

# Health Education East of England

## Quality Management Framework for Postgraduate Medical Education and Training

### Operational Guide

June 2015

Version 3



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# Purpose of document

- This Operational Guide describes the approach to, and process of, quality management by Postgraduate Medical Education and Training in Health Education East of England, which sits within Health Education England, a constituent part of the NHS Midlands & East geography. For clarity, HEEoE Postgraduate Medical Education and Training is hereafter referred to as PGMET.
- The Guide is a living document which will:
  - Illustrate how PGMET ensures quality, and underpins HEEoE's commitment to continual quality improvement;
  - Meet quality requirements in line with regulation as set out by the General Medical Council (GMC) in line with the GMC Quality Improvement Framework (QIF) .
  - Inform commissioning decisions by highlighting notable practice and areas for improvement and development.
- The Guide is to be used by HEEoE and its stakeholders to provide guidance on the quality management process including the activities, roles and responsibilities required to successfully deliver the process.
- The Guide will be owned and subject to an annual review by HEEoE.

## Purpose of this Guide

- Outline the Quality Management Framework
- Define the inputs and outcomes of the quality management process
- Describe the activities required to carry out the process
- Detail those involved in the process, and what their responsibilities are for quality management and control

# Documentation to support Quality Management Framework

## User Guide

For further detail, the Guide may be read in conjunction with the following current documents:

- GMC Quality Improvement Framework updated November 2014
- The Trainee Doctor, GMC July 2011 including:
  - Training Standards for Foundation Doctors,
  - Training Standards for Specialty, including GP, doctors in training
  - and Standards for Deaneries
- GMC Standards for Curricula and Assessment Systems April 2010
- A Reference Guide for Postgraduate Specialty training in the UK (The Gold Guide) May 2014
- A Guide to Specialist Registrar Training, (The Orange Book), NHSE
- The Foundation Programme Curriculum 2012
- Specialty Curricula set by the Medical Royal Colleges/Faculties

Useful links:

- GMC: <http://www.gmc-uk.org/>
- Health Education East of England <http://www.eoe.hee.nhs.uk/>

# Section 1

## Quality Management Framework

# Background

## Quality Management Framework

### HEEoE requires a Quality Management Framework to:

- Demonstrate adherence to the GMC standards for training and trainers in postgraduate medical education
- Ensure robust monitoring systems are in place to demonstrate that mandatory standards are met
- Promote the process of continuous quality improvement set to high standards of performance
- Identify areas of improvement in the delivery of PGMET, along with actions to deliver these improvements
- Inform commissioning decisions by providing information on the quality of training across HEEoE

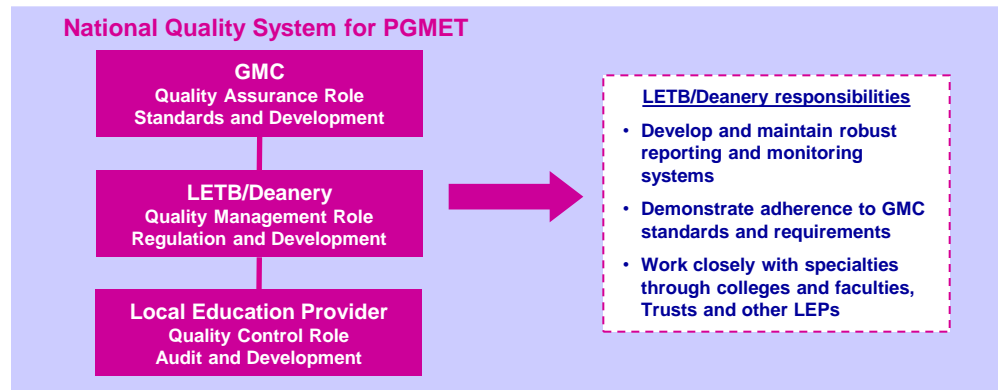
## Quality Management Principles

### HEEoE Quality Management Framework adheres to the following principles:

- Ensure robust monitoring systems are in place to demonstrate that mandatory GMC standards are being met
- Placing training and quality outcomes at the heart of improving the patient experience – the Quality Management Framework will help enable HEEoE to deliver a quality workforce for quality healthcare
- Externality – ensuring external representatives and advisors provide objective input to managing and improving quality
- Accountability – ensuring decisions and recommendations are justified and followed up by monitoring Local Education Provider (LEP) actions to make agreed improvements
- Consistency – applying rules and standards fairly for all
- Transparency – ensuring quality management process and activities are open, simple and user-friendly
- Excellence – identifying and sharing notable practice to drive up standards
- Targeting – exception reporting, focusing on improvement recommendations and action planning

# Quality Management Framework Overview

The GMC has overall responsibility for quality assurance of postgraduate medical education and training across the UK, LETBs/Deaneries are responsible for quality management of PGMET, while LEP organisations and other providers of PGMET deliver quality control.



## Quality Management Framework

- The Quality Management Framework has been developed through an integration of the GMC Quality Standards and Domains and supplementary HEEoE standards
- The Quality Management Framework details the quality standards against which providers of postgraduate medical education and training will be assessed, and is embedded within the Learning Development Agreement (LDA) between HEEoE and LEPs
- The Quality Management Framework facilitates quality management and control in a way which is demonstrable for quality assurance to the GMC
- The quality standards are organised under the GMC's framework of nine quality domains. The standards are taken from the GMC Quality Improvement Framework, The Trainee Doctor including training standards for foundation doctors, for specialty, including GP, doctors in training and standards for deaneries and for trainers. They have then been integrated with additional standards including those pertaining to working conditions and recruitment arrangements as appropriate
- The Quality Management Framework will be used by HEEoE and LEPs in partnership, not simply as a document to undertake, or prepare for HEEoE review visits but as a reference tool to facilitate on-going quality management, quality control and continual quality improvement

# Externality and Stakeholder Engagement in HEEoE Quality Management Process

HEEoE is committed to maintaining active engagement with all stakeholders in PGMET throughout its quality management process. HEEoE aims to maximise independent appraisal and assessment of its procedures and outcomes. This is achieved by appropriate external representation on PGMET committees and supporting activities involved in its quality management processes.

## External representation on PGMET Committees

- Postgraduate Schools Boards
- Patient and Public Voice Partner (Lay representative)
  - Trainee representative(s)
  - Trust Chief Executive representative
  - Non Medical Healthcare Professional representative

## HEEoE Visits

- HEEoE seeks to achieve appropriate externality for visits to its LEPs
- This may include Royal College, trainee, lay/Patient and Public Voice Partner (PPV), non-medical healthcare professional, Human Resources or senior managerial representation

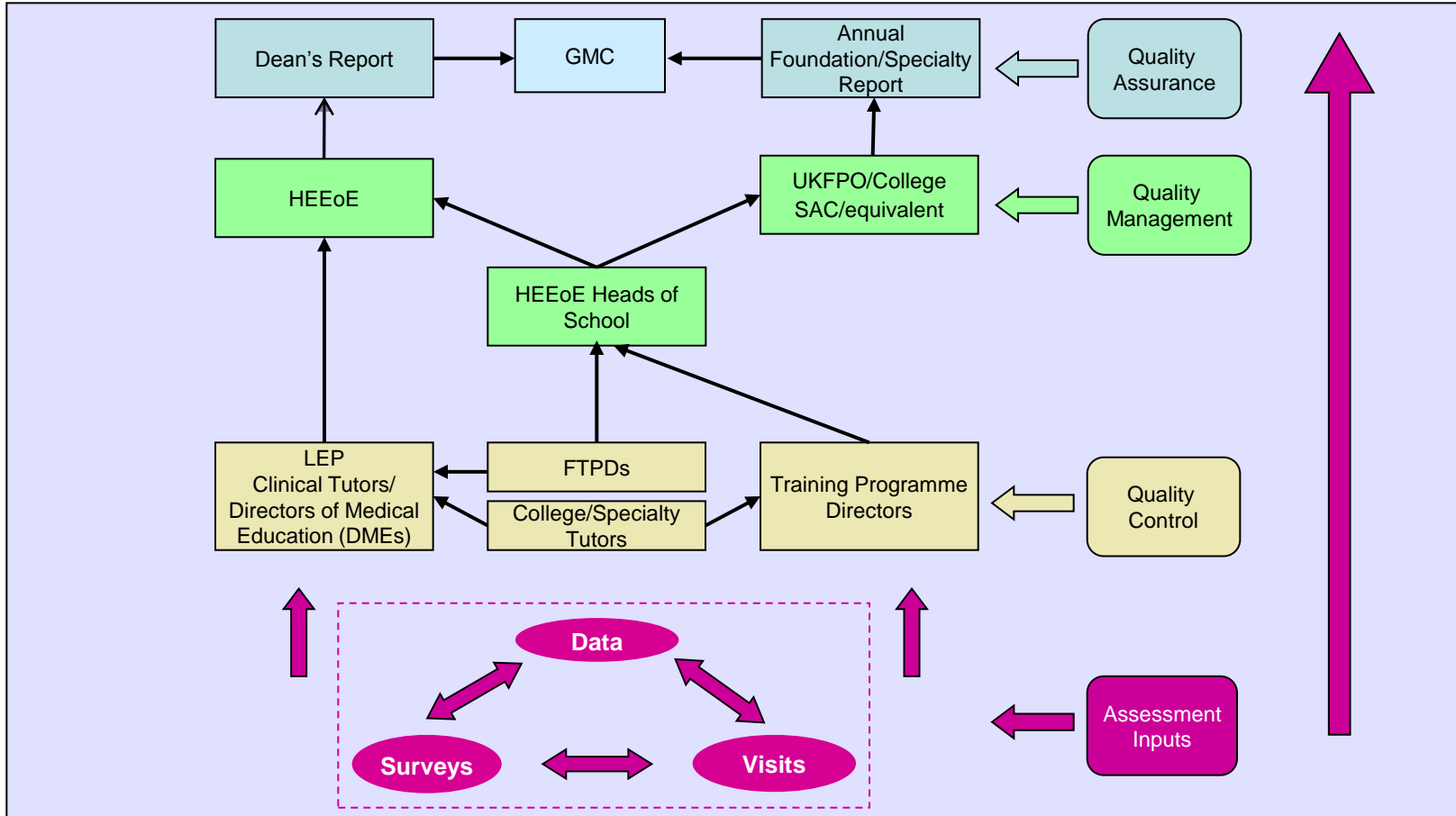
## PGMDE Specialty Training Committees and Assessment Panels

- HEEoE works with its Heads of Schools, in liaison with their Royal Colleges, to continue to establish and develop independent, non-reciprocal arrangements for college representation at our Specialty Training Committees (STCs), Annual Reviews of Competency Progression (ARCPs) and appeal panels
- This independent representation will apply across all postgraduate medical specialties and will fulfil the need for externality in these areas



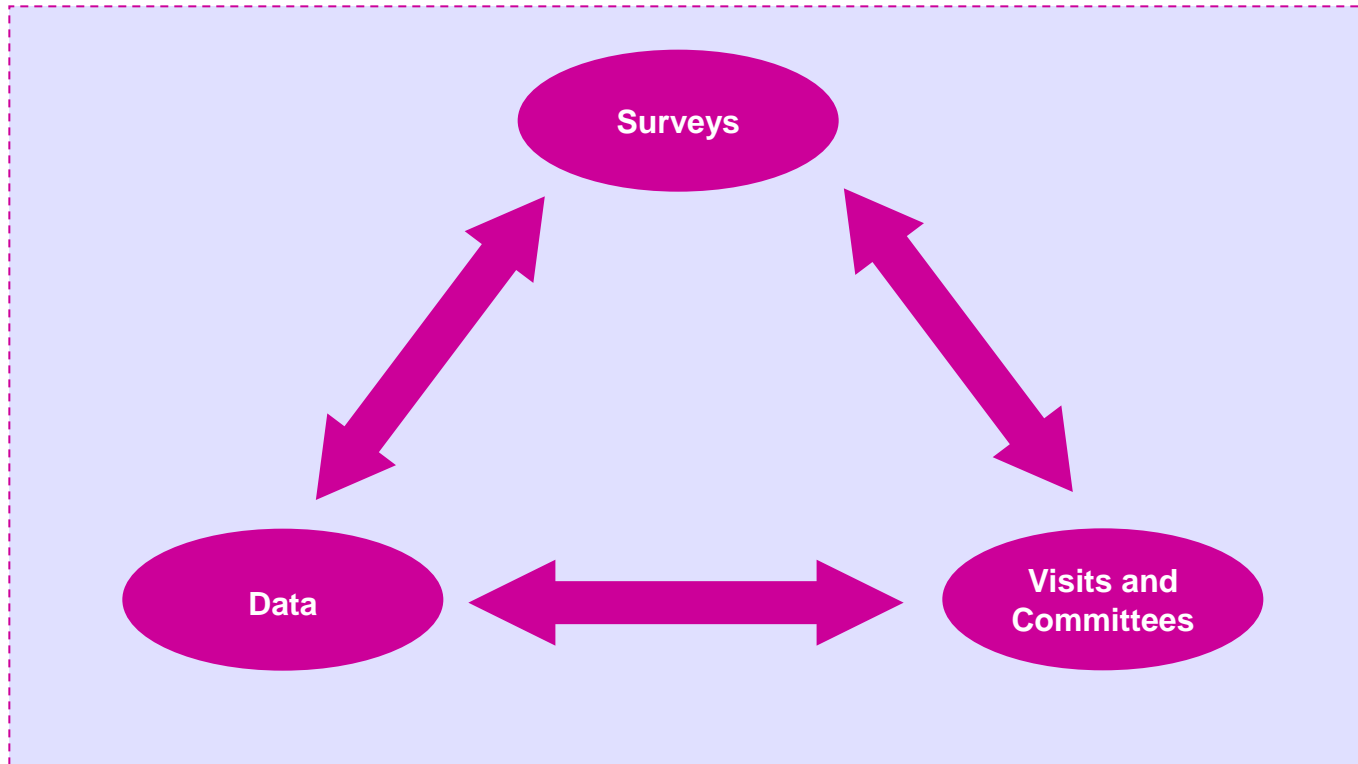
# Quality Management Assessment

The Quality Management Framework is implemented as shown below, demonstrating the links between the assessment inputs and how the quality management process uses these inputs to report on outcomes. This process is detailed in the Section 2.

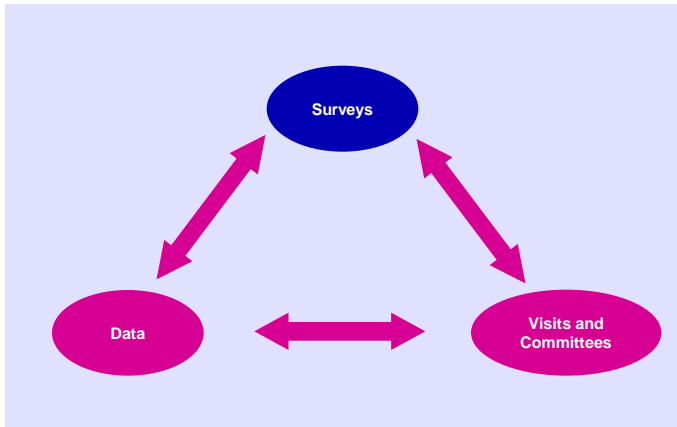


# Quality Management assessment inputs

The Quality Management Framework is assessed using three interrelated elements, as shown below. These three elements are interdependent as they all support the maintenance and enhancement of the quality standards. The assessment sources combine to deliver the information flow outlined in the diagram on the previous page.



# Surveys



The survey data provides a point in time snapshot of how trainees (and trainers from 2016) perceive the postgraduate training in which they participate.

The reports act as a screening tool to highlight possible strengths and areas of concern. Further local investigation and triangulation of data may be sought before any action is taken by HEEoE.

## What are the Surveys?

### GMC

- Trainee Surveys
- Trainer Surveys [from 2016]

### HEEoE and other surveys

- End of Rotation Surveys
- Trainee End of Post Assessment
- F2 Exit Questionnaire, including excellence in the Foundation Programme
- Audit of process outcomes of Less Than Full Time (LTFT 2012) Training
- Royal College and other national surveys as appropriate

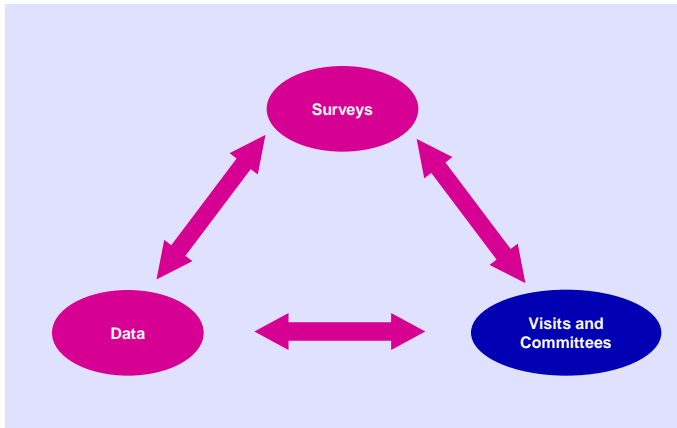
## What information do the surveys provide?

- Information covering all aspects of training
- Information set out according to the nine GMC domains
- Data on individual specialties
- Data on individual LEPs
- Survey acts as a benchmarking tool to provide performance information on Trusts and PGMET
- Trainee (and Trainer from 2016) Surveys may highlight common issues

## How does HEEoE use the survey results?

- Benchmarking between Trusts
- Informs Schools on their specialties
- Exception reporting, notable practice and areas for improvement, to inform the annual Dean's Report and Specialty Report
- Triggers performance management and sharing of best practice
- To inform commissioning decisions
- For approval and re-approval of trainers and training practices

# Visits and Committees



HEEoE implements an ongoing programme of visits to LEPs, led either by HEEoE or by its foundation or speciality schools. These visits allow HEEoE to monitor whether the LEPs are meeting the required standards, and that agreed actions to improve quality are being carried out.

Visits play a key role in the review cycle as they:

- Enable standards to be monitored through assessment, against the Quality Management Framework
- Facilitate partnership working between HEEoE and LEPs and engender a culture of working together towards continual quality improvement
- Yield data and information which can be triangulated with data from other sources, such as GMC surveys

Committees are important as they monitor quality on an ongoing basis - for the committees listed below quality is a standing agenda item at meetings.

## What Visits are conducted?

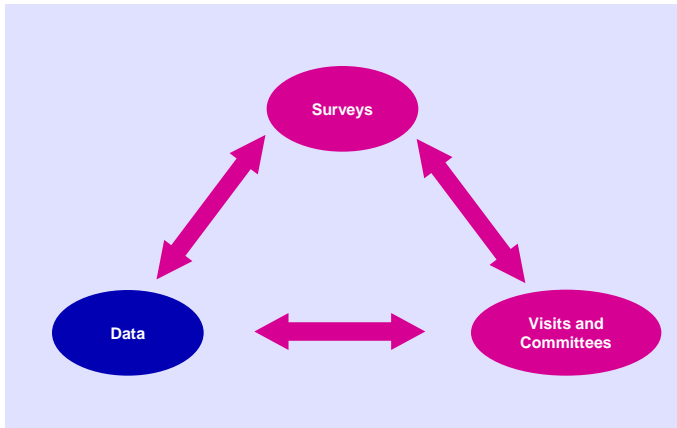
Visits to LEPs:

- These are either Trust-wide (multi-professional Quality and Performance Review Visits – see link: [www.https://heeoee.hee.nhs.uk/qjpf](https://heeoee.hee.nhs.uk/qjpf) ) or speciality –specific (School Visits)
- Triggered visits (including GMC enhanced monitoring visits) caused by a concern/performance issue
- QPR and School visits are part of rolling programmes of developmental visits to facilitate partnership working, make recommendations with respect to quality of training and education, and ensure these are being implemented
- GP practices and GP trainers are inspected to provide approval and re-approval information for GMC purposes
- Visits are also conducted to out of hour providers as appropriate

## Which Committees inform quality management?

- Quality Operational Group (Further detail found in Appendix B)
- Heads of School Forum
- School Boards
- Specialty Training Committees
- GP Directors Committee
- Directors of Medical Education / Clinical Tutors Forum
- Foundation Training Programme Directors Forum
- Trainee Forum

# Data



HEEoE uses local data analysis to assess adherence to the GMC standards through the requirements of the Quality Management Framework. A variety of data sources are used to gain a full overview of PGMET quality and outcomes.

The data is focussed on identifying outcomes, which can be used to improve the patient and trainee experience as well as the quality of the workforce.

In addition to outcomes, the data can be used to explore issues such as equality and diversity in specific groups, and to inform recruitment processes.

## Assessment Outcome Data

Assessing the progress and quality of training :

- Examination results
- ARCP outcomes
- Attainment of higher degrees and other academic achievements

## Training Outcome Data

Assessing defined end-points of training programmes:

- Full GMC registration
- Foundation achievement of competences
- CCT completion
- Attrition rates and reasons

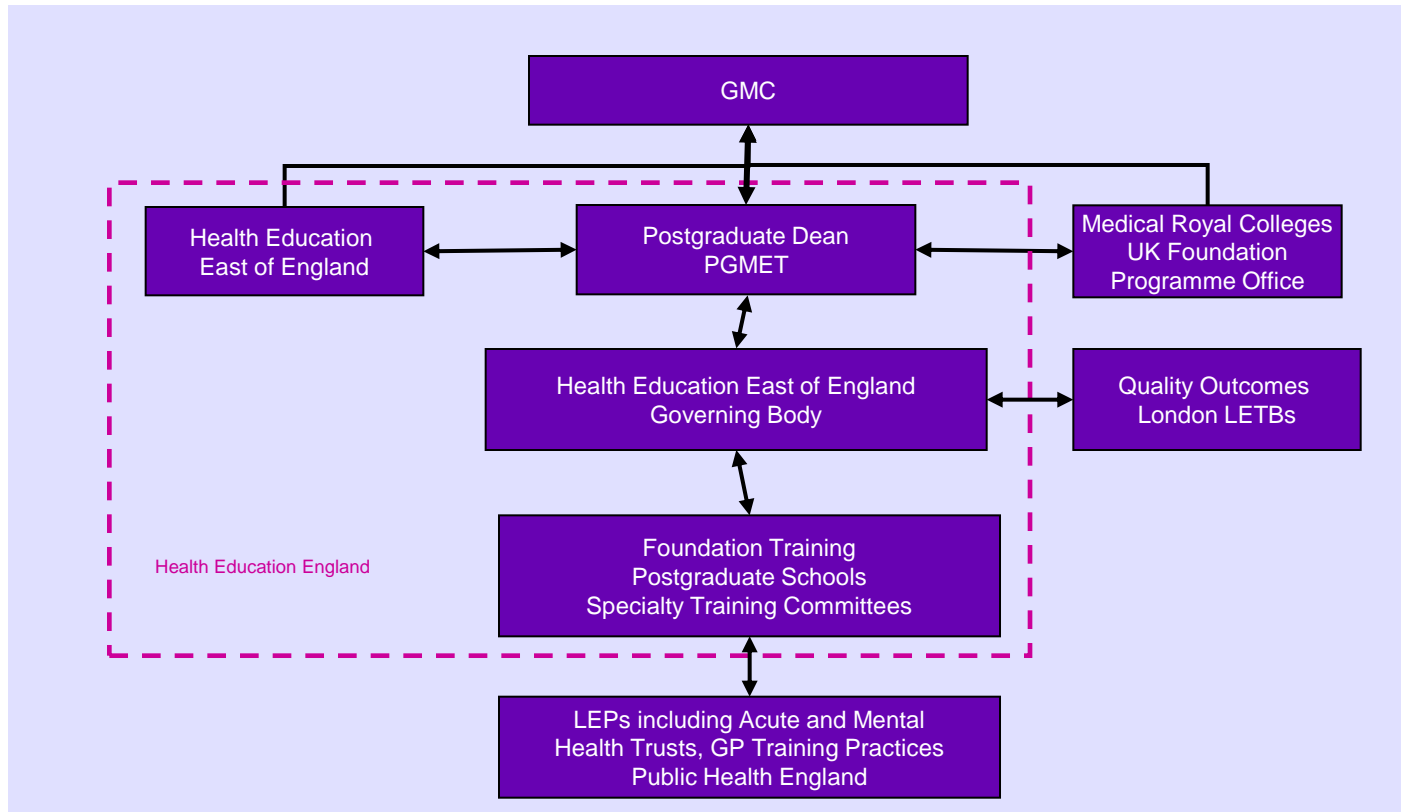
## Monitoring of Individual Requirements

Assessing HEEoE's responsiveness to individual trainee's needs and experience:

- Equality and Diversity monitoring
- Trainees in Difficulty and with Differing Needs
- Out of Programme Experience
- Less than Full Time Training

# Quality Management Governance

HEEoE, headed by the Postgraduate Dean, is the body within Health Education England that is responsible for quality managing the delivery of PGMET in line with the GMC standards and domains through the Quality Management Framework. It is accountable to the GMC as the Regulator, and assures this process through a series of reviews. HEEoE's Executive Team and ultimately the LETB Governing Body have responsibility for the delivery and outcomes of the Quality Management Framework.



## Section 2

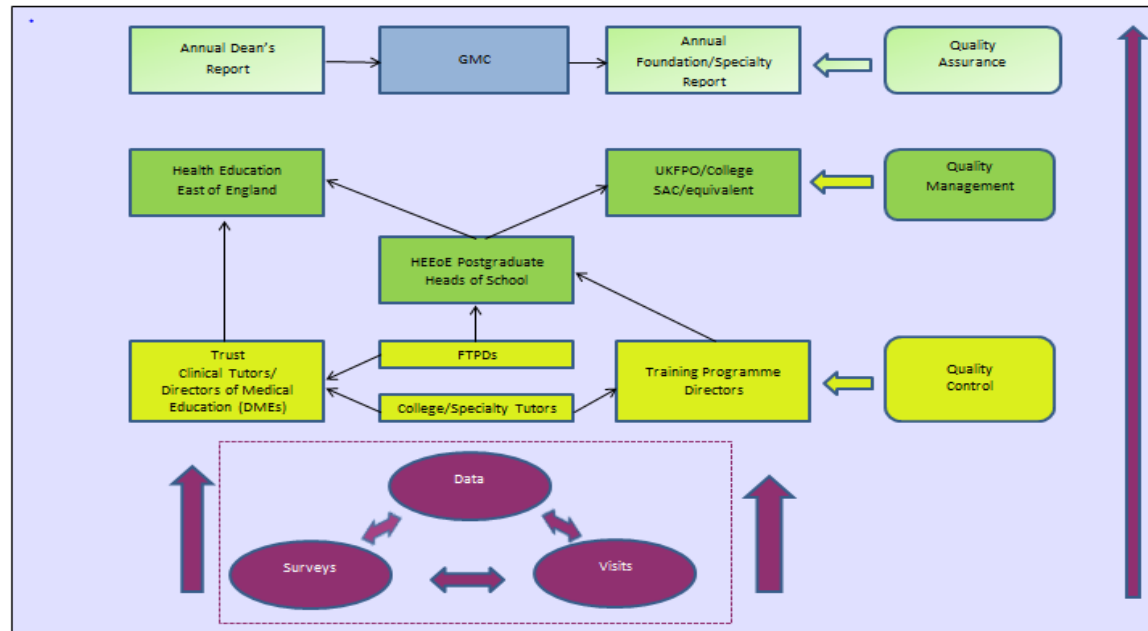
# Quality Management Operational Guide

# Quality Management Process

## The Quality Management Process

The Quality Management process is a step-by-step process flow, forming the basis of the Operational 'How To' Guide. This section outlines what is involved in each process step including:

- Activities – tasks needed to complete the step
- Roles – who is involved
- Responsibilities – who does what
- Inputs – what informs the process
- Outputs – what is produced
- Timeline – when activities take place



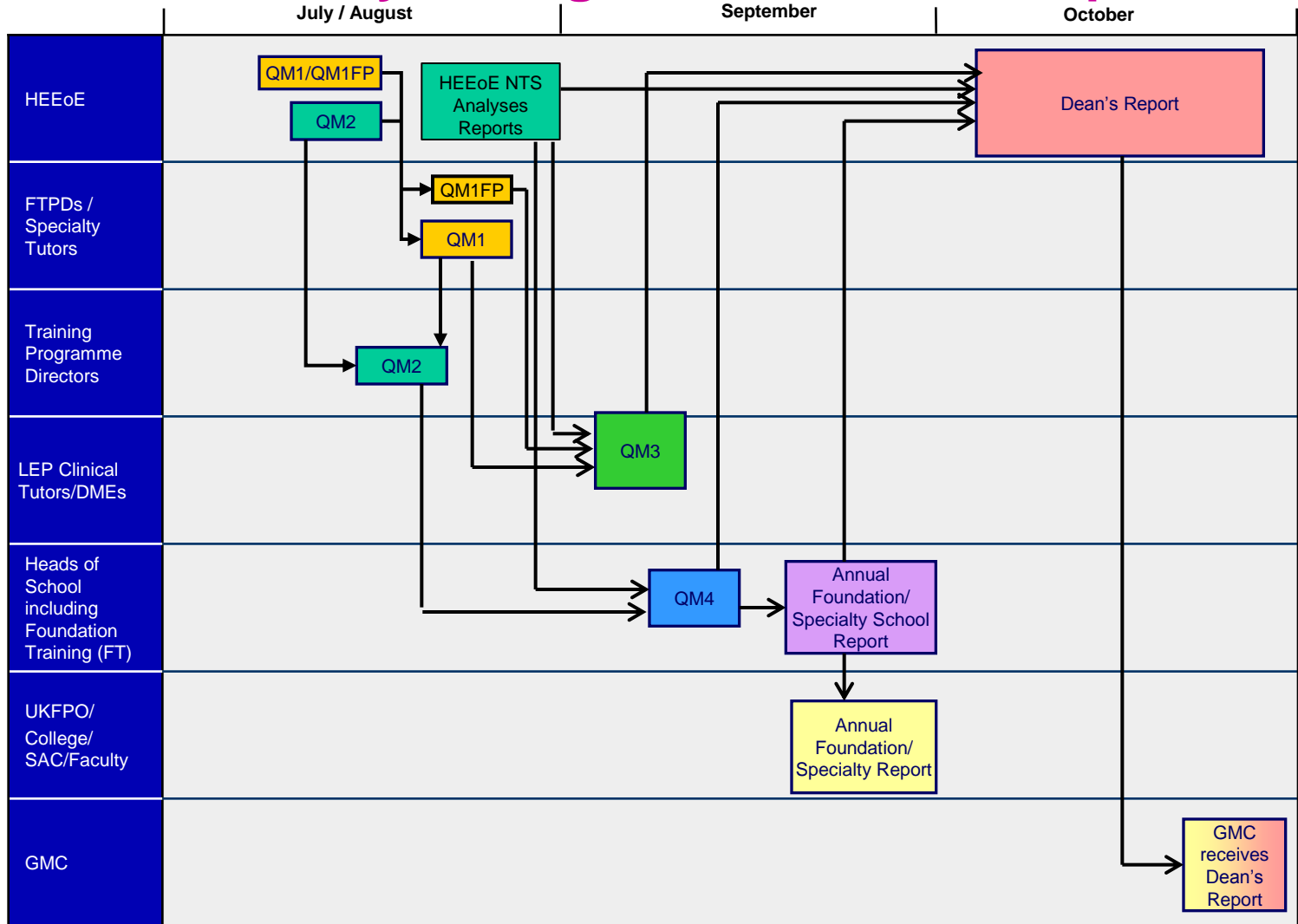


# Quality Management Process

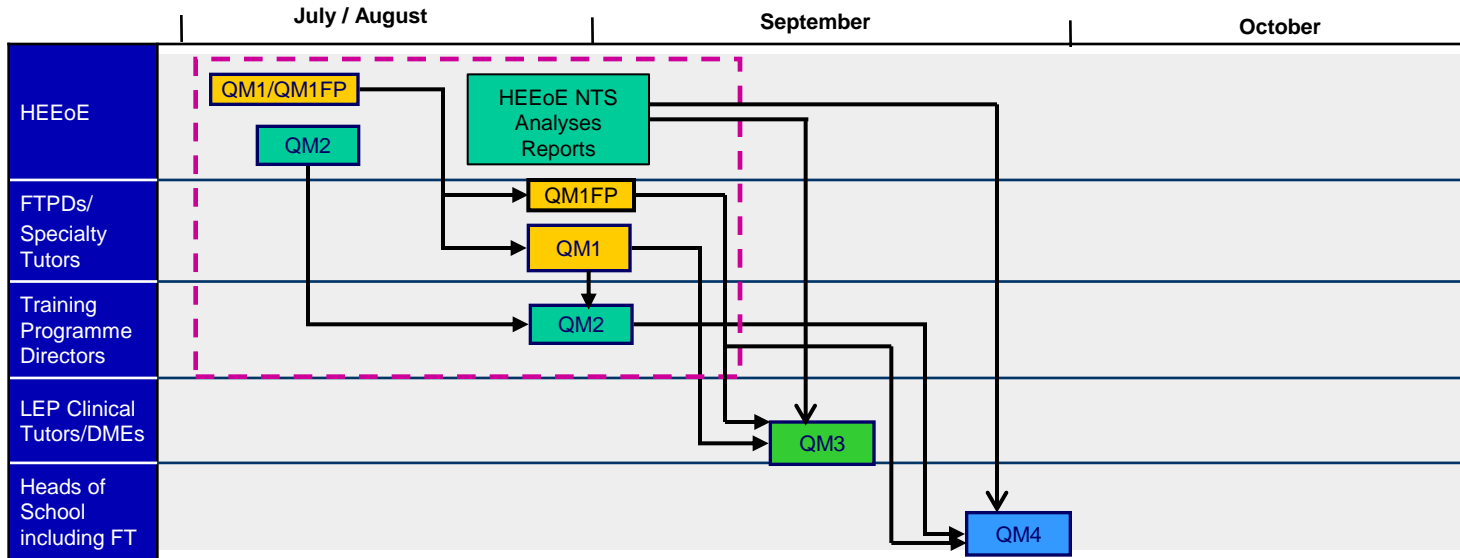
The Quality Management (QM) forms are the annual self-assessment reports that are completed by the LEPs, Foundation and Specialty Schools to form part of the evidence that is collated to generate the annual Dean's Report to the GMC. The QM Forms incorporate the most recent data from visits and surveys and are completed as part of a continual annual cycle as outlined below.

Activity	Key	Activity description	Timeline
1. QM1/QM2 Reports	<div style="border: 1px solid black; background-color: yellow; padding: 2px; display: inline-block;">QM1/ QM1FP</div> <div style="border: 1px solid black; background-color: green; padding: 2px; display: inline-block;">QM2</div>	HEEoE generates QM1 and QM2 templates for completion: <ul style="list-style-type: none"> <li>• QM1/QM1FP Forms – LEP FTPD/Specialty Tutor Report</li> <li>• QM2 Form – Specialty Training Programme Directors Report</li> </ul>	July
2. QM3 Report	<div style="border: 1px solid black; background-color: green; padding: 2px; display: inline-block;">QM3</div>	<ul style="list-style-type: none"> <li>• QM3 Form – Trust Clinical Tutor/DME Report</li> </ul>	July
3. QM4 Report	<div style="border: 1px solid black; background-color: blue; padding: 2px; display: inline-block;">QM4</div>	<ul style="list-style-type: none"> <li>• QM4 Form –Heds of School Report including Foundation Training (FT)</li> </ul>	July
4. Annual Foundation / Specialty School Report	<div style="border: 1px solid black; background-color: purple; padding: 2px; display: inline-block;">Annual School Report</div>	<ul style="list-style-type: none"> <li>• Annual Foundation/Specialty School Report is produced by HEEoE Heads of School for UKFPO/Medical Royal College/Specialist Advisory Committee (SAC)/Faculties</li> </ul>	September
5. Dean's Report	<div style="border: 1px solid black; background-color: pink; padding: 2px; display: inline-block;">Dean's Report</div>	<ul style="list-style-type: none"> <li>• Dean's Report to GMC</li> </ul>	October

# Quality Management Process Map



# Activity 1: QM1/QM1FP/QM2 Reports



## Overview of activity

- QM/QM1FP and QM2 reports are required to be completed as a self-assessment by FTPDs/Specialty Tutors and Specialty Training Programme Directors respectively
- The self-assessment exercise informs HEEoE's review of training quality and improvement priorities and plans
- The forms allow rapid identification of good practice and areas requiring improvement, along with the actions required

## Inputs

- Prepopulated report templates sent by HEEoE for completion
- Surveys
- Data
- Visits
- Self-reflection

## Outputs

- Completed QM1/QM1FP and QM2 reports are sent to:
- LEP Clinical Tutors/DMEs for QM3 input
  - Heads of School including Foundation Training (FT) for QM4 input

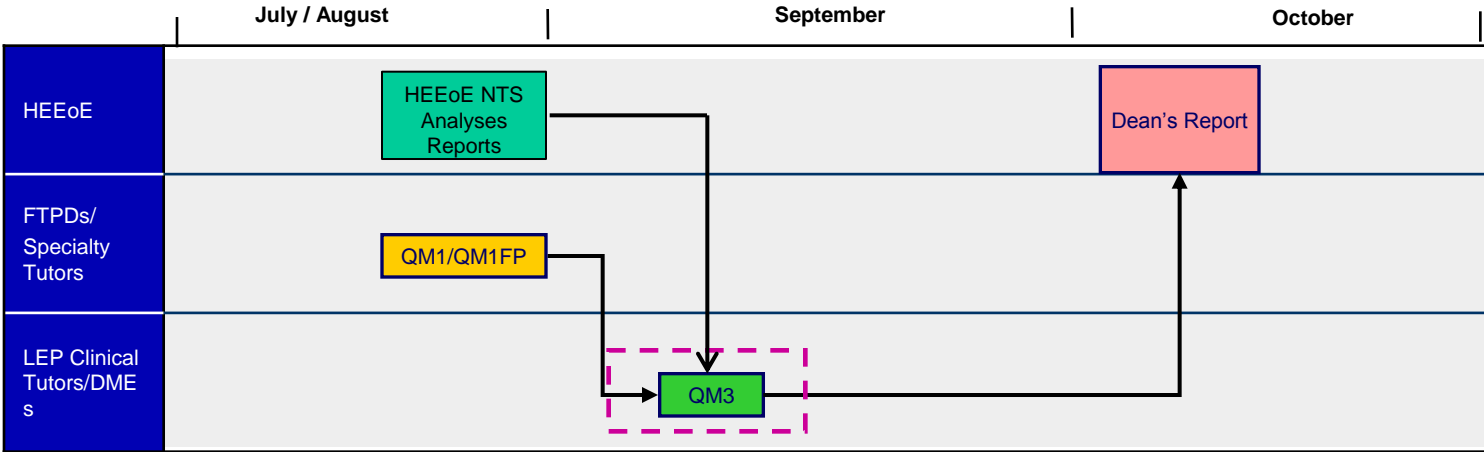
## When does activity take place?

- Annually – QM1/QM1FP and QM2 Forms sent for completion in July, to be completed and sent to LEPs and Heads of School respectively by September/October

## Who is responsible?

- HEEoE – for sending forms to be completed
- QM1/QM1FP – FTPD/Specialty Tutors to complete self assessment report
- QM2 – Specialty Training Programme Directors to complete self assessment report

# Activity 2: QM3 Report



**Overview of activity**

- The QM3 Report is the LEP Medical Education Report which is to be completed by the Trust Clinical Tutors/DMEs
- The self-assessment exercise informs HEEoE's review of training quality and improvement priorities and plans
- The forms allow rapid identification of good practice and areas requiring improvement, along with the actions required

**Inputs**

- QM1/QM1FP completed Report
- Surveys
- Data
- Visits
- Self-reflection

**Outputs**

Completed QM3 report is sent to:

- HEEoE for input to annual Dean's Report

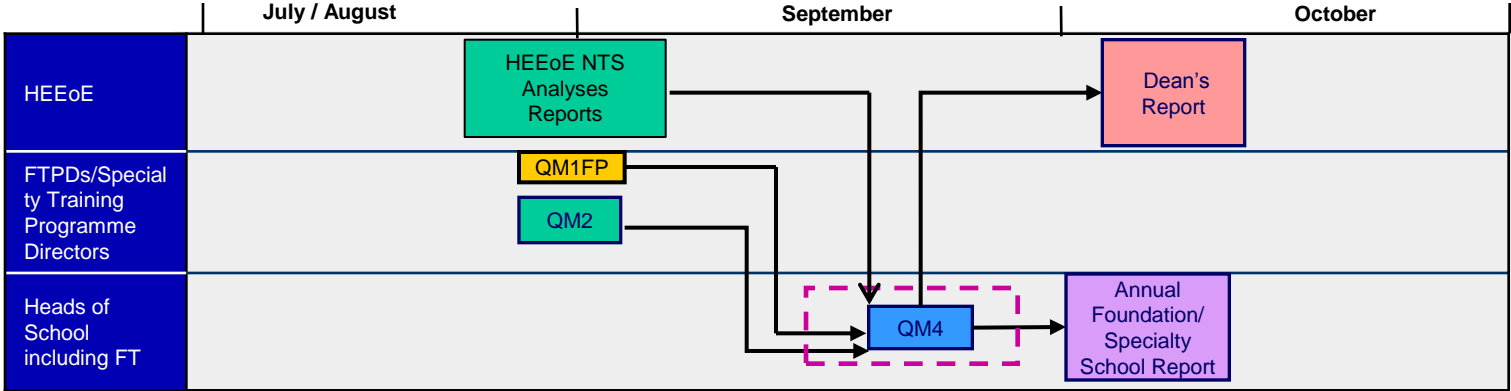
**When does activity take place?**

- Annually – QM3 Report to be completed by beginning of September

**Who is responsible?**

- LEP Clinical Tutors/DMEs – for self assessment report completion
- FTPDs/Specialty Tutors QM1/QM1FP reports for input

# Activity 3: QM4 Report



**Overview of activity**

- The QM4 Report is the Head of School Medical Education Report which is to be completed by the Heads of School, including Foundation Training
- The self-assessment exercise informs HEEoE review of training quality and improvement priorities and plans
- The forms allow rapid identification of good practice and areas requiring improvement, along with the actions required

**Inputs**

- QM1FP/QM2 completed Report
- Surveys
- Data
- Visits
- Self-reflection

**Outputs**

Completed QM4 report is :

- Used for input to Annual Foundation/Specialty School Report
- Sent to HEEoE for input to Dean's Report

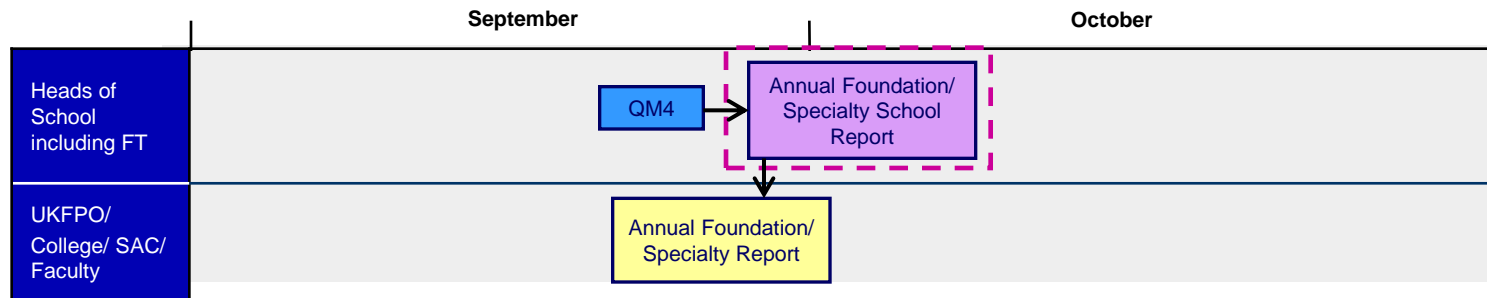
**When does activity take place?**

- Annually – QM4 Report to be completed by end of September

**Who is responsible?**

- Heads of School – for self assessment report completion
- FTPDs/Specialty Training Programme Directors for submitting QM1FP and QM2 reports for input

# Activity 4: Annual Foundation/Specialty School Report



## Overview of activity

- The Annual Foundation/Specialty School Report is completed by the relevant Heads of School. The requirements for this vary between UKFPO/Royal Colleges/Faculties
- The self-assessment exercise informs HEEoE review of training quality and improvement priorities and plans
- The forms allow rapid identification of good practice and areas requiring improvement, along with the actions required

## Inputs

- QM4 completed Report
- Surveys
- Data
- Visits
- Self-reflection

## Outputs

- Sent to UKFPO/College/SAC equivalent for input to Annual Specialty Report
- Informs Schools' planning

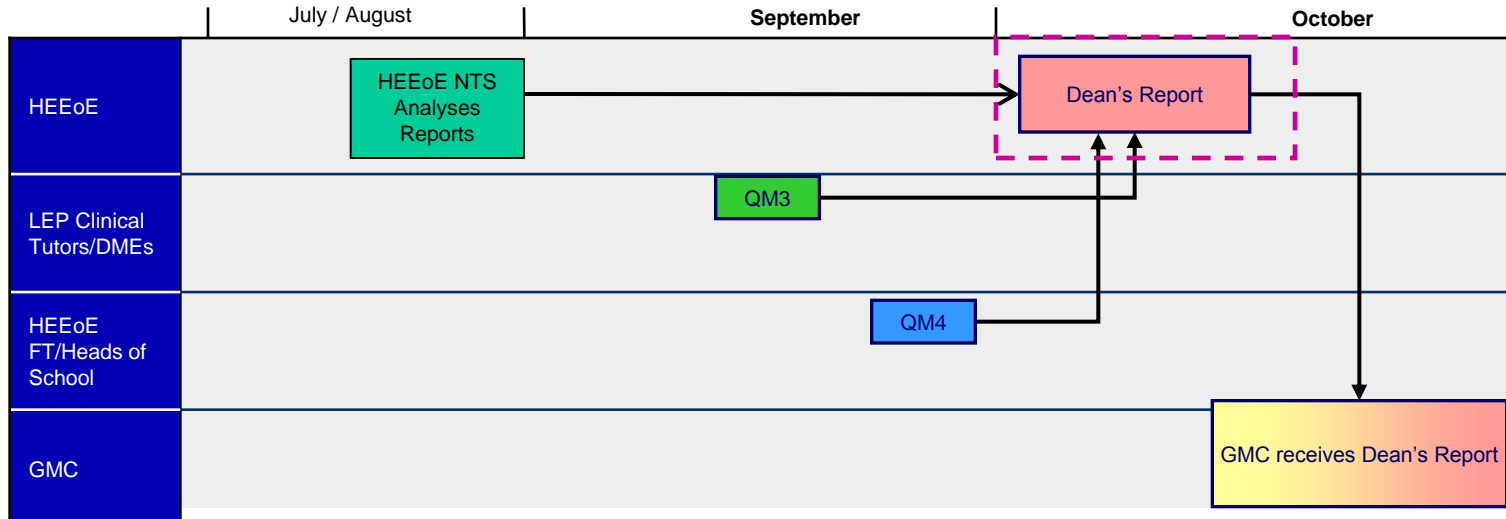
## When does activity take place?

- Annually – Annual Foundation/Specialty School Report to be submitted to UKFPO/College/SAC equivalent where required in September

## Who is responsible?

- Heads of School for submitting QM4 report for input and completing Annual Foundation/Specialty School Report when required

# Activity 5: Dean's Report



## Overview of activity

- The Dean's Report is an exception reporting self-assessment by HEEoE that highlights areas of good practice and areas of concern/for development that have been identified from the information, analysis and data that has been inputted to the Report
- The self assessment is to include a progress report on improvements made since issues identified and only exceptions are noted
- The Dean's Report is mapped to GMC standards and domains

## When does activity take place?

- Annually – Dean's Report to be submitted to GMC in October

## Inputs

- QM3 completed Report
- QM4 completed Report
- Surveys
- Data
- Visits
- Self-reflection

## Outputs

- Dean's Report to be sent to GMC
- Report prompts HEEoE review of quality management reporting processes
- Report informs LDA/ commissioning decisions

## Who is responsible?

- HEEoE – for completing and submitting Dean's Report
- LEP Clinical Tutors/DMEs and HEEoE FT/Heads of School for submitting QM3 and QM4 reports for input respectively

# Section 3

## Appendices



# Appendix A

## The Quality Management Framework

# Quality Management Framework – Domain 1

Domain 1: Patient Safety		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.</p> <p>There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.</p>	<p>1.1 Trainees must make the care of patients their first concern.</p>	<ul style="list-style-type: none"> <li>The LEP must ensure that all trainees are aware of the requirements in the latest edition of GMC guidance 'Good Medical Practice'</li> </ul>
	<p>1.2 Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision. Trainees must never be put in a situation where they are asked to work beyond the limits of their competence without appropriate support and supervision from a clinical supervisor.</p>	<ul style="list-style-type: none"> <li>The LEP will ensure that there is an identified clinical supervisor for every trainee as defined by GMC for all clinical work undertaken</li> <li>Departmental induction should inform trainees as to the procedure for accessing senior support</li> </ul>
	<p>1.3 Those supervising the clinical care provided by trainees must be clearly identified; be competent to supervise; and be accessible and approachable at all times while the trainee is on duty.</p>	<ul style="list-style-type: none"> <li>The LEP will ensure that each trainee is informed of the educational and clinical supervisor responsible for their supervision at each stage of the training.</li> <li>The LEP will ensure that there is an identified clinical supervisor for every trainee.</li> <li>Educational supervisors and named clinical supervisors identified by the LEP should be appropriately appointed, trained and appraised and have adequate time within their job plan to fulfil their role.</li> </ul>
	<p>1.4 Before seeking consent both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so they should have access to a supervisor with the required knowledge.</p>	<ul style="list-style-type: none"> <li>There should be a written consent policy and trainees informed about this policy at induction</li> <li>The consent policy should be in accordance with the guidance set out by the GMC.</li> </ul>

# Quality Management Framework – Domain 1

Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.</p> <p>There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.</p>	<p>Trainees must act in accordance with the GMC's guidance Consent: patients and doctors making decisions together (2008).</p>	
	<p>1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation.</p>	<ul style="list-style-type: none"> <li>• Rotas must be New Deal compliant</li> <li>• Rotas must be Working Time Directive (WTD) compliant at 48 hours</li> </ul>
	<p>1.6 Trainees in hospital posts must have well organised handover arrangements, ensuring continuity of patient care at the start and end of periods of day or night duties every day of the week.</p>	<ul style="list-style-type: none"> <li>• There should be a handover policy for all departments; handover time should be included in the rotas</li> <li>• The LEP must provide evidence of the implementation of the Preparation for Professional Practice week for F1 trainees, in accordance with HEEoE's guidance</li> </ul>
	<p>1.7 There must be robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern.</p>	<ul style="list-style-type: none"> <li>• The LEP must demonstrate adherence to transparent policies for the management and support of trainees in difficulty or with differing needs</li> <li>• The LEP should seek appropriate support from the HEEoE's Performance Support Unit and, where necessary, inform the Responsible Officer for Revalidation</li> </ul>
	<p>1.8 Immediate steps must be taken to investigate serious concerns about a trainee's performance, health or conduct, to protect patients. The trainee's educational supervisor and the deanery must be informed. The GMC must also be informed when a problem is confirmed in line with Good medical practice and the GMC's fitness to practice requirements.</p>	<ul style="list-style-type: none"> <li>• In case of serious concerns, the LEP must take immediate steps to inform all relevant parties</li> </ul>

# Quality Management Framework – Domain 1

Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.</p> <p>There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.</p>	<p>1.9 Those responsible for training, including educational supervisors, must share information with relevant individuals and bodies, including postgraduate deaneries and employers, about trainee doctors that is relevant to their development as doctors. This must take place between the medical school (in the case of provisionally registered doctors) and the deanery, and during and at the end of posts and programmes. Trainees should be told the content of any information about them that is given to someone else, and those individuals should be specified. Where appropriate, and with the trainee's knowledge, relevant information must be given to the educational supervisor for their next placement so that appropriate training, support and supervision can be arranged.</p>	<ul style="list-style-type: none"> <li>• There must be a transfer of information mechanism that allows the evidence to be shared with all appropriate parties</li> </ul>
	<p>1.10 All those who teach, supervise, give counselling to, provide reports or references about, employ or work with foundation doctors must protect patients by providing explicit and accountable supervision, and honest and justifiable reports about the foundation doctor's competence, performance and conduct.</p>	<ul style="list-style-type: none"> <li>• The LEP must ensure that foundation doctors are explicitly supervised and receive valid performance reports in order to maximise patient safety</li> </ul>

# Quality Management Framework – Domain 1

Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.</p> <p>There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.</p>	<p>1.11 Foundation doctors must always have direct access to a senior colleague who can advise them in any clinical situation. Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work.</p>	<ul style="list-style-type: none"> <li>The LEP must ensure that foundation doctors have access to on site supervision of their clinical work at all times.</li> </ul>
	<p>1.12 Foundation doctors who are a risk to patients must not be allowed to continue training and must not be signed off for full registration with the GMC. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practice, in accordance with local processes.</p>	<ul style="list-style-type: none"> <li>The GMC must be informed of Foundation doctors who fail to meet training outcomes including not being recommended for sign off for full registration.</li> </ul>

# Quality Management Framework – Domain 2

Domain 2: Quality Management, Review and Evaluation		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Training must be quality managed, monitored, reviewed, evaluated and improved.	2.1 Programmes, posts, trainers, associated management, data collection concerning trainees, and local faculty must comply with the European Working Time Regulations, Data Protection Act, and Freedom of Information Act.	<ul style="list-style-type: none"> <li>Freedom of Information, Working Time Regulations and Data Protection policies must be in place and there should be a named person through which applications should be routed</li> </ul>
	2.2 Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts, programmes and trainers and ensure that the requirements of the GMC's standards are met.	<ul style="list-style-type: none"> <li>The LEPs will ensure full participation in HEEoE annual quality management process including the timely return of all information requests and reports, and appropriate access for visits</li> <li>The LEPs will ensure the completion and return of HEEoE's quality monitoring reports</li> </ul>
	2.3 The quality management of programmes and posts must take account of the views of those involved, including trainees, local faculty and, where appropriate, patients and employers.	<ul style="list-style-type: none"> <li>There must be demonstrable and meaningful engagement with all appropriate stakeholders including trainees and the public within HEEoE's quality management processes</li> </ul>

# Quality Management Framework – Domain 3

Domain 3: Equality, diversity and opportunity		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Training must be fair and based on principles of equality.	3.1 At all stages foundation and specialty training programmes must comply with employment law, the Equality Act 2010, the Human Rights Act and any other relevant legislation that may be enacted and amended in the future, and be working towards best practice. This will include compliance with any public duties to eliminate discrimination, promote equality and foster good relations.	<p>Equal Opportunities</p> <ul style="list-style-type: none"> <li>The Trust will provide the Postgraduate Dean, on request, with copies of all personnel policies and procedures including equal opportunities and health and safety regulations which affect doctors in training</li> <li>The Trust shall demonstrate a committed and active approach to Equal Opportunities and shall take steps to ensure that, in carrying out its obligations under this agreement, neither it nor any of its subcontractors commits an act of discrimination rendered unlawful by the Sex Discrimination Act 1975 nor the Race Relations Act 1976 nor the Disabled Persons (Employment) Act 1994 and 1958 or any enactments modifying or replacing them</li> <li>Except for any restrictions on recruitment which have been notified to the Trust, the Trust shall take steps to ensure that neither it nor any of its subcontractors treats any applicant for a trainee place or any trainee in a way which would constitute an act of discrimination as described in clause 2.2.3</li> <li>LEPs must develop a system that collects data on those who have or do not have equality and diversity training, and provide this information to the Postgraduate Dean on request</li> </ul>
	3.2 Information about training programmes, their content and purpose must be publicly accessible either on, or via links to, postgraduate deaneries and the GMC's websites	<ul style="list-style-type: none"> <li>HEEoE, in collaboration with Specialty Schools, will publish programme information on relevant websites</li> <li>The LEPs will contribute accurate and timely information as required</li> </ul>
	3.3 Postgraduate deaneries must take all reasonable steps to adjust programmes for trainees with well-founded individual reasons for being unable to work full time, to enable them to train and work less than full time within the GMC's standards and requirements. Postgraduate deaneries must take appropriate action to encourage LEPs and other training providers to provide adequate opportunity for trainees to train less than full time.	<ul style="list-style-type: none"> <li>HEEoE has transparent policies and processes in place for trainees wishing to work less than full time</li> <li>The less than full time policies and processes must be available on HEEoE's website, and contact details provided for advice</li> <li>HEEoE to routinely report on LTFT training</li> </ul>

# Quality Management Framework – Domain 3

Domain 3: Equality, diversity and opportunity		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Training must be fair and based on principles of equality.	3.4 Appropriate reasonable adjustments must be made for trainees with disabilities, special educational or other needs.	<ul style="list-style-type: none"> <li>LEPs and HEEoE should have processes identified and work in partnership to consider adjustments necessary for trainees with specific needs (e.g. disabilities)</li> </ul>
	3.5 Equality and diversity data, including evidence on trainee recruitment, appointment, and satisfaction, must be collected and analysed at recruitment and during training and the outcome of the analysis made available to trainees and trainers.	<ul style="list-style-type: none"> <li>HEEoE to have processes in place to ensure relevant data is captured and accessible</li> <li>The LEPs will contribute accurate and timely information as required</li> </ul>
	3.6 Data about training medical staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.	<ul style="list-style-type: none"> <li>LEPs must have in place processes to ensure 100% compliance with mandatory training in equality and diversity and to be able to evidence such compliance as and when required to do so</li> </ul>
	3.7 When drafting or reviewing policy or process the deanery and LEPs must consider the ramifications of such action for trainees or applicants and ensure that they are fair to all.	<ul style="list-style-type: none"> <li>All LEPs and HEEoE policies must adhere to the requirements of equality and diversity legislation</li> </ul>



# Quality Management Framework – Domain 4

Domain 4: Recruitment, selection and appointment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>Processes for recruitment, selection and appointment must be open, fair, and effective.</p>	<p>4.1 Candidates will be eligible for consideration for entry into specialty training if they:</p> <ul style="list-style-type: none"> <li>a) are a fully registered medical practitioner with the GMC or are eligible for any such registration</li> <li>b) hold a licence to practise or are eligible to do so</li> <li>c) are fit to practise</li> <li>d) are able to demonstrate the competences required to complete foundation training. This covers candidates who have completed foundation training, candidates who apply before completion and those who have not undertaken foundation training but can demonstrate the competences in another way.</li> </ul> <p>4.2 The selection process must:</p> <ul style="list-style-type: none"> <li>a) ensure that information about places on training programmes, eligibility and selection criteria and the application process is published and made widely available in sufficient time to doctors who may be eligible to apply</li> </ul>	<ul style="list-style-type: none"> <li>• Doctors in training will be selected and recruited to training programmes by agreement, and in line with the current procedures outlined in: <ul style="list-style-type: none"> <li>– Modernising Medical Careers</li> <li>– GMC Generic Standards for Training</li> <li>– The Operational Framework for Foundation Training</li> <li>– The Guide to Postgraduate Specialty training in the UK (The Gold Guide)</li> </ul> </li> <li>• Terms and Conditions of Trainees: <ul style="list-style-type: none"> <li>These should be in accordance with the Whitley Council Terms and Conditions. Specifically, LEPs will ensure trainees receive and understand: <ul style="list-style-type: none"> <li>– their contract of employment, e.g. hours of duty, within one month of starting date</li> <li>– a formal explanation of their duty rota</li> <li>– clarification of status of half days</li> <li>– clear and informative appointment pack</li> <li>– up to date job description which should include an outline of the educational programme for their post.</li> </ul> </li> </ul> </li> <li>• All clinical and educational supervisors delivering training and those involved in the recruitment process will have evidence of equality and diversity accreditation undertaken in the past three years. This will be monitored by the LEP, and for HEEoE recruitment processes, documentary evidence will be confirmed by HEEoE's recruitment team prior to participation</li> <li>• Appointments to local faculty (educators) should be against a set of defined and published criteria</li> </ul>

# Quality Management Framework – Domain 4

Domain 4: Recruitment, selection and appointment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Processes for recruitment, selection and appointment must be open, fair, and effective.	<ul style="list-style-type: none"> <li>b) use criteria and processes which treat eligible candidates fairly</li> <li>c) select candidates through open competition</li> <li>d) have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were discriminatory</li> <li>e) seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required.</li> </ul>	See above

# Quality Management Framework – Domain 4

Domain 4: Recruitment, selection and appointment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Processes for recruitment, selection and appointment must be open, fair, and effective.	4.3 Selection panels must consist of persons who have been trained in selection principles and processes.	<ul style="list-style-type: none"> <li>Selection panels to consist of those trained appropriately on selection processes including Patient and Public Voice Partners</li> </ul>
	4.4 Selection panels must include a lay person.	
	4.5 There must be comprehensive information provided for those within postgraduate programmes about choices in the programme and how they are allocated.	<ul style="list-style-type: none"> <li>There must be up to date job description which should include an outline of the educational programme and allocation of posts</li> </ul>
	4.6 The appointment process should demonstrate that foundation doctors are fit for purpose and able, subject to an appropriate induction and ongoing training, to undertake the duties expected of them in a supportive environment. The process should build on experiences gained at medical schools to support fitness for purpose in the working environment.	<ul style="list-style-type: none"> <li>Adherence to the national guidance and process for the appointment of foundation doctors is required</li> </ul>

# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The requirements set out in the approved curriculum and assessment system must be delivered and assessed.</p>	<p><b>5.1 Education and Training</b> Sufficient practical experience must be available within the programme to support acquisition of knowledge, skills and behaviours and demonstration of developing competency as set out in the approved curriculum.</p>	<ul style="list-style-type: none"> <li>• The LEP must fulfil its responsibility for delivering the curriculum for all doctors and dentists in training</li> <li>• The LEP will ensure that the posts provide the opportunities as outlined in the programme description</li> <li>• The LEP should provide opportunities for trainees to develop management, leadership and teaching skills</li> <li>• The percentage of doctors in training achieving the required competency standards should be collected by HEEoE with the Specialty Schools, as well as examination results and ARCP outcomes</li> <li>• The LEP will contribute accurate and timely information as required</li> </ul>
	<p><b>5.2 Education and Training</b> Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post.</p>	<ul style="list-style-type: none"> <li>• All training posts must be part of a programme approved by GMC. Any posts that do not have such approval are not classified as training grade posts and must not be advertised as such</li> <li>• Information on programmes and the elements within each programme must be provided on the Deanery website. The LEP must ensure that their posts meet the expectations as outlined in the programmes</li> </ul>
	<p><b>5.3 Education and Training</b> Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of Good medical practice.</p>	<ul style="list-style-type: none"> <li>• The Trust must ensure that all trainees are aware of the requirements in the latest edition of GMC guidance 'Good Medical Practice'</li> </ul>
	<p><b>5.4 Education and Training</b> Trainees must be 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 have support to undertake this activity whenever possible.</p>	<ul style="list-style-type: none"> <li>• The LEP must provide a formal documented programme of educational activities relevant to delivering the curriculum</li> </ul>

# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
The requirements set out in the approved curriculum and assessment system must be delivered and assessed.	<p><b>5.5 Education and training</b> In organised educational sessions, foundation doctors must not be on duty, and should give their pagers to someone else so that they can take part.</p>	<ul style="list-style-type: none"> <li>The LEP will ensure there is a policy that Foundation trainees are not on duty during educational training sessions</li> </ul>
	<p><b>5.6 Assessment</b> The overall purpose of the approved assessment system as well as each of its components must be documented and in the public domain and must be implemented</p>	<ul style="list-style-type: none"> <li>The LEP will provide regular workplace in-training assessment as required by training programmes</li> <li>The LEP will contribute accurate and timely information as required</li> </ul>
	<p><b>5.7 Assessment</b> Assessments must be appropriately sequenced and must match progression through the career pathway.</p>	<ul style="list-style-type: none"> <li>All parties involved will adhere to the Gold Guide and HEEoE's policy on the conduct of assessments</li> </ul>
	<p><b>5.8 Assessment</b> Individual approved assessments within the system should add unique information and build on previous assessments.</p>	
	<p><b>5.9 Assessment</b> Trainees must only be assessed by someone with appropriate expertise in the area to be assessed.</p>	<ul style="list-style-type: none"> <li>All those participating in trainee assessments must have undergone training appropriate to this role</li> </ul>

# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
<p>The requirements set out in the approved curriculum and assessment system must be delivered and assessed.</p>	<p>5.10 Assessment Foundation Training Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow trainees with a disability to show that they have achieved the outcomes. Those responsible for assessment must be aware of and apply legislation and good practice relating to the assessment of those with a disability</p>	<ul style="list-style-type: none"> <li>Those undertaking assessments must have received appropriate training in Equality and Diversity and must comply with all appropriate legislation</li> </ul>
	<p>5.11 Assessment Foundation Training There must be a clear, documented and published system for dealing with trainees who have not completed training successfully, including:</p> <p>a) appeals procedures</p> <p>b) processes for identifying and providing any further training needed</p> <p>c) counselling for those foundation doctors who are not able to progress to full registration.</p>	<ul style="list-style-type: none"> <li>When required, the HEEoE's Performance Support for Doctors in Training guidance must be enacted</li> </ul>
	<p>5.12 Assessment Foundation Training Systems and processes must be in place to ensure that the responsibility for signing the certificate of experience is clear.</p>	<ul style="list-style-type: none"> <li>Clear processes must be in place to ensure appropriate sign off for the certificate of experience</li> </ul>

# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
The requirements set out in the approved curriculum and assessment system must be delivered and assessed.	<p><b>5.13 Assessment Foundation Training</b> The person appointed to confirm that a foundation doctor has met all the necessary outcomes of training must ensure that all the required outcomes of training have been met and that the foundation doctor practices in line with the principles of professional practice set out in Good medical practice.</p>	<ul style="list-style-type: none"> <li>Confirmation of foundation doctors outcomes must comply with Good Medical practice</li> </ul>
	<p><b>5.14 Assessment Foundation Training</b> A named representative of the university, normally but not necessarily the postgraduate dean, must be responsible for filling in the certificate of experience based on the confirmation of satisfactory service, or equivalent, signed by educational supervisors. The legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school.</p>	<ul style="list-style-type: none"> <li>HEEoE and the Medical School must comply with the requirements to recommend full registration to the GMC</li> </ul>

# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The requirements set out in the approved curriculum and assessment system must be delivered and assessed.</p>	<p><b>5.15 Assessment Foundation Training</b>            There must be valid methods for assessing foundation doctors' suitability for full registration, completion of foundation training, and application and entry to specialty training. This must include a clear, documented and published process for assessing foundation doctors' performance, and what evidence and information will inform a judgment about the performance of a foundation doctor, to complete and put forward:</p> <p>a) confirmation of satisfactory service or equivalent at the end of each placement within a programme that covers the outcomes met during the placement, the outcomes not met during the placement, and the outcomes not dealt with during that placement</p> <p>b) a certificate of experience for doctors who have completed the first year of the programme successfully enabling them to apply for full registration.</p>	<ul style="list-style-type: none"> <li>The methods for determining and recording the suitability of foundation doctors for full registration must be valid and reproducible</li> </ul>



# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The requirements set out in the approved curriculum and assessment system must be delivered and assessed.</p>	<p><b>5.16 Assessment Foundation Training</b> A range of methods of assessment should contribute to the overall judgement about the performance of a foundation doctor, including evidence of direct observation of the foundation doctor's performance; reports from colleagues about the foundation doctor's performance; discussions with the Foundation doctor about their performance; and the foundation doctor's portfolio. Other sources of evidence providing insight into competence should be recorded and may include feedback from patients who have been in contact with the foundation doctor and the outcome of audits.</p>	<ul style="list-style-type: none"> <li>The methods for determining and recording the suitability of foundation doctors for full registration must be valid and reproducible</li> </ul>
	<p><b>5.17 Assessment Foundation Training</b> The evidence on which the completion of the certificate of experience and the achievement of the foundation year two competence document is based must be clearly identified by educational supervisors. At the end of each placement within the Foundation Programme, the educational supervisor, in conjunction with the deanery, must assess whether the foundation doctor has met the necessary outcomes.</p>	<ul style="list-style-type: none"> <li>The education supervisor's documentary evidence for determining the suitability and assessing the outcomes of foundation doctors to allow completion of the certificate of experience and achievement of the foundation year two competences must be clear</li> </ul>

# Quality Management Framework – Domain 5

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
The requirements set out in the approved curriculum and assessment system must be delivered and assessed.	5.18 Performance feedback Trainees must have regular feedback on their performance within each post.	<ul style="list-style-type: none"> <li>The LEP must ensure that doctors in training receive regular feedback on their performance</li> </ul>
	5.19 Performance feedback All doctors and other health and social care professionals who have worked with trainees should have an opportunity to provide constructive feedback about the trainee's performance.	<ul style="list-style-type: none"> <li>The LEP should ensure that feedback to trainees is given by doctors and other health care professionals as well as more formalised feedback through educational supervision</li> </ul>
	5.20 Performance feedback Trainees must maintain a personal record of educational achievement to describe and record their experiences, and to identify strengths and weaknesses, which should include summaries of feedback from the educational supervisor, significant achievements or difficulties, reflections of educational activity, and the results of assessments.	<ul style="list-style-type: none"> <li>Trainees must be reminded of their responsibilities for maintenance of their learning portfolios</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>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.</p>	<p><b>6.1 Induction</b> Every trainee starting a post or programme must be able to access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; their duties and reporting arrangements; their role in the inter-professional and interdisciplinary team; workplace and departmental policies and to meet key staff.</p>	<ul style="list-style-type: none"> <li>• The LEP must provide evidence of the implementation of the Preparation for Professional Practice week for F1 trainees, in accordance with HEEoE guidance</li> <li>• The LEP must ensure that:               <ul style="list-style-type: none"> <li>• All trainees receive an effective induction in bleep free protected time prior to taking up their first appointment</li> <li>• All Specialty trainees should be released for Specialty training programme induction within the first few months of starting their programme</li> <li>• Newly appointed trainees of all grades receive an introduction and induction to their clinical department, their role in the inter-professional and interdisciplinary team at the start of the first attachment to that department</li> <li>• Appropriate arrangements are made for the induction of overseas doctors taking up their first position in the NHS in the United Kingdom</li> <li>• Systems are in place to demonstrate that all trainees participate in induction</li> <li>• In the interest of patient safety, alternative arrangements must be made by the LEP to accommodate those trainees who are unable to attend formal induction courses</li> <li>• Access to Occupational Health should be described in the induction materials</li> </ul> </li> </ul>
	<p><b>6.2 Induction</b> At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve in the post.</p>	<ul style="list-style-type: none"> <li>• The first meeting with the educational supervisor should include an overview of educational and training opportunities within the LEP, as well as information on support available to trainees including the setting of aims and objectives to be achieved in the post</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>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.</p>	<p><b>6.3 Educational Supervision</b> Trainees must have, and be told the name and contact details of, a designated educational supervisor.</p>	<ul style="list-style-type: none"> <li>• The LEP will ensure that there is a nominated educational supervisor for every trainee as defined by the GMC for each stage of training</li> <li>• The LEP will ensure that each trainee is informed of the educational or named clinical supervisor responsible for their supervision at each stage of the training</li> <li>• The LEP should maintain an up-to-date record of educational and named clinical supervisors and their trainees</li> </ul>
	<p><b>6.4 Educational Supervision</b> Trainees must sign a training/learning agreement at the start of each post.</p>	<ul style="list-style-type: none"> <li>• The educational supervisor should ensure that there is an educational agreement which is completed with the trainee at the start of each placement within a programme</li> <li>• The LEP should be able to provide evidence of completion of educational agreements between the trainee and the educational supervisor</li> </ul>
	<p><b>6.5 Educational Supervision</b> Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative).</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are supported in maintaining a relevant and appropriate means of documenting their progression through their training programme, such as electronic or paper-based learning portfolios and log books, and that this meets the requirements of their current training programme</li> </ul>
	<p><b>6.6 Educational Supervision</b> Trainees must meet regularly with their educational supervisor (or representative) during their placement: at least at the beginning and end of each placement for foundation doctors; and at least every three months for specialty trainees, to discuss their progress, outstanding learning needs and how to meet them.</p>	<ul style="list-style-type: none"> <li>• The LEP must provide evidence that each trainee has met their trainer/educational supervisor for appraisal. In general, meetings should be held at the beginning,* mid-point and near the end of each placement, but for very short attachments this may require some rationalisation</li> <li>• For specialty trainees meetings should occur in accordance with the GMC requirements</li> <li>• The trainee should hold the record of these meetings, as well as amendments to their personal development plan, in their learning portfolio</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>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.</p>	<p><b>6.7 Educational Supervision</b> Trainees must have a means of feeding back, in confidence, their concerns and views about their training and education experience to an appropriate member of local faculty or the deanery, without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected.</p>	<ul style="list-style-type: none"> <li>• Systems such as feedback fora should be in place for trainees to raise immediate and longer term issues regarding education provision/learning opportunities</li> <li>• Trainees should be informed at induction of support systems and whistle blowing policies</li> <li>• Formal educational activities should include feedback, either verbal or written, that is evaluated and acted upon appropriately to shape future training</li> </ul>
	<p><b>6.8 Educational Supervision</b> There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements.</p>	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure compliance with review of progress and appraisal within posts and with transfer of information, and will respond to issues raised through quality management visits and surveys such as the GMC trainee survey</li> </ul>
	<p><b>6.9 Education Supervision</b> Trainees must have relevant, up-to-date, and ready access to career advice and support.</p>	<ul style="list-style-type: none"> <li>• The LEP should work with HEEoE to develop guidance for careers advice and support for doctors in training</li> </ul>
	<p><b>6.10 Training</b> Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy), in accordance with the approved curriculum, add educational value and be appropriately supervised.</p>	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure compliance with appropriate work intensity and working patterns, and will respond to issues raised through quality management visits and surveys such as the GMC trainee survey</li> </ul>
	<p><b>6.11 Training</b> Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.</p>	<ul style="list-style-type: none"> <li>• The LEP will ensure that there is an identified clinical supervisor for every trainee as defined by GMC for all clinical work undertaken</li> <li>• The LEP will contribute appropriately to ensure trainees are able to learn the skills required to progress through their curriculum</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>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.</p>	<p><b>6.12 Training</b>                      Training programmes must include placements which are long enough to allow trainees to become members of the team and allow team members to make reliable judgement about their abilities, performance and progress.</p>	<ul style="list-style-type: none"> <li>• Placements must be of sufficient length to allow for development of team working skills and to allow team members to gauge the doctor in training's abilities, performance and progress</li> </ul>
	<p><b>6.13 Training</b>                      While trainees must be prepared to make the needs of the patient their first concern, trainees must not regularly carry out routine tasks that do not need them to use their medical expertise and knowledge, or have little educational value.</p>	<ul style="list-style-type: none"> <li>• Clinical experience for trainees must be at an appropriate level and of sufficient educational value to meet curriculum requirements</li> </ul>
	<p><b>6.14 Training</b>                      Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.</p>	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure that there are opportunities for trainees to complete audit projects or quality improvement initiatives</li> </ul>
	<p><b>6.15 Training</b>                      Access to occupational health services for all trainees must be assured.</p>	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure that trainees know how to access to occupational health services</li> <li>• Access to Occupational Health should be detailed in the LEP induction programme and materials</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
<p>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.</p>	<p><b>6.16 Training</b> Trainees must be able to access training in generic professional skills at all stages in their development.</p>	<ul style="list-style-type: none"> <li>• The LEP should encourage trainees to access training in generic professional skills, locally, regionally and nationally</li> <li>• The LEP should provide opportunities for trainees to develop management, leadership and teaching skills</li> </ul>
	<p><b>6.17 Training</b> Trainees must have the opportunity to learn with, and from, other healthcare professionals.</p>	<ul style="list-style-type: none"> <li>• Opportunities should be available for trainees to learn on the job as part of a multi-professional team</li> </ul>
	<p><b>6.18 Training</b> Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are aware of its dignity at work/bullying and harassment policy, and the whistle blowing policy</li> <li>• Trainees must be informed of support systems within the LEP.</li> </ul>
	<p><b>6.19 Training</b> Access to confidential counselling services should be available to all trainees when needed.</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are aware of confidential counselling services</li> <li>• Trainees must be informed of counselling services by the LEP.</li> </ul>
	<p><b>6.20 Training</b> Information must be available about less than full time training, taking a break, or returning to training following a career break for any reason including health or disability</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are aware of less than full time training opportunities</li> </ul>
	<p><b>6.21 Training</b> Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty.</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are aware of its process to manage and support doctors in difficulty</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
<p>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.</p>	<p><b>6.22 Training</b>            Prior to taking up their first foundation year one (F1) placement, new doctors should, wherever practicable, have a period working with the F1 doctor who is in the post they will take up. The 'shadowing' period should normally last at least one week and take place as close to the point of employment as possible, and is distinct from the general induction sessions provided for new employees and foundation doctors.</p>	<ul style="list-style-type: none"> <li>The LEP must implement their Preparation for Professional Practice week for F1 trainees, in accordance with HEEoE guidance</li> </ul>



# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>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.</p>	<p><b>6.23 Study Leave</b> Trainees must be made aware of their eligibility for study leave and how to apply for it and be guided on appropriate courses and funding.</p>	<ul style="list-style-type: none"> <li>• Study leave should be allocated in accordance with UK terms and conditions of service and, for Specialist Registrars, as outlined in 'A Guide to Specialist Training', and in "The Guide to postgraduate specialty training", and for foundation trainees in the "Operational framework for foundation training"</li> <li>• The LEP should provide a local study leave policy that reflects these requirements</li> <li>• The LEP should provide the study leave policy to trainees at induction</li> <li>• HEEoE will have a monitoring and appeal process for study leave allocations and/or refusal</li> </ul>
	<p><b>6.24 Study Leave</b> Where eligible, trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.</p>	
	<p><b>6.25 Study Leave</b> The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.</p>	

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
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.	<p><b>6.26 Academic Training</b> Trainees must be made aware of the academic opportunities available in their programme or specialty.</p>	<ul style="list-style-type: none"> <li>The LEP should provide opportunities for trainees to take part in audit, research and teaching where appropriate</li> </ul>
	<p><b>6.27 Academic Training</b> Trainees who believe that their particular skills and aptitudes are well-suited to an academic career, and are inclined to pursue it, should receive guidance in that endeavour.</p>	<ul style="list-style-type: none"> <li>The HEEoE Specialty Schools and the LEP should make academic advice and support available for trainees interested in pursuing an academic career, including a web based resource</li> </ul>
	<p><b>6.28 Academic Training</b> Specialty trainees who elect and who are competitively appointed to follow an academic path must be sited in flexible approved programmes of academic training that permit multiple entry and exit points (from standard training programmes) throughout training.</p>	<ul style="list-style-type: none"> <li>The LEP should contribute appropriately to facilitate academic programmes within the framework of academic training for foundation training and individual specialty academic programmes</li> </ul>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.	<p>6.29 Standards for Trainers Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.</p>	<ul style="list-style-type: none"> <li>• The LEP must ensure that all trainees are aware of the requirements in the latest edition of GMC guidance 'Good Medical Practice'</li> <li>• The LEP must ensure that named clinical and educational supervisors have been trained to the GMC standards for trainers, by ensuring that they have all undergone the training provided through HEEoE's Faculty Development Programme although evidence of equivalent training by other education faculties will be acceptable.</li> <li>• The LEP will ensure that delivery of a faculty development programme will include sessions on work based assessments, feedback and the trainee in difficulty</li> <li>• The LEP will keep records of all educational development training undertaken by trainers</li> <li>• The LEP should maintain an accurate record of educational supervisors and their trainees, and monitor the progression of training and completion of the learning portfolio</li> <li>• The LEP must provide evidence that each trainee has met their trainer/educational supervisor for appraisal. Meetings should be held at the beginning, mid-point and near the end of each placement</li> <li>• The LEP will provide documentary evidence to HEEoE that all trainers have been appropriately selected, trained and appraised for their educational role</li> <li>• The LEP should work with HEEoE to develop guidance for careers advice and support for doctors in training</li> <li>• The LEP should demonstrate local ownership and policies for the identification of the doctor in difficulty and, as appropriate, local solutions, and also comply with the HEEoE's policies. Trainers must be aware of and understand these processes</li> <li>• The trainer and LEP, foundation and specialty schools, and HEEoE should work in partnership to support the trainee in difficulty and with differing needs</li> <li>• All clinical and education supervisors delivering training will have evidence of equality and diversity accreditation undertaken within the past three years</li> <li>• The LEP and HEEoE will work in partnership to collect the required data, avoiding duplication where possible and comparing data where appropriate</li> </ul>
	<p>6.30 Standards for Trainers Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.</p>	
	<p>6.31 Standards for Trainers Trainers must regularly:</p> <ol style="list-style-type: none"> <li>review the trainee's progress through the training programme</li> <li>adopt a constructive approach to giving feedback on performance</li> <li>ensure the trainee's progress is recorded</li> <li>identify their development needs</li> <li>advise on career progression</li> <li>understand the process for dealing with a trainee whose progress gives cause for concern.</li> </ol>	

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
Trainers must be involved in, and contribute to the learning culture in which patient care occurs.	<p><b>6.32 Standards for Trainers</b> Trainers must ensure that clinical care is valued for its learning opportunities; learning, assessment and teaching must be integrated into service provision</p>	<ul style="list-style-type: none"> <li>• The LEP and consultant trainers should contribute to the promotion of a teaching and learning culture</li> <li>• The LEP will be advised locally by a Postgraduate Education Committee with appropriate membership and directed by the Clinical Tutor/DME</li> <li>• Clinical and education supervisors should meet and communicate on a regular basis to ensure consistency and sharing of good practice</li> <li>• Trainers should be encouraged and supported by the LEP to participate in appropriate regional and national educational meetings</li> </ul>
	<p><b>6.33 Standards for Trainers</b> Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions.</p>	

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
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.	<p>6.34 Standards for Trainers Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.</p>	<ul style="list-style-type: none"> <li>The LEP should ensure that the activities, responsibilities and time required for all consultants who have responsibility for doctors in training is recognised through the annual job planning process conducted between consultants and their Trust and should be monitored within the annual Trust appraisal process.</li> <li>The LEP should ensure that trainers are supported in undertaking the required educational and development training as appropriate to their training role. This may be informed by HEEoE, Royal College and Trust requirements</li> </ul>
	<p>6.35 Standards for Trainers Postgraduate deaneries must have structures and processes to support and develop trainers, and must provide trainers with information about how to access training and support to help them to undertake their roles and responsibilities effectively.</p>	<ul style="list-style-type: none"> <li>HEEoE must support the current regional meetings such as the Directors of Medical Education/Clinical Tutors Forum and Foundation Training Programme Directors Forum</li> <li>HEEoE should provide support and opportunity for leadership and teaching development for trainers</li> <li>HEEoE should continue to commission and support the educational development programmes for trainers, and HEEoE's faculty development programme</li> </ul>
	<p>6.36 Standards for Trainers Trainers with additional educational roles, for example training programme director or director of medical education, must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities.</p>	<ul style="list-style-type: none"> <li>Appointments to local faculty (educators) should be against a set of defined and published criteria, and may involve the LEP, HEEoE and Medical Royal Colleges through the Specialty Schools</li> <li>The LEP should ensure there is a clear description of roles and responsibilities for trainers, including:                             <ul style="list-style-type: none"> <li>Clinical Tutors/ DMEs</li> <li>College Tutors</li> <li>Foundation Training Programme Directors</li> <li>Educational and Clinical Supervisors</li> </ul> </li> <li>The LEP should seek feedback from educational sessions and provide this to the trainers</li> <li>Trainers should be encouraged to develop an educational portfolio</li> </ul> <p>The annual appraisal process within the LEP should monitor the effectiveness of the trainer through feedback, reflective practice, and demonstrated evidence of meeting the requirements of the training role</p>

# Quality Management Framework – Domain 6

Domain 6: Support and development of trainees, trainers and local faculty		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.	<p>6.37 Standards for Trainers GP trainers must be trained and selected in accordance with the Medical Act 1983.</p>	<ul style="list-style-type: none"> <li>GP trainers must complete a postgraduate certificate in Clinical Education and apply to become a trainer through the GP School published process before their approval is recommended to the GMC</li> </ul>
	<p>6.38 Standards for Trainers Trainers must have knowledge of, and comply with, the GMC's regulatory framework for medical training.</p>	<ul style="list-style-type: none"> <li>Consultant trainers should have awareness of GMC requirements</li> <li>Guidance on GMC requirements are readily available on the GMC website and these should be widely communicated to those involved in training</li> </ul>
	<p>6.39 Standards for Trainers Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.</p>	<ul style="list-style-type: none"> <li>Foundation and specialty schools must cascade timely and relevant information on training to all their trainers in and out of the Trust</li> <li>Trainers should develop and/or contribute to a multi-professional forum within their own specialty to share and update information on programme requirements</li> <li>GP trainers must update their educational competences at least every three years</li> </ul>

# Quality Management Framework – Domain 7

Domain 7: Management of education and training		
GMC Standards	Mandatory GMC Requirements	Local Deanery Requirements
<p>Education and training must be planned and managed through transparent processes which show who is responsible at each stage</p>	<p>7.1 Postgraduate training programmes must be supported by a management plan with a schedule of responsibilities, accountabilities, and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes. For foundation training this also includes the responsibilities of universities and foundation schools</p>	<ul style="list-style-type: none"> <li>• The LEP will report their PGMET educational activities and achievements in their annual report and will provide documentary evidence to support compliance with the requirements of the Learning and Development Agreement (LDA) with HEEoE</li> <li>• The LEP will be advised locally by a Postgraduate Education Committee with appropriate membership and directed by the Clinical Tutor/Director of Medical Education</li> <li>• The LEP must ensure that appropriate action is taken to address issues that may be identified within education and training.</li> <li>• The LEP should provide timely notification of any details of service reconfigurations which may impact on the delivery of PGMET</li> </ul>
	<p>7.2 All employing organisations, as LEPs of postgraduate training, must consider postgraduate training programmes at board level. It is highly desirable that they have an executive or non-executive director at board level, responsible for supporting postgraduate training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in postgraduate training.</p>	<ul style="list-style-type: none"> <li>• Within the LEP, there should be a Board-level commitment to postgraduate medical education and training with a named responsible lead for education and training</li> </ul>

# Quality Management Framework – Domain 7

Domain 7: Management of education and training		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Education and training must be planned and maintained through transparent processes which show who is responsible at each stage	7.3 There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering and managing training and education at institutional level, such as directors of medical education and board level directors with executive responsibility, such as medical director, finance director, or director of clinical governance.	<ul style="list-style-type: none"> <li>The Clinical Tutor/DME will be appointed jointly by the Postgraduate Dean and the Trust to provide educational leadership in the Trust and to ensure the fulfilment of the requirements of the educational Agreement between the Trust and HEEoE</li> <li>The Clinical Tutor/DME will be responsible for the day to day management of the budget allocated to the Trust in the areas relating directly to training and education costs including the management of trainees' study leave.</li> </ul>
	7.4 Foundation year one doctors must have written approval from their university to accept a programme that completes their basic medical education, evidenced either through participation in the academic and national recruitment to the foundation programme process, or, if appointed locally to a training post in the Foundation Programme, by a letter from the medical school confirming approval to take up the post or programme, and the arrangements for signing the Certificate of Experience. If a provisionally registered doctor is appointed to a Locum Appointment for Training (LAT) post, the postgraduate deanery or foundation school linked to the graduating medical school must be involved in the recruitment to the LAT post and ensure it meets the standards and content set out in The Trainee Doctor.	<ul style="list-style-type: none"> <li>Appointment of Foundation year one doctors must be supported by written approval from the medical school</li> <li>Recruitment of provisionally registered foundation doctors to a LAT post must be in conjunction with HEEoE or the foundation school linked to the graduating medical school</li> </ul>



# Quality Management Framework – Domain 8

Domain 8: Educational resources and capacity		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum	8.1 The overall educational capacity of the organisation and any unit offering postgraduate training posts or programmes within it must be adequate to accommodate the practical experiences required by the curriculum	<ul style="list-style-type: none"> <li>Educational facilities/postgraduate centres must be provided and be adequately supported, including support staff and structures to facilitate education and training. These must be regarded as the point of delivery of appropriate education and training for trainee doctors, General Practitioners and other healthcare professionals</li> </ul>
	8.2 There must be access to educational facilities, facilities for a range of investigations and resources (including access to the internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the training programme as specified in the approved curriculum.	The LEP must provide appropriate library, IT, resources, lecture and tutorial rooms, office and teaching space for trainees, both by specialty and grade, to meet their educational responsibilities and service requirements
	8.3 There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (for example, undergraduate medical students, other undergraduate and postgraduate healthcare professionals and non-training grade staff).	<ul style="list-style-type: none"> <li>The activities, responsibilities and time required for all consultants who have responsibility for doctors in training should form part of their job plan. The time required for these activities should be recognised through the annual job planning process conducted between consultants and their Trust and should be monitored within the annual Trust appraisal process.</li> <li>A minimum of 0.25 Professional Activities per trainee should be allocated in order for educational supervisors to fulfil their educational responsibilities</li> <li>GP educational supervision sessions run by the educational supervisor whilst the GP Specialty training registrar in secondary care posts will be paid at a sessional rate determined by the GP School and agreed by HEEoE</li> <li>The Specialty Schools and LEP should monitor educational capacity on a multi-professional basis to ensure appropriate delivery capability</li> <li>Clinical staff with a specified educational role should attend relevant core topic training which should be updated as appropriate</li> </ul>

# Quality Management Framework – Domain 8

Domain 8: Educational resources and capacity		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum	8.4 Trainers, including clinical supervisors and those involved in medical education, must have adequate time for training identified in their job plans	<ul style="list-style-type: none"> <li>The activities, responsibilities and time required for all consultants who have responsibility for doctors in training should form part of their job plan. The time required for these activities should be recognised through the annual job planning process conducted between consultants and their Trust and should be monitored within the annual Trust appraisal process.</li> </ul>
	8.5 Educational resources relevant to, and supportive of, the training programme must be available and accessible, for example technology enhanced learning opportunities.	<ul style="list-style-type: none"> <li>The LEPs and Specialty Schools should ensure the required educational resources are made clear, and that the LEPs with relevant posts are able to provide these resources</li> </ul>
	8.6 Trainees must have access to meeting rooms, teaching accommodation and audio-visual aids.	<ul style="list-style-type: none"> <li>The LEP will ensure that trainees have appropriate access to meeting rooms and audio visual aids</li> </ul>
	8.7 Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, wet labs and simulated patient environments. Foundation doctors must have these opportunities, where they are supported by teachers, before using these skills in clinical situations.	<ul style="list-style-type: none"> <li>The LEP will ensure that trainees have access to simulation facilities and that appropriate training opportunities and support to develop clinical skills are provided</li> </ul>

# Quality Management Framework – Domain 9

Domain 9: Outcomes		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>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</p> <p>The outcomes for provisionally registered doctors and competences for the Foundation Programme are published in <i>The Trainee Doctor</i> and the <i>Foundation Programme Curriculum</i>. All doctors must demonstrate these outcomes and competences before successfully completing the Foundation Programme</p>	<p>9.1 Organisations providing postgraduate training must demonstrate they are collecting and using information about the progression of trainees to improve the quality of training</p>	<ul style="list-style-type: none"> <li>The percentage of doctors in training achieving the required competency standards should be collected by the organisations involved in postgraduate training to inform their quality management processes</li> </ul>
	<p>9.2 Trainees must have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes.</p>	<ul style="list-style-type: none"> <li>The competency standard outcomes should be published by HEEoE and Specialty Schools, and for GP specialty training programmes</li> <li>LEPs will facilitate and participate in the GMC national trainee (and trainer from 2016) satisfaction survey carried out to obtain systematic feedback from trainees on their learning and working experience in the LEP and their specialty. HEEoE will share their analyses of the survey outcomes with all LEPs, Specialty Schools and trainees</li> <li>Trainees should be advised as to how to access the GMC survey outcomes</li> </ul>
	<p>9.3 Those responsible for managing postgraduate medical education are required to report to the GMC on the outcomes of training.</p>	<ul style="list-style-type: none"> <li>The LEPs and the Specialty Schools including GP and Foundation will contribute to the information gathered by HEEoE to inform the Dean's Report to the GMC</li> </ul>

# Appendix B

## Quality Operational Group

### Terms of Reference

# Quality Operational Group Terms of Reference

## Terms of Reference

HEEoE Quality Operational Group (QOG) is the multi-professional committee that ensures that the processes of the quality improvement team and its quality management outputs provide the necessary evidence to assure that the requirements of the GMC, GDC, NMC, HPC and other regulators are met across all HEEoE education and training-related activity. The outputs will also be used to disseminate good practice and quality improvement of education and training across the LETB and nationally. To fulfil this role, the QOG will:

- Develop, review and oversee the implementation of HEEoE's Quality Management Framework for postgraduate medical education and training (PGMET), GDC requirements, and the multi-professional Quality Improvement and Performance Framework (QIPF) including the Performance and Quality Assurance Framework (PQAF) for commissioned education
- Support the HEEoE's educational governance structure through efficient and robust management of the Quality Management Framework
- Review the quality management processes within HEEoE on an annual basis
- Receive quality management visit reports and related action plans, overseeing implementation and ongoing review
- Review the outputs of QIPF and alignment with commissioning plans
- Oversee the management and implementation of action plans arising from QMF and QIPF processes ensuring consistency of approach and local ownership
- Make recommendations towards the LDAs with LEPs, inform HEEoE commissioning plans and ensure processes are in place to monitor such agreements
- Manage GMC Quality Assurance Regional Reviews and respond to issues raised
- Oversee systems that ensure a high response rate to the GMC trainee and trainer surveys and respond to findings appropriately and in a timely manner
- Review data and information from a range of sources including QSGs, CQC, TDA and Monitor, ensuring it is triangulated and that data sources are used effectively to inform education commissioning decisions
- Respond to national quality issues
- Constantly review processes to ensure they are fit for purpose in view of changing structures

# Quality Operational Group Terms of Reference

## Membership

### Membership

- Postgraduate Dean (Chair)
- Deputy Postgraduate Dean – Quality (Vice-Chair)
- Deputy Postgraduate Dean (Secondary and Tertiary Care)
- Deputy Postgraduate Dean (Primary Care)
- Deputy Postgraduate Dean (Dental)
- Head of Quality Improvement
- Senior Quality Improvement Manager
  
- Head of Education and Performance
- Head of Education Commissioning
- Heads of Workforce Partnerships
- Clinical Learning Environment Managers of Workforce Partnerships
  
- Head of Schools representative
- Associate Postgraduate Dean – Academic Training
- Clinical Tutor/DME representative
  
- Trainee representative
- Patient and Public Voice Partner
- Senior Quality Manager – London
  
- Quality Co-ordinator (Administrative support)

### Co-option and Deputies

The QOG shall have the power to co-opt members on such terms as it sees fit from time to time. Deputies may attend as appropriate and by agreement with the Chair.

# Quality Operational Group Terms of Reference

## Process

### Meetings of the Board

The QOG shall meet quarterly. Additional Meetings of the QOG shall be convened as required from time to time.

### Documentation and Reporting

There will be an agenda and papers for each QOG meeting, prepared and distributed in advance of the meeting.

The QOG will receive reports on all matters related to the quality of education and training which may include:

- Reports from Regulators
- HEEoE Quality and Performance Reviews
- Dean's Reports to the GMC
- Postgraduate School Visits
- Reports from LEPs and HEIs
- Quality matters relating to Recruitment and Assessment
- Outcomes of National and local Training Surveys
- Externality Reports from Royal Colleges/Faculties
- Reports from PQAF/QIPF
- Reports from Workforce Partnerships
- NMC or similar reviews

The QOG will record minutes for circulation within the Group. The minutes and relevant supporting documentation such as reports received by the Group may be submitted to other governance bodies as appropriate.

# Appendix C

## Quality Management Forms



# Quality Management Forms

## QM1



QM1 Exec Report



QM1 Foundation Exec Report

### QM1 EXECUTIVE REPORT FOR DEAN'S REPORT TO GMC 2015

For completion by the College / Specialty Tutor. Please complete this report and email it to your DME and Medical Education Manager by [Date to be inserted by DME]. Thank you.



TRUST:	
COLLEGE/SPECIALTY TUTOR:	
SPECIALTY:	
EMAIL ADDRESS:	DATE: DD/MM/2015

Summary of last year's areas of concern. Please indicate how these have been addressed, providing evidence for this and outcomes. Please assign RAG statuses.

Area of concern	Action	Evidence	Outcome	RAG Status

New areas of concern. Please report any areas of concern that have arisen since last year's report and how these were identified, including any concerns arising from the GMC National Training Survey 2015. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and assign RAG statuses.

New area of concern and identification	Action	Timeframe	Outcome	RAG Status

## QM2

### QM2 EXECUTIVE REPORT FOR DEAN'S REPORT TO GMC 2015

For completion by the Training Programme Director. Please complete this report and email it to your Head of School by [Date to be inserted by the Head of School]. Thank you.



TRAINING PROGRAMME DIRECTOR:	
SPECIALTY:	
EMAIL ADDRESS:	DATE: DD/MM/2015

Summary of last year's areas of concern. Please indicate how these have been addressed, providing evidence for this and outcomes. Please assign RAG statuses.

Area of concern	Action	Evidence	Outcome	RAG Status

New areas of concern. Please report any areas of concern that have arisen since last year's report and how these were identified, including any concerns arising from the GMC National Training Survey 2015. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and assign RAG statuses.

New area of concern and identification	Action	Timeframe	Outcome	RAG Status



QM2 TPD Exec Report

## QM3



QM3 Clinical Tutor Report

### Executive Summary

Reports are to be completed by all practising your specialty by pressing "all" key and "save" the content of this report in the "New Report" button.

For completion by the Clinical Tutor (Director of Medical Education).



Please indicate how these have been addressed providing evidence for this and outcomes (C) and assign a RAG (Red/Amber/Green) status.

Area of concern	Action	Evidence	C

New areas of concern 2015. Please report any areas of concern that have arisen since last year's report and how these were identified. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and assign a RAG status. If any concerns are not applicable, please put "N/A".

New areas of concern raised by Subject Ability, Trust monitoring or other sources (SMART objectives)	Action	Timeframe

Areas of concern raised by negative ("red") letters identified in the 2015 GMC Training Survey 2015. Please provide any observations and actions to be taken to address these concerns. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and the Trust's intent of how these will be addressed, along with "C".	Action	Timeframe

Areas of concern raised by positive ("red") letters identified in the 2015 GMC Training Survey 2015. Please provide any observations and actions to be taken to address these concerns. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and the Trust's intent of how these will be addressed, along with "C".	Action	Timeframe

Feedback Safety Concerns	Action	Timeframe

## QM4



QM4 Head of School Report

### Executive Summary

Reports are to be completed by all practising your specialty by pressing "all" key and "save" the content of this report in the "New Report" button.

For completion by the Head of School.



Please indicate how these have been addressed providing evidence for this and outcomes (C) and assign a RAG (Red/Amber/Green) status.

Area of concern	Action	Outcome	Outcome RAG

New areas of concern. Please report any areas of concern that have arisen since last year's report and how these were identified. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and assign a RAG status. If any concerns are not applicable, please put "N/A".

New areas of concern raised by QM1 or Clinical Tutor, Trust	Action	Outcome/RAG	Timeframe

Areas of concern raised by negative ("red") letters identified in the 2015 GMC Training Survey 2015. Please provide any observations and actions to be taken to address these concerns. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and the Trust's intent of how these will be addressed, along with "C".	Action	Outcome/RAG	Timeframe

Areas of concern raised by positive ("red") letters identified in the 2015 GMC Training Survey 2015. Please provide any observations and actions to be taken to address these concerns. Please provide a brief summary action plan detailing how these will be addressed with SMART objectives (specific, measurable, achievable, realistic and timely), and the Trust's intent of how these will be addressed, along with "C".	Action	Outcome/RAG	Timeframe