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| *Supporting Postgraduate Medical Training and Education*Annual Specialty School AppraisalAugust 2011 – 31st July 2012 |

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| **Specialty School** |  |
| **Author of Report** |  |
| **Position** |  |
| **Email Address** |  |
| **Phone number** |  |
| **Date report completed** |  |
| **Signature of Head of School** |  |

## Introduction

This document has been designed to capture information about the quality of key activities and outcomes of Postgraduate Specialty Schools (including Foundation Schools and the GP Academies)[[1]](#footnote-1) within the East Midland’s Local Education and Training Board (LETB).

The document includes adherence to standards for postgraduate medical education and training (as set by the regulator – the General Medical Council (GMC), exam and assessment outcomes, recruitment achievements and attrition rates.

The ‘quality’ of these activities and outcomes will be influenced by external factors (regionally and nationally) – for example, quality of provision within local education providers (LEPs), geography, national policy, performance of the LETB’s support teams, and so on. However, they will also be determined to a large extent by the processes and mechanisms in place within each School to enable it to carry out its remit.

Each Specialty School will be required to complete this appraisal document annually. It will help to provide a School-level summary of information for the LETB. The appraisal document will facilitate discussion and assessment of each School’s training and education outcomes at the Quality Scrutiny Board. This will be a summative and formative process, as well as feeding into quality management processes and informing reports to the GMC.

Based on the evidence in the document and through discussion at the Quality Scrutiny Board, an assessment will be made as to whether the School is fulfilling its responsibilities (i.e. meeting most or all standards and achieving acceptable outcomes), exceeding expectation (achieving excellence in a number of areas), or falling short of expectations.

Therefore, the objectives of this appraisal document are to enable:

* Summative and formative assessment of School performance, including:
- Identification of good practice
- Identification of development needs and where other teams can provide additional support
* School level information for the organisation’s balanced scorecard
* Evidence-based quality control and quality management
* High quality, timely data to inform mandatory LETB reports to the GMC
* Benchmarking of standards and outcomes
* Quality assurance for the LETB Board
* Assessment of impact of School business plans

The data required to complete the appraisal document will pertain to the most recent completed academic/training year – i.e. from the beginning of August to the end of July. The document should be completed by mid-September of each year to enable it to inform the LETB’s October report to the GMC.

Schools will not be able to populate every section of the document since some information will be held by other teams within the organisation. Holders of the information for each section are clearly indicated within this document. The Head of School is ultimately responsible for ensuring that the relevant information is received by all teams.

## SECTION 1: GMC Standards for Training

**TO BE COMPLETED BY THE SPECIALTY SCHOOL**

A selection of the standards for training, as set out in the GMC’s *The Trainee Doctor* (see <http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf>), is presented below[[2]](#footnote-2). The standards listed are those which a Specialty School would be expected to contribute to meeting within the East Midlands. The evidence a Specialty School should be able to provide is indicated for each standard. Please indicate the extent to which your School is has this evidence using the following RAG rating:

|  |  |
| --- | --- |
| **GREEN** | ***Full evidence available*** |
| **AMBER** | ***Partial evidence available / Work in progress*** |
| **RED** | ***No evidence available*** |

Please note, that for the 2012 submission, it is not expected that all Schools will have all evidence in place. A number of areas will require new evidence to be collected and will relate to work-in-progress across the wider LETB.

***(An Excel version of this table, with drop down options for the RAG rating, is available on request should the school wish to submit this section in using this alternative format. Please contact the Quality Team)***

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| **Domain 1 Patient Safety** |
| **Stan.** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 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. | Documented process for supporting trainees in difficulty. |  |  |  |
| 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 practise requirements. | Documented process for informing the relevant bodies of serious concerns about a trainee (including to the GMC and Local Education Provider(s)). |  |  |  |
| 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. | Policy in place for exchange of information, where appropriate, between educational supervisors within and across Schools and programmes. |  |  |  |

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| **Any further comments relating to this domain?** |

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| **Domain 2 Quality Management, review and evaluation** |
| **Stan.** | **GMC Standard expected**  | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 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. | Documented quality management strategy (developed with support of the LETB’s Quality Team); participation in local LETB trainee survey. |  |  |  |
| 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. | Trainee representation on School Board and Quality Sub-Committee (if in place) and feedback on trainee issues as a standing item. |  |  |  |
| **Any further comments relating to this domain?** |
| **Domain 3 Equality, diversity and opportunity** |
| **Stan.** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 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. | Up-to-date information held by the School and actively communicated to its trainees (e.g. via website, Virtual Learning Environment). |  |  |  |
| 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 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. | Documented decisions on LTFT training applications. |  |  |  |
| **Any further comments relating to this domain?** |

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| **Domain 4 Recruitment, selection and appointment** |
| **Stan.** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 4.5 | There must be comprehensive information provided for those within postgraduate programmes about choices in the programme and how they are allocated. | Up-to-date information held by the School and communicated to trainees (e.g. via website, Virtual Learning environment). |  |  |  |
| **Any further comments relating to this domain?** |

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| **Domain 5 Delivery of approved curriculum including assessment** |
| **Stan.** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 5.2 | 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. | Regular curriculum mapping exercises and their outcomes documented, with evidence of timely adjustments made where evidence suggests this is required. |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Stan.** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 5.4 | 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. | Where appropriate, evidence of reasonable adjustments made to delivery of regional teaching programme(s) for trainees in disparate training locations (e.g. video-conferencing, repeat sessions at different sites, rotation of delivery sites) (assessment via discussions at Quality Scrutiny Board); Records of attendance kept. |  |  |  |
| **Any further comments relating to this domain?** |

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| **Domain 6 Support and development of trainees, trainers and local faculty** |
| **Stan.** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 6.20 | 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. | Up-to-date and accurate information available via the School on request. |  |  |  |
| 6.21 | Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty. | Up-to-date and accurate information available via the School on request. |  |  |  |
| 6.23 | 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. | Guidance available via the School. |  |  |  |
| 6.25 | The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available. | Guidance available via the School. |  |  |  |
| 6.26 | Trainees must be made aware of the academic opportunities available in their programme or specialty. | Guidance available via the School. |  |  |  |
| 6.27 | Trainees who believe that their particular skills and aptitudes are well-suited to an academic career, and are inclined to pursue it, should receive guidancein that endeavour. | Guidance available via the School. |  |  |  |
| 6.35 | 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. | Records kept of educational current educational supervisors and the details of training undertaken for the role. |  |  |  |

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| **Any further comments relating to this domain?** |

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| **Domain 8 Educational resources and capacity** |
| **Ref** | **GMC Standard** | **Evidence** | **RAG rating** | **Comments (optional)** | **Actions (if RED or AMBER)** |
| 8.5 | Educational resources relevant to, and supportive of, the training programme must be available and accessible, for example, technology enhanced learning opportunities. | Engagement in, and strategy to develop, the Schools Virtual Learning Environment. |  |  |  |
| **Any further comments relating to this domain?** |

## SECTION 2: Education Faculty

**TO BE COMPLETED BY THE SPECIALTY SCHOOL**

Please provide the names of Head of School, Training Programme Directors, Quality Leads and Educational Supervisors in your School, noting the number of PAs in their Job Plans for their respective roles.

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| **Educational / Training Roles** |
| **Role** | **Name** | **PAs in Job Plan**  |
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## SECTION 3: Exam / Assessment Outcomes

**PART 1 TO BE COMPLETED BY THE SPECIALTY SCHOOL**

**PARTs 2 & 4 TO BE COMPLETED BY THE LETB’S ASSESSMENT TEAM**

**PART 3 TO BE COMPLETED BY THE LETB’S QUALITY TEAM**

**PART1. Exam Outcomes**

Please list any Royal College examinations undertaken by your trainees, indicating both the current local and national pass rates (if known).

|  |
| --- |
| **Exam Outcomes** |
| ***Royal College exams*** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Exam*** | ***Specialty / subspecialty (if relevant)*** | ***Stage of training*** | ***Local pass rate*** | ***National pass rate*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Please comment on any significant discrepancies between local and national pass rates*** |

**PART 2: ARCP / RITA OUTCOMES**

Please provide the latest figures on the number of ARCP / RITA outcomes for each programme within the School for the current training year (start of August to end of July). It is likely that you will need to copy and complete more than one table for Core and Higher programmes and where there are multiple specialties / subspecialties.

|  |
| --- |
| **ARCP / RITA Outcomes** |

|  |  |  |
| --- | --- | --- |
| **Name of Programme:**  | **Number** | **% of assess.** |
| **Number of Assessments Completed:** |
| ***Outcomes*** | ARCP 1: Satisfactory progress – achieving progress and the development of competences at the expected rate RITA ‘C’: Record of satisfactory progress |  |  |
| ARCP 2: Development of specific competences required – additional time not requiredRITA ‘D’: Recommendation for targeted training |  |  |
| ARCP 3: Inadequate progress – additional training time requiredRITA ‘E’: Recommendation for intensified supervision/ repeat experience |  |  |
| ARCP 4: Released from training programme – with or without specified competencesRITA ‘H’: Withdrawn from programme |  |  |
| ARCP 5: Incomplete evidence presented – additional training time may be required |  |  |
| ARCP 6: Gained all required competences – will be recommended as having completed the training programme for award of a CCT or CESR/CEGPRRITA ‘G’: Final record of satisfactory progress |  |  |
| ARCP 7: Fixed term Specialty Trainees (FTSTAs) or LAT’s: |  |  |
| * 7.1 Satisfactory progress in, or completion of, the LAT/ FTSTA placement
 |  |  |
| * 7.2 Development of Specific Competences Required – additional training not required
 |  |  |
| * 7.3 Inadequate progress by the trainee
 |  |  |
| * 7.4 Incomplete evidence presented
 |  |  |
| ARCP 8: Out of programme for research, approved clinical training or a career break (OOPR / OOPT / OOPC)RITA ‘F’: Report of OOPE |  |  |

**PART 3: FAIRNEDSS OF THE ARCP / RITA PROCESS**

Please indicate the number of ‘Yes’, ‘No’ and ‘Not sure’ responses relating to trainee assessment episodes from the Lay Representative Partner feedback forms to the following questions (between 1st August 2011 and 31st July 2012). Please give actual number plus as a percentage of responses.

|  |
| --- |
| **Fairness of ARCPs / RITAs – Lay Rep. Feedback** |

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| --- | --- | --- |
| **Feedback Form Question:** | **Number** | **% of all responses** |
| ***Yes*** | ***No*** | ***Not sure*** | ***Yes*** | ***No*** | ***Not sure*** |
| If the event was an ARCP or RITA panel, please indicate whether ALL decisions leading to the award of outcomes were consistent, transparent and based solely on appropriate evidence provided to the panel for the event. |  |
| Consistent? |  |  |  |  |  |  |
| Transparent? |  |  |  |  |  |  |
| Appropriate use of evidence? |  |  |  |  |  |  |
| Was there anything from the event which you think requires our urgent attention? |  |  |  |  |  |  |
| Were there any areas of good practice you wish to highlight? |  |  |  |  |  |  |
| Overall, do you feel this event provided a fair outcome for all those subject to its processes (e.g. trainees, candidates for recruitment)? |  |  |  |  |  |  |
| Overall, were all those subject to the event’s processes treated equitably? |  |  |  |  |  |  |

**PART 4. PROGRAMME LEAVERS**

For each programme within the School, please indicate the numbers of trainees exiting the School / East Midlands for the following reasons (excluding out-of-programme experiences outside of the region or a career break), as both a number and a percentage of the total number of trainees within that programme. It is likely that you will need to copy and complete more than one table for Core and Higher programmes and where there are multiple specialties / subspecialties.

|  |
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| **Trainees Exiting the School Programme(s)** |

|  |  |  |
| --- | --- | --- |
| **Name of Programme:**  | **Number** | **% of trainees** |
| **Total Number of Trainees as of beginning of August:** |
| Achieved CCT / successful completion of training |  |  |
| Approved transfer to another deanery (/LETB) |  |  |
| End of locum. / fixed-term post |  |  |
| Resigned |  |  |
| Removal from programme (including ARCP outcomes 4 & 7.3 / RITA outcome ‘H’) |  |  |
| Removed from register by the GMC |  |  |
| Other |  |  |
| Unknown |  |  |

Of those trainees achieving CCT, how many have secured a **substantive** consultant post? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of those trainees achieving CCT, how many have secured a **locum** consultant post? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: QUALITY OF EDUCATION AND TRAINING**

**PARTS 1&2 TO BE COMPLETED BY THE QUALITY TEAM**

**PART 3 TO BE COMPLETED BYTHE SPECIALTY SCHOOL**

**PART 1. NATIONAL SURVEY RESULTS**

Please provide a summary dashboard of outlying national trainee survey mean scores by programme and indicator according to the key below. Where the School is North or South only, the scores will only relate to trainees within the LEPs within that geography, regardless of whether there are any trainees attached to the School but working within another geography.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KEY:** |  |  |  |  |
| Red | Below outlier |  | Pink | Within bottom quartile but not an outlier |
| Green | Above outlier |  | Light green | Within top quartile but not an outlier |
| White | Within IQR[[3]](#footnote-3) |  | Yellow | Null result[[4]](#footnote-4) |
| Grey | N<3[[5]](#footnote-5) |  |  |  |

[*Below and above outliers are defined as where the local score is about the national mean and within the bottom quartile and where the 95% confidence intervals do not intersect with the national mean, with the converse true for green outliers*]

**PART 2: CURRENT ISSUES OF CONCERN**

Please list all of the issues and action plans on the Quality Team’s Risk Log pertaining to the School (as of 31st July). These will have been identified primarily through Quality Management Visits to LEPs (although may also have been identified by other means, such as complaints to the Deanery, School Boards, local trainee surveys etc.).

|  |  |
| --- | --- |
| **Issues on Deanery Risk Log as of 31st July** |  |
| ***Item No.*** | ***Programme*** | ***Training grade*** | ***LEP*** | ***Issue / concern*** | ***How identified?*** | ***Actions*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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## PART 3 SERVICE RECONFIGURATIONS AND NEW CARE PATHWAYS

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| Are you aware of any new service reconfigurations or care pathways that will impact on the training and education of the trainees? |

## SECTION 5: RECRUITMENT & EQUAL OPPORTUNITIES

**TO BE COMPLETED BY THE QUALITY TEAM**

Please indicate the number of ‘Yes’ and ‘No’ responses relating to trainee recruitment episodes from the Lay Representative Partner feedback forms to the following questions (between 1st August 2011 and 31st July 2012). Please give actual number plus as a percentage of responses across all Schools.

|  |
| --- |
| **Fairness of Recruitment – Lay Rep. Feedback** |

|  |  |  |
| --- | --- | --- |
| **Feedback Form Question:** | **Number** | **% of all responses** |
| ***Yes*** | ***No*** | ***Yes*** | ***No*** |
| Was there anything from the event which you think requires our urgent attention? |  |  |  |  |
| Were there any areas of good practice you wish to highlight? |  |  |  |  |
| Overall, do you feel this event provided a fair outcome for all those subject to its processes (e.g. trainees, candidates for recruitment)? |  |  |  |  |
| Overall, were all those subject to the event’s processes treated equitably? |  |  |  |  |

## SECTION 6: Areas of good practice

## To be complete by the SPECIALTY school

Good practice is outlined in the GMC’s *Quality Improvement Framework* (see <http://www.gmc-uk.org/education/education_news/9177.asp>) as:

‘*areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances*’.

In line with this definition of good practice, please detail below any good practice within the School from the August to July reporting period.

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| **Good Practice Items** |
| ***Programme (where relevant)*** | ***Description of the good practice*** | ***Has the School disseminated the good practice? If so, how?*** |
|  |  |  |
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1. While recognising that this document also applies to GP Academies, the term ‘Schools’ will be used throughout for simplicity. [↑](#footnote-ref-1)
2. The GMC’s standards document still refers to ‘deaneries’ rather than LETBs [↑](#footnote-ref-2)
3. Inter-quartile range. [↑](#footnote-ref-3)
4. No results available via the online survey reporting tool. [↑](#footnote-ref-4)
5. Results are not reported when the number of respondents (N) is less than three. This is a GMC policy designed to preserve anonymity. [↑](#footnote-ref-5)