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Quality Management Visit Guidance



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Health Education
Yorkshire and the Humber

If you have any queries, please contact the Quality Manager Julie.platts@yh.hee.nhs.uk

TAKING PART IN QUALITY MANAGEMENT VISITS

Guidance for Visit Chairs, Panel Chairs and Panel Members

INTRODUCTION

Health Education Yorkshire and the Humber (HEYH) quality manages the delivery of medical and dental training quality in Local Education Providers (LEPs), with action in partnership with the LEP when problems are identified. Our quality management principles are risk-based regulation, externality, triangulation of data, and openness and transparency. The GMC quality assures this process every five years, in a combined visit with our Medical Schools. A more detailed explanation of HEYH's quality management role is available at

http://www.yorksandhumberdeanery.nhs.uk/quality/quality_management

We get information from

- Head of School/Training Programme Director and College Tutor/Specialty Adviser Reports
- LEP/Director of Postgraduate Medical Education (DME) Reports, and Postgraduate Medical Education Centre data on take up of formal education sessions
- Trainees; the GMC National Trainee Survey and the web based HEYH Junior Doctor Annual Survey analysis, which are triangulated against the Head of School reports
- Outcomes data; Royal Colleges are required to provide data on examination results
- LEP Executive Summary, produced bi-annually by HEYH
- Other sources of information
 - GMC visit reports
 - CQC/CiOH visit reports
 - Locality and Regional Quality Surveillance Group meetings
 - Trust Quality Dashboard reports, and national patient outcomes data (Dr Foster, NHS Information Centre, etc)

We supplement all that data, and triangulate its reliability, by regularly visiting LEPs and programmes. Panel Chairs and Panel Members have an extremely important role in the visit process.

VISITING PROCESS

Formal Visits

All follow a similar format, but are arranged differently according to the circumstances.

- Routine planned visit to all LEPs

Chaired by a Deputy Postgraduate Dean. Includes discussion about LEP education strategy with the Trust, and an opportunity to share HEYH policy changes and workforce plans. These visits are run on a 12 – 24 month interval, depending on the overall level and severity of concerns about training in the LEP.

Different panels interview trainees from a selection of specialties, chosen either due to adverse survey data, as a follow up to a previous visit, or at random to increase longitudinal oversight.

- Deanery Re-visit

These visits are usually led by a Head of School or Deputy Dean, to determine progress against a condition(s) set at the Routine Visit, and required within a set timescale. The visit normally relates to conditions rated as high risk in terms of trainee wellbeing or patient safety

- Triggered Visit (in response to concerns)

A visit organised as a specific response to feedback from trainee(s), the Training Programme Director, or the LEP itself. Depending on the findings the monitoring of progress will be by a repeat School visit, by liaison between the Trust APD and the DME, or during the next annual HEYH visit.

- Emergency Visits

Undertaken where extreme concerns/circumstances are reported. Wherever possible the DME and Medical Director will be given 24 hours' notice to ensure that patient services are not disrupted by the visit. The Deputy Dean chairing the visit will discuss the report contents with the Medical Director before a final report and action plan is agreed

Informal Visits

- School Visits

These are organised by a Specialty School and are not formal Quality Management visits. The purpose is to meet trainers/trainees to update them on School activities and to develop the relationship between the School and the trainers. There is no administrative preparation for the LEP, and no report will be produced. If significant concerns are discovered that need more enquiry the Head of School will discuss what is required with the lead Deputy Dean for the School.

CONCERNS ABOUT SERVICES & PATIENT SAFETY

HEYH has no responsibility for delivery of patient services in LEPs, but training environment and service quality often correlate, and the combination of poor service/good training is rare. The GMC expects all doctors to highlight and act on concerns related to patient care or patient safety, and recognises the particular importance of trainees as a group who are very close to the patients. Visitors should take seriously any concerns from trainees about service quality affecting patient safety, and investigate these in the same way as outlined above.

PUBLICATION OF REPORTS

HEYH publishes Visit Reports and Re-visit reports in the Quality Management section of the HEYH website at www.yorksandhumberdeanery.nhs.uk/quality/quality_management. Reports published on the HEYH website are also published on the GMC website via the Conditions section of the Annual Deanery Report (ADR). All QM reports are provided to the Local Education and Training Board.

ROLES AND EXPECTATIONS OF VISITING FACULTY/LAY REPRESENTATIVES

1. Visit Chair (usually a Deputy Dean)

At initial briefing meeting:

- Lead the meeting
- Ensure that all visitors are familiar with visit purpose and format
- Highlight previous good practice/concerns, and any new areas of interest from recent LEP metrics
- Review the current Trust Executive Summary (as appropriate)
- Remind panel members about importance of trainee confidentiality (below), and that a private meeting is possible if required. Take care in choosing words in trainer session and feedback session
- Invite queries from panellists
- Confirm allocation of visitors to specialty panels
- Instruct all members who take notes to do so on the template and sign at end of interviews. The template is an aide memoire and offers guidance regarding questioning in each domain but it is at the discretion of the Chair, dependent upon prior information which areas are covered, and in how much detail.
- Ensure that Domain 9 questions are asked relating to outcomes, for example, would Trainees recommend the post to a friend.
- On day 2 of dual site visits, give a brief resume of day 1 findings, especially to assist new visitors
- Provide overall feedback to the Trust on the second day of a 2 day visit

At Trust presentation:

- Introduce visitors to Trust attendees
- Ensure all visitors have chance to clarify points arising from the DME presentation

During panel interviews:

- Sample the panels to confirm/ensure consistency of approach
- Meet with trainees who request a private conversation

After interviews:

- Lead discussions during and at end of the visit
- Coordinate findings and opinions from panels to produce initial draft of conditions and recommendations, ensure that administrative staff are clear what has been decided
- Provide oral summary feedback to Trust at end of visit

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2. Panel Chair (usually a Head of School, TPD, or APD)

- Introduce panel members to trainees. Ensure that the level of the trainees and sub specialities are documented
- Ensure that trainees know purpose of visit; emphasise that the visit is scrutinising their training environment, not their own performance
- **Reassure trainees about confidentiality, desire for openness, remind them a private meeting is available if required. Despite the emphasis placed on transparency and equity, some trainees are still anxious adverse comments may cause them problems locally. Although this anxiety is mostly misplaced, it is very important no trainee is made identifiable by any remarks made during the trainer interviews or during the feedback session. The risk of this occurring is greatest in small departments, and for GPVTS trainees who are often on single placements. Achieving complete confidentiality in all circumstances is probably impossible, but do keep the trainee sensitivity about this in mind at all times**
- Open the questioning; general enquiry first, encourage the trainees to start engaging, establish a natural rhythm to conversation, often best to start by asking about good points and gauging overall satisfaction with post, then more specific probing as negative issues arise
- Ensure that all trainees have a chance to contribute – encourage the quiet trainees
- Seek good practice as well as problems. Avoid sticking too rigidly to the GMC domains. Every domain does not have to be covered if trainees do not raise concerns and other data does not indicate a problem. Questioning should cover both educational processes AND trainee views on whether the post has provided good learning quality and allowed personal development
- **NOTABLE PRACTICE**; in identifying notable practice it is not the intention to report on areas of strength where things are being done well, when compared to areas of failure – the strong units may be notable locally, but it is not notable practice in absolute terms. Likewise, problem areas which have made good progress in sorting out their concerns is not notable, it is what is expected to happen
- The GMC are clear in the guidance they provide for the Dean’s Report, and a definition of good practice is outlined in the GMC Quality Improvement Framework as “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”
- So the Notable Practice examples will be things that are beyond normal expectations, AND particularly those that illustrate potential for transfer to other providers (or to other Schools). Work done by Leadership Fellows in the LEP may be worth commenting on; new courses that have improved curriculum delivery, innovative approaches to handover processes, special support for particular trainee groups, or creation of Apps that help people do things or communicate in a new way
- **Remember to cover two essential questions for all trainees;**
 - Bullying and undermining
 - Outcomes - Overall satisfaction with posts/recommend to a friend
- **Stick to time;** visit agendas are always under time pressure

3. Panel Member

- Complement the Panel Chair questioning; check if the Chair misses any important questions
- Use the full range of questions in the template; explore educational/learning success as well as processes
- Always ask specifically about undermining behaviours
- Complete the question template and sign to confirm the content

4. Lay Representative

• Prior to the visit

You will be sent details of the visit, including agenda and papers. If you require copies of these on the day for reference, please print and bring them with you. Please note these are confidential and for your eyes only.

- You should familiarise yourself with the content of the paperwork and raise any concerns or queries with the panel either before the visit or during the visit itself.
- You should also familiarise yourself with the GMC 'Generic Standards for Specialty including GP training', which is what the visit will be using as the basis of the visit and report. These standards can be found under the following link
- http://www.gmc-uk.org/Generic_standards_for_specialty_including_GP_training_Oct_2010.pdf_35788108.pdf_39279982.pdf

During the visit

• Pre-Meeting

Use the pre-meeting to introduce yourself to the panel and clarify with them if there is any specific role they wish for you to adopt and if there are any specific issues you have noted from the report which you wish to explore further during the day.

• Take Notes

Take notes for yourself on the question template and contribute to discussions with the panel, trainees and trainers. It can be difficult to remember which trainee said what and to which question, but having a prompt of your notes there will help to confirm the accuracy of the report that will be written.

• Voice concerns or issues

Raise any issues with the panel or the trainees at the time and consider what you think are issues which would need to be addressed as areas of concern and also as those to highlight as best practice. If there is an area you feel that, as a lay representative, you think is particularly important, consider asking further questions which may more fully cover that area of concern.

• Timing

The panel chair will try to keep to time, but you can help with this, and perhaps ask the panel chair how they wish for you to help them keep time appropriately.

• Themes

We try to arrange lay representatives so that they will see progression within the trust year on year so you may see issues arising and then hopefully resolved by the following year.

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AFTER THE VISIT

The draft visit report will be produced by the Quality Manager and Visit Chair, and sent to all panellists for comments. Please respond promptly with corrections and suggestions. The completed draft will then go to the LEP for confirmation of accuracy. The final report is then checked by other members of the Quality Team for consistency of style and language. The finalised report is then sent to the LEP; the Trust linked APD, and placed on the HEYH website.