Postgraduate Medical Education
Quality Management Framework

Purpose

The purpose of the Postgraduate Medical Education Team is to ensure:

- The learning environment is safe for patients and supportive for learners and educators
- The learning environment and organisational culture values and supports education and training
- The educational governance system continuously improves the quality and outcomes of education and training
- The educational and clinical governance systems are integrated allowing organisations to address concerns about patient safety, the standards of care and the standard of education and training
- The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity
- Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.
- Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities
- Educators receive the support, resources and time to meet their educational and training responsibilities
- Postgraduate curricula and assessments are implemented so doctors in training are able to demonstrate what is expected in “Good Medical Practice” and to achieve the learning outcomes required by their curriculum
Governance and Quality Management Structures

Trainee level

All trainees should receive the following as induction:

- An e-learning programme that is common across HEE-SW. This is sent by email 4 weeks prior to their arrival and they should repeat it once every 3 years
- The Trust’s medicines management and Transfusion modules sent by email 4 weeks prior to their arrival
- A morning medical trainee induction on Day 1 which includes occupational health issues, computer training, resuscitation training and face to face manual handling training
- An afternoon departmental induction
- Trainees contributing to the management of the acute medical take should also undergo induction in acute medicine organised by the acute medicine tutor on Day 2.

As part of induction all trainees receive a welcome letter from the Director of Medical Education giving information about:

- Educational supervision
- Medical Education Fellows
- Careers Advice
- Support to undertake research in postgraduate medical education
- Opportunities to work with the simulation team
- Quality improvement projects and the Gloucestershire Safety and Quality Improvement Academy
- Support available to them
- Patient safety stressing that they should report any concerns about their training, patient safety or errors they have made to their clinical or educational supervisors or the Director of Medical Education. Additional advice is available on the postgraduate centre website (Appendix 1)
- Study leave (http://intranet.glos.nhs.uk/en/Your-Division/Corporate-Services/Education-Learning-and-Development/Post-Graduate-Medical-Education/Study-Leave-)
- A request for trainee representatives on education committees

A link to the Trust Policy on Dignity at Work is on the Postgraduate Medical Education website

Departmental level

Each departmental tutor meets with the Educational Supervisors and Clinical Supervisors in their department at least 6 monthly. They review the GMC NTS results, the Quality Panel results and informal feedback from trainees and trainers. The tutor writes a report on an annual basis for presentation at the Medical Education Board that lists the outcomes in the GMC NTS and other information on quality, identifies areas of good practice, areas for improvement and the proposed action plan (Appendix 2).

Trust level-Medical Education –Boards and Committees

The Medical Education Board

This is a decision-making Committee accountable to the Trust Board via the Education, Learning and Development committee. It meets quarterly. It is chaired by the Director of Medical Education, attended by Executive Board Members in rotation. Members include nominated trainees, the Postgraduate Centre Manager, all tutors the TPD for General Practice Education, the Foundation Programme Directors, the Academy Dean for Medical Undergraduates, Director of Medical Education at the 2gether Trust, the Trust Associate Director of Learning and Development, Senior Librarian and Medical Personnel Officer. Reports from trainees and from specialty tutors on areas of concern and areas of good practice and from each specialty tutor and action plans are discussed. This information feeds into the “Action on Concerns” document that the DME maintains and presents to the Contracting meeting with HEESW annually and to the Quality Register held by HEESW. (Appendix 3– Terms of Reference of the Medical Education Board). Minutes are available on the Postgraduate Medical Education website: http://intranet.glos.nhs.uk/en/Your-Division/Corporate-Services/Education-Learning-and-Development/Post-Graduate-Medical-Education/Medical-Education-Board/

The Foundation Committee

This is responsible to the Medical Education Board for the strategic management of the Foundation Programme. It is attended by the Foundation Programme Directors, The Dean of the Gloucestershire Academy for Undergraduates, the Director of Medical Education, the Foundation programme trainee representatives and a Medical Personnel Officer. A confidential session without trainees present is held at the end of each MEB session and discusses the action plans for foundation doctors requiring support.
Health Professions Governance Committee

This is chaired by the Medical Director and members include the DME, Associate Medical Director, Associate HR Director, Medical Staffing Manage, Nursing Director, Allied Health Professionals Director, Head of Legal Services, and Employee Relations Manager. Its overall purpose is to oversee, monitor and manage concerns raised about the performance, conduct or health of all health professional registered members of staff working in the Trust so as to assure and maintain the safety and quality of services provided.

Education, Learning and Development Committee

This is chaired by the Chief Executive, meets quarterly and reviews all aspects of education in the Trust. The DME presents a report on a six monthly basis.

Monthly meetings of the Medical Director, Director of Medical Education and Dean of the Academy

Minutes are not taken at these meetings. All aspects of education are discussed including changes in the service needed to improve the learning environment.
Trust Level-Other Governance Arrangements

Educational and Clinical Supervisor Accreditation

The requirements for accreditation are available on the HEE-SW (Severn) website:

Appraisal for Educational Roles

Educational Supervisors

In addition to fulfilling the GMC requirements for Educational Supervisors doctor should complete an Educational Supervisor form prior to their annual appraisal that records their educational activities and documents courses attended in the last year. This should be discussed with their appraiser and a copy will be sent to and reviewed by the Director of Medical Education.

Tutors

Tutors must be qualified as Educational Supervisors. Tutors will usually be a joint appointment by the relevant College and the Director of Medical Education. They are members of the Medical Education Board and are expected to write an annual report for presentation at the Board outlining the results from the GMC NTS survey, Quality Panel results, areas of good practice, the areas requiring improvement and areas they wish to be discussed at the Board. They undertake a face to face appraisal with the DME on an annual basis in addition to completing the Educational Supervisor form for their Trust appraisal.

Director of Medical Education

The Director of Medical Education will undertake an annual appraisal by the Associate Dean for Quality, HEE-SW Severn
Clarification of Educational and Clinical Supervisor roles for the purpose of allocation of SPA time

The following is a definition of each of these key roles and indication of how they should be remunerated in the contract. The remuneration outlined here has been agreed by the Trust’s Medical Staffing Review Group. The definitions are based on those used by the GMC.

Educational Supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified student or trainee’s trajectory of learning and educational progress during a clinical training period and/or series of periods. Every student and trainee must have a named educational supervisor. Typically the ‘series of periods’ or ‘clinical training period’ will be for a year, or the duration of time a trainee is placed in GHFT and covers an overarching responsibility as trainees move between individual placements as part of their rotation.

The educational supervisor’s role is to help the student or trainee to plan their training and achieve agreed learning outcomes. They are responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the clinical training period and/or series of periods.

The role of Educational Supervisor should be recognised with 0.25 SPA (1 hour per week) for the first trainee supervised and 0.125 SPA (30 mins per week) for each additional trainee supervised.

Clinical Supervisor

A trainer who is designated and appropriately trained to be responsible for overseeing a specified student or trainee’s clinical work in a clinical environment, providing constructive feedback during that placement, and informing the summative judgement at the end of that clinical training period or placement.

The clinical supervisor will be a named individual and be responsible for conducting education appraisals at the beginning, middle and end of a particular placement and liaising with the educational supervisor should any issues arise.

For example GPVTS trainees will have a GP educational supervisor but during their hospitals posts/placements they would be immediately supervised by the ‘named’ clinical supervisor.

The role of Clinical Supervisor should be recognised with 0.25 SPA (1 hour per week) for the first trainee supervised and 0.125 SPA (30 mins per week) for each additional trainee supervised.
‘Sessional Supervisor’ (Sessional Clinical Supervisor)

Senior Doctors will be involved in the immediate supervision of doctors in training as part of their regular clinical duties, e.g. conducting a ward round, trainees in outpatient clinics or theatre lists.

Such ‘Sessional’ supervisors are responsible for ensuring the trainee is working within their competence, supervising their clinical practice and will be involved in conducting work based assessments and/or supervised learning events, including multisource feedback. Sessional supervisors are not currently required to complete formalised training.

It is expected that most senior clinicians will perform this role at some time during their clinical practice and the role is described by the general medical council.

The Sessional Supervisor role is regarded as an activity that should be included in the 1.5 SPA core activity allocated to all consultants and should not be remunerated with additional SPA time.
**Action taken on results from the GMC National Trainees Survey and Quality Panel Data**

GMC surveys provide us with invaluable information on the quality of training provided and highlight areas of excellence as well as areas where further action is needed. The Quality Department at Health Education England South West sends a link to the GMC National Training Survey reporting tool and comprehensive reports providing detailed information relating to each programme to the Director of Medical Education. These reports include benchmarking against other Trusts, outlier analysis, longitudinal data and a focus on overall satisfaction as the key indicator.

All red outlier areas (i.e. those Trusts or programmes in the lowest quartile and with a mean outside the 95% confidence intervals of the national mean) are added to the Quality Register. The Quality Register also includes patient safety concerns raised by trainees in the GMC National Training Survey, concerns regarding undermining and bullying and issues of concern raised by Quality Panels. The Quality Register is sent to the Director of Medical Education.

The Director of Medical Education requests the names of the trainees who have raised concerns regarding undermining or bullying from the Quality Manager at Health Education South West. If they are willing to release their names the Director of Medical Education interviews them and then, separately, the person who is accused of the undermining or bullying behavior. If appropriate the Director of Medical Education may interview other trainees in the department. Where appropriate, support is offered to the trainee. If the Director of Medical Education finds that bullying or undermining has occurred she may discuss the effect their behavior is having with the person and work with them to improve it but if she thinks this will not be effective then this will be discussed with the Medical Director and a joint action plan put in place. This may involve the Head of School at Health Education England, South West. All trainees, whether or not it is found that undermining or bullying has taken place, are thanked by the Director of Education for raising their concerns.

The Director of Medical Education investigates safety concerns, red flags and concerns raised at Quality Panels by discussion with trainees, tutors, educational supervisors, Divisional and Clinical Directors, managers, nurses and the Medical Director as appropriate. Action plans are developed and the Director of Medical Education collates these, updates the Quality Register and returns it to the Quality Manager.

This information forms the basis for the Action on Areas of Concern document that is developed, updated and held by the Director of Medical Education. This lists all areas of concern on the Quality Register, the action taken to address them and future plans to improve the situation. This is updated prior to the annual contract visit of the Quality Team of Health Education South West to the Trust. Concerns raised by trainees or Quality Panels during the year are addressed in the same manner.
PRINCIPLES OF EQUALITY AND DIVERSITY IN POSTGRADUATE MEDICAL EDUCATION

Recruitment and selection processes should be fair

Training and development opportunities should be offered in a fair way.

When at work, staff should be free from abuse, harassment, bullying and violence from any source.

Flexible working options should be available to trainees where appropriate and they should be informed about this option.

Information on experiences of their time in training in the Trust, including the GMC NTS survey and the reports from Quality Panels should be reviewed by the Tutors and the Director of Medical Education and any negative experiences should be investigated, an action plan made and progress monitored.

Trainers and trainees should be educated and supported to work in culturally competent ways within a work environment free from discrimination.

Doctors with Disabilities

Gloucestershire Foundation Trust is committed to upholding the Equality Act 2010 and the prevention of discrimination on the basis of disability. The Postgraduate Medical Education Department works with the Trust and with Seven Postgraduate Medical Education to help trainees achieve their full potential. We work to ensure no trainee will be discriminated against on the basis of disability, acknowledging that discrimination arising from a disability is forbidden in law.

- If a trainee has a disability or develops a disability during their time undertaking training, we will seek to ensure reasonable adjustments are made to prevent them being placed at a substantial disadvantage in all aspects of employment including recruitment and selection, training, transfer, career development and retention.
- If a trainee has a disability or develops a disability during their training, they will, if necessary, request assistance from their Educational Supervisor who may seek advice from the Director of Medical Education and the Trust’s Medical Staffing department.
- If a trainee has a disability or develops a disability during their training and feels they are not getting sufficient support, they will be offered referral to Seven Postgraduate Medical Education to provide them with any necessary and additional advice and support.
- The Trust aims to resolve concerns raised by staff at an early stage. If a trainee feels they have been discriminated against, victimized or harassed on the grounds of disability they should speak to their Educational Supervisor in the first instance but if they are not satisfied they should contact the Director of Medical Education (kim.benstead@glos.nhs.uk)
• If trainees are still not satisfied, Severn Postgraduate Medical Education will, if necessary, support trainees to ensure their concerns or issues are resolved as soon as possible.

**Involvement of Trainee Doctors in Complaints, Serious Incidents, Concerns Re Conduct and Legal Cases Including Appearance at The Coroner’s Court**

The safety, complaints and legal department report to the DME, if a trainee has been named in an adverse clinical incident, a complaint or a legal/coroner’s case. The DME liaises with the ES to ensure appropriate support. This may include referral to Occupational Health and or the Professional Support Unit at HEE-SW (Severn). If a trainee is referred to the GMC the DME should be informed immediately and will inform the Dean within 24 hours.

The main role of the Director of Medical Education is to ensure patient safety by:

• Informing the Educational Supervisor of the event
• Discussing with the Educational Supervisor if this forms part of a pattern of behaviour and agreeing an appropriate action plan
• Ensuring that the Educational Supervisor discusses the event with the trainee and a plan is put in place for appropriate reflection and learning by the trainee
• Supporting the Educational Supervisor by offering to meet with the trainee if either the supervisor or trainee think this would be valuable
• Discussing with the Educational Supervisor whether this was an event in which the trainee played a significant role that should be recorded on their portfolio for discussion at the ARCP and should be included in the EXIT report to the Deanery to ensure ongoing support and training
• Ensuring high quality pastoral support for the trainee by the Educational Supervisor, the DME and the Deanery Support Unit as appropriate
• Ensuring that referral to the Occupational Health Service is advised if appropriate
• Cooperating with the complaints, safety and legal department to ensure that any failures of the system are identified and an action plan put in place
FLOW CHART: TRAINEE DOCTORS INVOLVED IN CONDUCT, COMPLAINTS, SERIOUS UNTOWARD INCIDENTS AND LEGAL/CORONERS COURT EVENTS

**TWICE YEARLY**
HESW and West Midlands Deanery request for information on all trainee doctors received

**ARCP**
Information required by end of April

Complaints/TRM made aware of complaint/SI where a trainee doctor may be or is involved and where **practice may be of concern, involved in SUI or there is a conduct issue as these events occur.**

DME liaises with PA to DME/Appraisal/Revalidation Officer

**App/Rev Officer** logs event within secure Revalidation drive (See...

**DME**

Educational Supervisors contact DME if aware of **complaint/SI involving trainee doctor** or where **practice may be of concern, or there is a conduct issue as these events occur.**

DME and ES discuss to ensure pastoral support for trainee and appropriate learning. Where appropriate DME may offer meeting with trainee to offer further support that may include referral to the Deanery Professional Support Unit

**Twice Yearly**
HESW and West Midlands Deanery request for information on all trainee doctors received

**DME** to decide after consultation with ES, CS & relevant Consultants if this should be recorded on trainee record

**Medical Staffing Manager** informs of any conduct issues

**Legal Department**
Contact DME if a trainee is required to appear in coroner’s court when they have a significant role or if they are involved in a legal

**Trainees**
Should be informed in writing at the corporate induction that they can contact DME with concerns including involvement in incidents and contact details

Each event to be signed off by the MD and DME and returned to HESW/West Midlands Deanery to link in with their time scale

**Medical Staffing Manager** informs of any conduct issues

**Educational Supervisors** contact DME if aware of **complaint/SI involving trainee doctor** or where **practice may be of concern, or there is a conduct issue as these events occur.**

DME and ES discuss to ensure pastoral support for trainee and appropriate learning. Where appropriate DME may offer meeting with trainee to offer further support that may include referral to the Deanery Professional Support Unit.
Flow Chart A
For PA To DME/Appraisal & Revalidation Officer

1. Receives request from HESW/West Midlands Deanery for information
2. Receives information from the DME. Issue to be logged.
3. DME investigates issue contacts trainee and ES.
4. DME prepares EXIT report. PA to DME forwards a copy to the trainee. Email sent to the ES advising them that the trainee has been named in an event.
5. PA to DME/App/Rev Officer ensures that the ES/CS have met with the trainee issue has been raised with and that a response is sent to DME.
6. Ensure response received in a timely manner and chase if required.
7. PA to DME/App/Rev Officer to ensure that Exit report is sent to FPD’s in time for the ARCP review.
8. PA to DME/App/Rev Officer to forward to HESW/West Midlands Deanery by the due date of request.

PA to DME/App/Rev Officer to ensure a database is maintained along with logging all emails and correspondence regarding the trainee on the secure.
Appendix 1

Raising Concerns-Information for Medical Trainees

Patients’ safety is of paramount importance and as a doctor you have a duty to raise concerns about their safety.

The Gloucestershire NHS Foundation Trust Report on Raising Concerns (whistleblowing) may be found on the intranet. The types of concerns that can be raised using this policy may include:

- Treatment which falls below the expected standards of care
- Safeguarding issues concerning children or vulnerable adults
- Inappropriate relationships between a patient and member of staff
- Where a criminal offence has been committed, is being committed, or is likely to be committed
- Concerns about involvement in violent extremism or terrorist activity (NHS PREVENT Strategy – see flowchart for actions in these circumstances)
- Suspected fraud including improper use of public or other funds
- Incidents of suspected bribery
- Disregard for legislation, particularly in relation to health and safety at work
- That the environment has been, or is likely to be damaged
- Breach of standing financial instructions
- Breaches of codes of conduct
- Abuse of authority
- Misconduct or malpractice
- Information on any of the above has been, is being, or is likely to be concealed

This is not an exhaustive list. The policy states that concerns can be raised by:

Raising it initially with your immediate line manager, or if this is not possible, with an Executive or Non-Executive Director, or a trade union representative (BMA).

- You may raise your concern initially **anonymously** using ext. 5757, Datix Web or SpeakInConfidence
- If the concern is about potential fraud or corruption, contact Counter Fraud
- You are expected to raise concerns outlined within this policy before involving external agencies or the media, but this does not remove your right to raise a concern using the principles of the Public Disclosure Act 1998.

As a medical trainee you may also choose to raise your concerns with your Clinical or Educational Supervisor or the Director of Medical Education (email: kim.benstead@glos.nhs.uk). We may discuss your concerns with Clinical Directors, Divisional Directors, the Medical Director, Senior nurses, Executive Officers and managers. We will not reveal your name without your permission, although in the rare event when a case goes to court it may not be possible to retain your anonymity. We will feedback the results of any investigations into the concern back to you.
Appendix 2

Specialty Tutor’s Report Form

Specialty
Tutor

Report for the period of to

**Last GMC NTS Results**
Overall Satisfaction
Induction
Handover
Clinical Supervision
Educational Supervision
Workload
Adequate Experience
Local Teaching
Feedback
Access to Educational Resources
Study Leave
Regional Teaching

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<tr>
<th>If any reds or pinks – How are you addressing these?</th>
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**Challenges**

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<th>Things which are going well</th>
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**Future Plans**

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<th>Anything that needs to be discussed at MEB</th>
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Medical Education Board Terms of Reference
This is a decision-making Committee accountable to the Trust Board via the Education, Learning and Development committee.
Meets quarterly, alternating venues.

Membership
1. Education – Chair
2. Trainee representatives including medical education fellows and representatives nominated by trainees
3. Board representative – Rotating executive board member
4. All Clinical Tutors including SAS Tutor, careers tutor and postgraduate medical research tutor
5. Postgraduate Medical Education Manager
6. Foundation Programme Directors
7. GP Associate Director (Glos) or deputy
8. Glos Academy Dean for medical undergraduates
9. Director of Medical Education of the 2gether Trust
10. Associate Director of Learning & Development
11. Senior Librarian
12. Medical Personnel Officer

Terms of Reference
- To deliver a consistent approach to postgraduate medical training & CPD for all medical staff across Gloucestershire Hospitals NHS Foundation Trust and, where appropriate, in collaboration with Primary Care and the 2Gether Trust.
- To encourage the development of a local medical education faculty (specialty tutors, clinical tutors, clinical and educational supervisors) by providing educational opportunities that meet their needs.
- To receive annual reports from each specialty tutor on areas of concern, areas of good practice and action plans
- To receive reports from trainees on areas of concern and areas of good practice
- To assure the quality of training delivered within the Trust by considering internal and external feedback and initiating actions plans in response to such feedback and to ensure the required evidence is available for annual SHA and Deanery reports & monitoring visits.
- To provide a conduit of communication to the local medical education faculty regarding local, regional and national developments in medical education and training issues.
- To link the quality control processes required by the GMC for postgraduate medical training with the Trust’s education & training requirements and support departments with the associated data collection in line with that required for other healthcare professions.
• To provide advice as necessary on the implications of local or national initiatives on medical education e.g. service reconfiguration, WTR, medical recruitment, extended roles and future workforce planning.

• To encourage educational audit, research and improvement projects and promote presentations and publications locally and nationally.