QUALITY ASSURANCE (QA): SOURCES OF EVIDENCE - A MORE DETAILED GUIDE FOR EDUCATIONAL LEADS

The framework for the quality assurance of Radiology training has been outlined in the RCR document ‘All you ever wanted to know about QA…’ available on the College website.

This document aims to provide more detailed guidance for those educational leads who are required to demonstrate compliance (either through Annual Reports or at the time of GMC/Deanery visits) with the generic standards for training laid down by the GMC and which underpin the Quality Assurance of postgraduate medical training in the UK.

http://www.gmc-uk.org/Trainee_Doctor.pdf

In 2011 the GMC published the Quality Improvement Framework (QIF), its blueprint for the Quality Assurance of medical education in the near future;

http://www.gmc-uk.org/Quality_Improvement_Framework.pdf

It outlines the processes that the GMC will undertake. Key points for those involved in medical education lower down the training chain are:

a) an intention to move to a more streamlined and proportionate mechanism
b) application of regulatory resources where they will have the most impact
c) minimisation of the duplication of evidence by receiving and using data that are gathered once and used for all partners.
d) a move from the collection of historical data to real time shared data based on current training
e) a streamlined GMC visits’ process targeted towards areas of risk and the introduction of random checks of Deaneries or LEPs (Local Education Provider)
f) an increasingly robust approach to ensuring that trainers have been appropriately trained
g) an acknowledgement that, to date, the development of quality control in LEPs has lagged behind that of other QA processes

Evidence

A critical element throughout the QA process at all levels is the evidence provided in Annual Reports from LEPs, Deaneries, Radiology Schools and the RCR. These reports are structured according to the 9 domains of the GMC’s generic standards for training:

1. Patient safety
2. Quality management, review and evaluation
3. Equality, diversity and opportunity
4. Recruitment, selection and appointment
5. Delivery of curriculum including assessment
6. Support and development of trainees, trainers and the local faculty
7. Management of education and training
8. Educational resources and capacity
9. Outcomes
Sources of evidence

The evidence is available from a number of sources:

**LEP (Local Education Provider) = Trust or other provider institution**
- LEP radiology department data
  - induction process
  - rotas
- LEP other data
  - Induction programmes and registers
  - Equality and Diversity Training records
  - Record of approved Trainers within the LEP
  - LEP's Human Resources Data
  - LEP/Deanery study leave policy
  - LEP/Deanery Trainee in Difficulty policy
  - Annual report to Deanery and Action Plan

**Deanery**
- Quality Management data
- Records of the National Selection Process
- Trainee exit questionnaires (currently used in some but not all Deaneries)
- Annual report to GMC and Action Plan

**Radiology School**
- Teaching programmes and attendance records
- Annual Report to Deanery/RCR and Action Plan
- Trainee progression data
  - ARCP outcomes
  - Examination results
  - Consultant appointments following CCT

**RCR**
- Annual Specialty Report to GMC and Action Plan

**GMC**
- GMC trainee survey
- GMC trainer survey
- Reports of GMC/Deanery visits

**Other**
- Reports from other healthcare regulatory bodies eg: Care Quality Commission (CQC), NHS Litigation Authority (NHSLA)

The following checklist of questions, derived from the GMC generic standards for training, is designed to act as a guide for the collection of evidence, and also to where it may be found. It is a guide only and does not imply that all the items on the check list have to be surveyed. There is room for local variation and each scheme should decide, together with their deanery and School, on a core level of data collection and evidence for quality assurance. All domains are also sampled by the GMC trainee survey which should be triangulated against other data.
Checklist

In the list below, an indication is given, following each question, of who should hold the data as follows:
LEP = Local Education Provider
D = Deanery
RS = Radiology School
RCR = Royal College of Radiologists
GMC = General Medical Council
O = other health regulatory bodies

Domain 1: Patient safety

Standards: The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors

- Is there comprehensive induction of trainees into each new part of their rotation? LEP
- Do trainees always know who to contact regarding patient care and are they appropriately supervised at all times? LEP, D
- Are all those supervising trainees appropriately trained? LEP, D
- Are trainees obtaining consent appropriately? LEP
- Are shift and on-call rota patterns designed so as to minimise the adverse effects of sleep deprivation? LEP, D
- Are there well organised handovers at the start and end of a period of duty? LEP, D
- Are there robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern? LEP, D
- Are robust and transparent processes in place to ensure that any information about trainee doctors that is relevant to their development as doctors is shared with relevant individuals and bodies? LEP, D, RS

Domain 2: Quality Management, Review and Evaluation

Standard: Training must be quality managed, monitored, reviewed, evaluated and improved.

- Are quality management processes and associated information systems compliant with the Data Protection Act and Freedom of Information Acts? D
- Are trainees’ hours of work compliant with the European Working Time Directive? LEP, D
- Are local quality management processes in place covering all posts, programmes and trainers? D, RS
- Does the quality management process take into account the views of all those involved including trainees, local faculty and, where appropriate, patients and employers? D

Domain 3: Equality, Diversity and Opportunity

Standard: Training must be fair and based on principles of equality.

- Is information about training programmes, their content and purpose, publicly accessible? LEP, D
• Are all reasonable steps taken to facilitate part time/flexible training where appropriate? LEP, D
• Have necessary adjustments been made for doctors reporting disability? LEP, D
• Is relevant Equality and Diversity data from programmes and LEPs available to both trainers and trainees? LEP, D,
• Have all trainers had equal opportunities/diversity training in the past 3 years? LEP

Domain 4: Recruitment, selection and appointment

Standard: Processes for recruitment, selection and appointment must be open, fair, and effective.

• Is information about places on training programmes, eligibility, selection criteria and the application process published and made widely available in sufficient time to doctors who may be eligible to apply? D
• Are candidates selected through open and fair competition? D
• Is an appeals process against non-selection written, explicit and easily available? D
• Are all members of selection panels appropriately trained? D
• Do all selection panels have a lay member? D
• Is comprehensive information provided for those within postgraduate programmes about choices in the programme and how they are allocated? D, RS

Domain 5: Delivery of approved curriculum including assessment

Standard: The requirements set out in the approved curriculum and assessment system must be delivered and assessed.

• Has the RCR clearly communicated curriculum and assessment requirements to Deaneries, LEPs and Radiology Schools? RCR, RS
• Is there sufficient practical experience available within the programme to support acquisition of knowledge, skills and behaviours, and demonstration of developing competency as set out in the approved curriculum? RS
• Does each programme show how, the posts within it taken together, will meet the requirements of the approved curriculum and what must be delivered within each post? RS
• Are trainees able to access and be free to attend regular, relevant, timetabled, organised educational sessions and training days, courses, resources and other learning opportunities of educational value to the trainee that form an intrinsic part of the training programme, and do they have support to undertake this activity whenever possible? LEP, RS
• Is the overall purpose of the approved assessment system as well as each of its components documented, in the public domain and implemented. RCR, RS,
• Are assessments appropriately sequenced and do they match progression through the career pathway? RS
• Do individual approved assessments within the system add unique information and build on previous assessments? RS
• Do assessors have appropriate expertise in the areas they are assessing? LEP, D
• Do all trainees get regular feedback on their performance? LEP, D, RS
• Do all doctors and other health and social care professionals who work with trainees get the opportunity to provide constructive feedback about a trainee’s performance? LEP
• Do all trainees maintain a comprehensive portfolio as a personal record of educational achievement? LEP, RS
Domain 6: Support and development of trainees, trainers and local faculty

Standard: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn.

Induction

- Are comprehensive induction processes in place; to the LEP, the Radiology department and Radiology School? LEP, RS
- Is there appropriate educational induction into each post where the educational framework and support systems are discussed and aims and objectives are set? LEP

Educational supervision

- Is the educational supervisor designated and known to the trainee? LEP
- Are learning agreements signed at the beginning of each post? LEP
- Are all trainees provided with a learning portfolio or logbook issued as a basis for discussion with their educational supervisor? LEP
- Are regular meetings held between trainees and their educational supervisor? LEP
- Are trainees aware of how they can feedback concerns and views about their training and educational experience without prejudice? LEP, D, RS
- Is there a system in place for reviewing progress of trainees within each post and a process for the transfer of information by supervisors of trainees between posts? LEP, RS
- Is relevant, up-to-date career advice and support readily available? LEP

Training

- Are work patterns and intensity of work appropriate for learning? LEP, D
- Are trainees enabled to learn new skills under appropriate supervision? LEP, D
- Is the length of placements sufficient to allow trainees to become members of the team and allow team members to make reliable judgements about them? RS
- What safeguards are in place to ensure that trainees do not regularly carry out routine tasks that do not require them to use their medical expertise and knowledge, or have little educational value? D
- Are trainees involved regularly in clinical audit? LEP, RS
- Is there access for trainees to Occupational Health and counselling services? LEP, D
- Is there access to generic skills training e.g. management, clinical governance at all stages of development? LEP, D, RS
- Are there opportunities to learn with other health professionals? LEP, D, RS
- Are trainees made aware of anti-bullying policies? LEP, D
- Is information readily available about less than fulltime training? LEP, D
- Are trainees made aware of the processes for managing and supporting doctors in difficulty? LEP, D

Study leave

- Are the eligibility and application process for study leave clear, fair and transparent? LEP, D
- Are trainees made aware of the deanery-level appeals process? LEP, D
• Are trainees able to take the maximum study leave permitted in their terms and conditions of service? LEP, D

Academic training

• Are trainees made aware of the academic opportunities available in their programme? RS
• Is guidance available to trainees who wish to pursue an academic career? RS
• Are flexible approved programmes, which permit multiple entry and exit points, available for academic trainees? RS, D

Trainers

Standards: Trainers must provide a level of supervision appropriate to the competence and experience of the trainee. Trainers must be involved in, and contribute to, the learning culture in which patient care occurs. Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees. Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

• How are those doctors who undertake specific educational roles selected, trained, supported and developed? LEP, D, RS

Domain 7: Management of Education and Training

Standard: Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

• Is there a management plan with a schedule of responsibilities, accountabilities and defined processes for ensuring the maintenance of GMC standards in the arrangement and content of the training programme? D, RS
• Is there a director at LEP board level responsible for supporting postgraduate medical training? LEP
• Is there clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in managing training and education at LEP level? LEP

Domain 8: Educational resources and capacity

Standard: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

• Is the educational capacity of the institution adequate to deliver the practical experience required by the curriculum? LEP, D
• Are there sufficient library and internet facilities available to enable trainees to achieve the specified outcomes of their training programme? LEP, D, RS
• Is there a suitable ratio of trainers to trainees? LEP, D
• Do all trainers have adequate time for training identified in their job plans? LEP, D
• Are appropriate technology enhanced learning opportunities available and accessible to trainees to improve their clinical and practical skills? Eg simulation, clinical skills laboratories. LEP, D, RS
• Do trainees have sufficient access to meeting rooms, teaching accommodation and audiovisual aids? LEP, D

Domain 9: Outcomes

Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be made to improving the quality of training and the outcomes of the training programmes.

• Are organisations which provide postgraduate training able to demonstrate they are collecting and using information about the progression of trainees to improve the quality of training? LEP, D, RS
• Do trainees have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes? RS, D, RCR

References:

1. The Trainee Doctor (GMC) 2011
2. Quality Improvement Framework (GMC) 2011