POSTGRADUATE EDUCATION QUALITY MANAGEMENT

Exceptional Visits Policy

Guidance for investigating concerns raised within training programmes

Context
The GMC Quality Improvement Framework defines its approach to maintaining and improving standards in medical education and it is guided by the five principles for assessing and improving the quality of regulation originally established by the Better Regulation Task Force and updated in the Better Regulation Task Force Annual Report for 2004/5:

- **Proportionality** Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.
- **Accountability** Regulators must be able to justify decisions and be subject to public scrutiny.
- **Consistency** Government rules and standards must be joined up and implemented fairly.
- **Transparency** Regulators should be open, and keep regulations simple and user-friendly.
- **Targeting** Regulation should be focused on the problem and minimise side effects.

The Quality Improvement Framework defines the role of deaneries in the quality management of postgraduate medical education:

 Деaneries are responsible for the educational governance of all approved foundation programme and specialty including GP training programmes. All foundation and specialty including GP training takes place within training programmes approved by the GMC against the General Medical Council standards and outcomes of The Trainee Doctor.'

Independent visits to local education providers by colleges and faculties are not part of the framework. All quality management visits to LEPs are coordinated by the Quality Team at the North Western Deanery. It is essential that any focus groups and interviews with trainees follow the principles of good regulation and that no college or faculty undertakes quality activity involving interviewing trainees without the involvement and knowledge of the senior Deanery team. This is particularly important when serious concerns have been identified.

This document sets out how training programmes and schools can clarify and remedy serious concerns about training expressed to them and ensure that appropriate action is taken.
Options:
1. a) Training Programme Directors (TPDs) may investigate any issues that come to their attention under guidance from patch and specialty (where this is two different individuals) Associate Deans (ADs)/Heads of Schools (HoS). This may involve meeting trainees at a neutral venue (eg off-site teaching event) to gather information before deciding how to take the issue forward. In some cases this could be the end of the matter if no action was required.

   b) Similarly, in GP, the investigation of any issues relating to GP is the remit of the GP School in the first instance. Any investigation of a programme in the North Academy would be undertaken by HoS plus an AD and TPD from the South Academy or vice versa. The resulting report is received by the Director of Postgraduate General Practice Education who may then request an exceptional visit via the Postgraduate Dean as detailed below.

2. Representative/s from the specialty in question may join the Deanery team on their next biennial monitoring visit to the relevant LEP, if this is within a reasonable timeframe (eg same cohort of trainees in post).

3. Deanery exceptional visit – if the next biennial Deanery monitoring visit is not scheduled within a reasonable timeframe to deal with the issue a targeted, exceptional Deanery-led visit may be set up.

Conditions and Procedure for setting up Deanery Exceptional visits

Requests for a Deanery-led exceptional visit must be made in writing by the Director of Postgraduate Hospital Training or Director of Postgraduate GP Training to the Postgraduate Dean. A Deanery exceptional visit may only be set in motion by the Postgraduate Dean.

1. In the event of options 1 and 2 above being unsuitable or failing to improve the issues identified, an exceptional Deanery-led visit may be set up. Examples of the kind of serious concerns which may prompt an exceptional visit could include:
   - allegedly poor educational supervision,
   - trainees frequently being expected to participate in activities beyond their competence,
   - no organised or effective handover, putting patient safety at risk
   - alleged instances of bullying or harassment of trainees,
   - trainees receiving seriously insufficient clinical and practical experience to cover their curriculum.

2. Supporting evidence will be required and could include:
   - areas flagged as C2/D in an annual report from either LEP or specialty to the Deanery,
   - repeated poor ARCP/RITA outcomes for a particular cohort of trainees,
   - evidence provided directly from a trainee/group of trainees to the Deanery,
   - outlying results in the annual GMC trainee survey or,
   - any other evidence provided by the Director of Postgraduate Hospital Training or the Director of Postgraduate GP Training.
   - a combination of two or more of the above with a perception that there is insufficient response from the LEP or Programme.

3. The visit team would be comprised of at least four members from the following list dependent on the type and size of exceptional visit, arrangements would be made by and administrative support provided by the Deanery’s Quality team.
   - Postgraduate Dean or nominated representative (usually the Director of Postgraduate Hospital Training or Director of Postgraduate GP training)
   - Senior specialty representative, eg TPD/HoS/College representation
   - Lay contributor
• Trainee representative
• Specialty School Manager
• Health Education North West representative (where the Postgraduate Dean feels this is appropriate).
• External adviser where appropriate

4. The purpose of the visit will be made clear to the LEP in advance and the visiting team may interview trainees/trainers during the visit.

**Timescales:**
The Postgraduate Dean considers the request, made by the Director of Postgraduate Hospital Training/Director of Postgraduate GP Training in consultation with the Senior Deanery Team and responds in writing on the suggested way forward within three weeks at the latest.

An exceptional visit will normally take place within 5 weeks of the Postgraduate Dean’s instruction to proceed and every effort will be made to conduct the visit as soon as possible.

A written report and recommendations will submitted to the Trust within 3 weeks of the exceptional visit. An action plan will be requested from the Trust within a timescale that enables robust action to be taken on the concerns identified. This will be specified in the covering letter that is sent to the Trust. Progress with the action plan will be followed up by the Director of Postgraduate Hospital Training /Director of Postgraduate GP Training over the specified timescale until appropriate improvement is made. In addition to the LEP concerned, the report and/or action plan resulting from an exceptional visit may be forwarded to such bodies as Health Education North West, NHS England North, the GMC, or any other regulatory body the Deanery considers appropriate such as the CQC. One possible outcome is a GMC triggered visit.

*Policy Revised August 2013*