

Escalation Procedure

This document sets out additional steps the Deanery may need to take when it identifies serious concerns with any of its Local Education Providers (LEPs). In line with the GMC Quality Framework, these areas of concern could include:-

- A persistent lack of appropriate supervision
- Trainees frequently being expected to participate in activities beyond their competence
- No systematic trust-wide approach to handover, putting patient safety at risk
- A persistent lack of opportunity for trainees to learn new skills under supervision such that they cannot achieve the required curriculum competencies
- Persistent failure by the LEP to tackle behaviour which undermines trainees' confidence and could lead to unsafe practice

Scope

This document supplements the Deanery's Exceptional Visits Policy. The Exceptional Visits Policy sets out how training programmes can clarify and remedy serious concerns about training expressed to them and ensure that appropriate action is taken. It includes the process for setting up specific triggered visits to LEPs.

This Escalation Policy sets out the procedure the Deanery would follow if it identified issues that needed to be raised with other organisations such as the Strategic Health Authority (SHA), General Medical Council (GMC), Care Quality Commission (CQC) or Monitor. It is recognised that the main purpose of the Deanery Quality Management process is to ensure that the GMC '*Generic standards for specialty including GP training*' are being met. However, it may need to take action on concerns to ensure patient and/or trainee safety.

Identification of Concerns

The Deanery may identify concerns in a number of ways:-

- When interviewing trainees and/or trainers on a scheduled monitoring visit
- When interviewing trainees and/or trainers on an exceptional or triggered visit
- Information provided by Training Programme Directors/Heads of School
- Information from the ARCP/RITA process
- Information provided by the patch Associate Dean

- Complaints from trainees and/or trainers
- Information provided/not provided in an LEPs Annual Report
- Information provided/not provided in an LEPs response to a scheduled monitoring visit or exceptional visit
- GMC Survey data

Process

The next step and the organisation contacted will depend on the nature and seriousness of the concern.

- a) Serious concerns identified on scheduled monitoring visits or exceptional visits will be raised immediately (within 24 hours) by the Postgraduate Dean/lead visitor¹ with the most appropriate member of the LEPs senior leadership team. If the Postgraduate Dean/lead visitor and visiting team believe that patient and/or trainee safety is at immediate risk, the Postgraduate Dean/lead visitor will also immediately (within 24 hours) inform the SHA (Director of Workforce & Education and Medical Director) and determine if any other organisations need to be informed. Other organisations could include the GMC (Head of Postgraduate Training) and the CQC (in line with their new way of working). Examples of such concerns are outlined in appendix 1.
- b) Concerns may also be identified over a period of time by the triangulation of evidence from a variety of sources, as listed above. The Postgraduate Dean will inform the most relevant member of the LEPs senior leadership team that concerns are being escalated to the relevant organisation. The Postgraduate Dean will inform the SHA (Director of Workforce & Education and Medical Director) and determine if any other organisations need to be informed. Other organisations could include the GMC (Head of Postgraduate Training) and the CQC (in line with their new way of working).

When concerns are raised with the SHA and other organisations by the Postgraduate Dean or lead visitor, they will also inform the Deanery Quality Manager so that appropriate records can be kept.

When concerns are raised with the SHA, the SHA (Director of Workforce & Education and Medical Director) will inform the Postgraduate Dean on the steps taken to follow up the issues raised.

¹ In the absence of the Postgraduate Dean, the lead visitor is empowered to undertake the required communication.

Examples of Concerns Arising on Monitoring, Exceptional or Triggered Visits

F1 doctors tell the visiting team about how much they enjoy the autonomy they are given in some of their current posts in medicine. They take referrals directly from GPs and develop care plans. There are no common protocols in the department. Ward rounds at weekends do not happen routinely; if patients are admitted on a Friday, they occasionally may not be reviewed by a senior clinician until Monday morning.

ST1 trainees in medical oncology raise concerns that their prescribing of cytotoxic drugs is not always checked by a pharmacist, as laid down in the Trust's safe prescribing protocol.

F1 trainees in surgical rotations say they continually experience difficulties accessing support from senior colleagues at nights. Examples were given of consultants in one sub-speciality refusing to support trainees who raised concerns about patients from another sub-specialty, despite that consultant being the designated consultant on the cross cover rota. The trainees also said that if they persisted in trying to get support, the consultants sometimes became annoyed. One trainee reported being shouted at down the phone when trying to get support. Consequently, many trainees said they tried to deal with most situations without asking for support and were worried that this could be unsafe if it meant a delay in getting support for an emergency.