s Annual Deanery Report to the GMC and to the commissioners (South Central and South West SHAs).

The Quality & Workforce Manager reviews each Trust and School Annual Report and logs issues that require resolution. The reports are used to update and where possible, resolve issues.

The Quality & Workforce Manager reviews the Trainee Survey and summarises this for the educators in the Deanery. Specifically for the Departmental Lead Educators, DMEs and Programme Directors. Trusts provide an update on below outliers identified, confirming to the Quality and Workforce Manager, which are considered to be issues and so should be recorded and tracked through to resolution.
The Quality and Workforce Manager receives all written resolution confirmations and records & removes issues from the log as appropriate.

The Quality & Workforce Manager prepares the proposed/draft post grades on behalf of each School and organises the annual Confirm and Challenge meeting. This is chaired by the Dean or their representative.

The Quality and Workforce Manager is responsible for managing any appeals to grades and setting up the sub group of the Quality Management Steering Group that will review the grading.

The Associate Dean for Quality chairs the Quality Management Steering Group and takes an overview on QM for the Deanery.

The Programme Managers work closely with the Heads of School and the Quality and Workforce Manager to support the HOS Annual Reports and the Confirm and Challenge Meeting.

**8.7 The Quality Management Steering Group**

Grade D posts will be reported annually to the November Quality Management Steering Group of the deanery. The Steering Group may decide to escalate those grade D posts where issues within them are not resolving within the time frame set by the issue originator. Escalation may be to carry out a Postgraduate Dean's triggered visit and ultimately this can result in recommendation to the GMC for removal of the training post(s) affected.

In exceptional circumstances, the Steering Group will hear requests for mid-year change of post grades.

A subgroup of the Steering Group will hear any appeals regarding post grades.
Appendix A – Allocation of Issue Levels

Level 3 major Issues

Issues in this category are of sufficient concern to lead to the withdrawal of posts.

The wellbeing of the trainee or patients is at risk. These are significant issues likely to affect the education of all trainees.

Examples

- No educational supervisor
- Absence of clinical or educational supervision
- Overwhelming workload, working hours or work intensity
- High risk of clinical errors
- Clear evidence of bullying, harassment or discrimination
- Absence of handover, leading to risk to patients
- Trainee(s) taking consent beyond their experience
- Large parts of the curriculum not being delivered
- No access to occupational health or counselling services

Level 2 moderately serious Issues

The education of the trainee is at risk. Issues may affect the education of all trainees long term.

Examples

- Absence of induction
- Absence of appraisal
- Ongoing Inadequate supervision
- Absence of teaching
- Absence of study leave
- Work intensity or workload significantly affects education
- Poor RITA outcomes for majority of trainees
- Several aspects of curriculum not being met
- No access to weekly hour of education
- Trainees not released for educational events
- Consistently poor handover
- Inadequate learning opportunities
- No access to career advice
- No opportunity for clinical audit
- Educational supervisor not qualified for role

Level 1 Issues
Education is below the standard expected, but issues are unlikely to affect the education of all trainees long term

Examples
Not reaching the expected standard for:

- Learning resources including access to library facilities, information resources, internet, clinical skills facilities, wet labs, meeting rooms or AV equipment required
- Learning opportunities and curriculum coverage
- Induction
- Appraisal
- Teaching
- Supervision – educational or clinical
- Attendance at weekly hour of education
- Release to attend educational events