

**Quality Management & Quality  
Control of Postgraduate  
Medical Education: Guidance  
for Specialty Schools**

**August 2009  
EMHWD Quality Management Team**

# Quality Management & Quality Control Guidance for Specialty Schools

## 1. Background

1.1 The original terms of reference for Specialty Schools outlined in the East Midlands Healthcare Workforce Deanery's (EMHWD) *Postgraduate Specialty Schools Generic Terms of Reference* state that:

*'The responsibility for Quality Management of Quality Assurance standards defined by PMETB [(Postgraduate Medical Education & Training Board)] rests with the Deanery. The responsibility for some Quality Management functions ... is delegated to the Postgraduate Specialty Schools and will be assessed through monitoring of quality control mechanisms by provider organisations (Trusts).'*

Specialty Schools therefore have responsibilities for some aspects of Quality Management (QM) of Postgraduate Medical Education (PGME). They also have responsibilities for Quality Control (QC) in relation to their provider functions (e.g. regional specialty teaching programmes; design of rotations to ensure specialty curriculum delivery; development of specialty induction).

1.2 This document describes how the requirements on Specialty Schools for QM and QC of PGME translate into principles, roles, responsibilities and processes. Section 2 outlines the principles underpinning the EMHWD/Specialty Schools' approach to QM and QC. Sections 3 to 7 provide specific guidance on a number of key areas, including:

- Areas of responsibility for Specialty Schools in relation to the QM and QC of PMETB/EMHWD standards for PGME;
- The role of Specialty Schools in the EMHWD's Education Accreditation Review (EAR) cycle – visits to Service Provider Organisations (SPOs) and reporting processes;
- Dealing with issues of concern in the quality of PGME within SPOs.

## 2. Principles for Quality Management/Quality Control

### • **Patient safety**

Quality Assurance (QA) is founded on the desire to provide the best possible patient care, and QM and QC processes must recognise the link between quality of PGME and quality of patient care/patient safety (e.g. by ensuring that there are mechanisms in place to quickly identify and address any patient safety concerns and by ensuring training and supervision do not expose doctors to clinical risk).

### • **Quality improvement**

While the focus of this document is on QM and QC of PGME, the EMHWD and its Specialty Schools must strive for continuous quality improvement. This is more than an aspiration, it is central to the PMETB's Quality Framework and, therefore, a Deanery responsibility to the PMETB.

- **Partnership working**

While the Specialty Schools are EMHWD bodies, they operate with a degree of autonomy in the provision, development and QM/QC of PGME within each specialty area. Therefore, a partnership working approach is required across the EMHWD - in particular, between the QM Team and Specialty School representatives (including the Head of School, Specialty Programme Directors, School Quality Leads, School Coordinators and Training Programme Directors).

- **Dialogic approach**

QM and QC can only be effective if there are established channels for regular, two-way communication. Reciprocity is key, and both formal and informal exchanges of information between the QM Team and Specialty Schools are essential to monitor, manage and improve the quality of PGME.

- **Transparency**

All QM and QC policies and processes must be documented and publicly accessible (e.g. via EMHWD/School websites). Where appropriate, summaries of QM outcomes should also be published. Where exceptional actions are required to address issues of concern, there must be a clear audit trail (of all correspondence, actions taken and outcomes).

- **Accountability**

Clear lines of accountability for QM/QC processes and quality standards should be established, documented and published.

### **3. Specialty School responsibility for quality standards of PGME**

3.1 A list of quality standards for Specialty Schools has been published (with explanatory notes around expected actions and outcomes) (see Appendix I). This list has been derived from *East Midlands Quality Framework*, which incorporates all of the PMETB standards for training (and for trainers) plus some additional, local, EMHWD standards. The standards for Specialty Schools are those standards identified by the QM Team from the framework as reflecting a Specialty School's areas of responsibility for QM and QC.

3.2 The role of a Specialty School in the EMHWD's QM of PGME is described in section 4 below. In terms of QC, Specialty Schools must have in place internal mechanisms to assess compliance with the EMHWD's QM requirements and the standards for Specialty Schools. As part of this, there must be evidence of systems to identify and address areas of non-compliance. In practice, Specialty Schools will need to ensure the SPOs within their geography provide appropriate education and training opportunities and support to post-Foundation trainees, including:

- Clinical supervision relevant to the specialty
- Access to mandatory specialty-specific training
- Delivery of the specialty curriculum (through teaching and training opportunities)
- Requisite specialty assessment opportunities
- Specialty induction
- Educational supervision
- Career support
- Access to appropriate training for trainers within the specialty

Sources of evidence for compliance monitoring by Specialty Schools should include:

- Specialty induction materials and records of completion of induction for new trainees
- ARCP/RITA outcomes
- Study leave take-up
- Records of training for clinical and educational supervisors
- Lists of named educational supervisors for trainees
- Programmes for specialty specific teaching sessions
- Records of trainee attendance at specialty teaching
- Trainee feedback from Specialty teaching sessions
- Trainee exit questionnaire data<sup>1</sup>

[Please note that these lists are not exhaustive].

3.3 Specialty Schools should coordinate their approach to ensuring high quality education and training through formal engagement with the quality agenda via School Boards (and/or quality sub-groups) and their appointed Quality Leads.

#### **4. The role of Schools in the EMHWD Education Accreditation Review (EAR) cycle**

4.1 Figure 1 outlines the EAR cycle the QM Team coordinates to monitor the quality of PGME provided by SPOs. This cycle is described in greater detail in the EMHWD *Operational Guide* and Schedule 3 of the Learning Development Agreement (LDA). The key elements of the cycle are:

- Review visits to SPOs to interview trainees and their trainers and assess evidence of the quality of PGME;
- Follow-up meetings with SPOs to review action plans to address areas for improvement identified at the visits;
- A SPO self-assessment reporting process;
- Collection and synthesis of evidence for a range of sources to inform the review of PGME provision.

4.2 Within this cycle, Specialty Schools play two important roles:

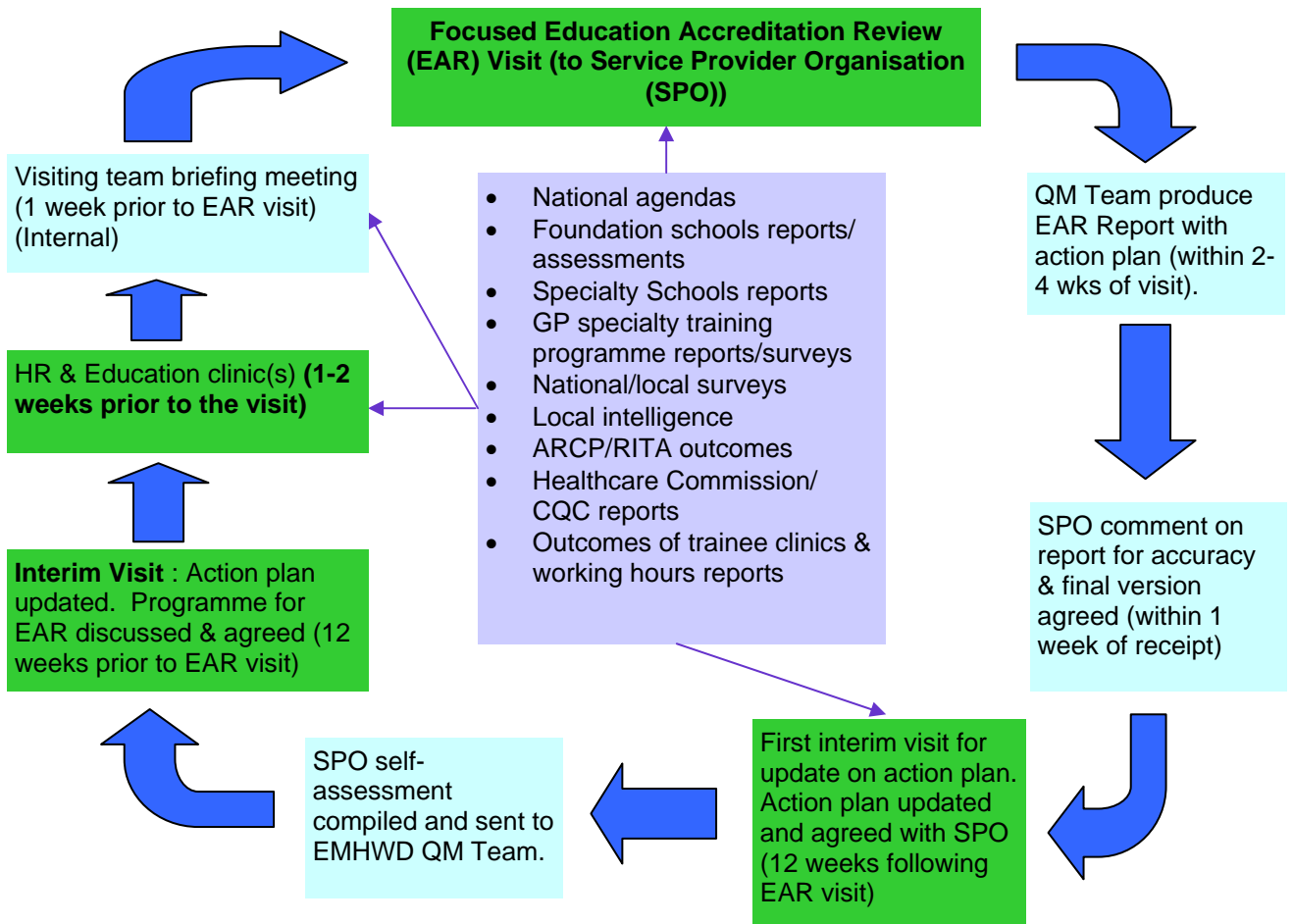
- i. Provide self-assessment reports to inform the QM Team's review process (see section 6);
- ii. Provide intelligence about the quality of PGME across the region on an ongoing basis, including summaries of education and training issues identified through ARCPs and alerts to issues of concern (see section 7).

4.3 The quality of PGME is judged against the standards set out in the *East Midlands Quality Framework*.

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<sup>1</sup> The EMHWD is in the process of developing a standard questionnaire and electronic platform for an EMHWD-wide exit questionnaire (with specialty specific elements). Presently, a number of Specialty Schools have developed, and are using, their own surveys (often paper-based).

**Figure 1. Cycle of accreditation review**



**5. QM visits to Service Provider Organisations**

5.1 Deanery visits to SPOs are focussed. That is, a selection of specialties/ departments is visited rather than all areas of provision. The choice of specialties/departments is informed by local intelligence and evidence from elsewhere.

5.2 The information Specialty Schools provide both formally through self-assessment reports and informally through its contacts within SPOs, contribute to the decision-making process about where to focus a visit (the formal self-assessment reporting process is described in more detail below).

5.3 The QM Team will organise all formal QM visits to SPOs (EAR visits and follow-up, interim meetings). This is to ensure a coordinated approach and to avoid duplication of work.

5.4 Specialty School involvement in visits (including representation on visiting teams) may be sought where issues are deemed specific to a Specialty School and/or have School-wide implications (taking account of potential conflicts of interest if a department being visited is one in which key School representatives are based). It may also be appropriate for Specialty Schools to undertake development work with SPOs or *informal* visits to look at aspects of training (subject to SPO agreement).

## **6. Reporting arrangements between the QM Team and Specialty Schools**

6.1 Each Specialty School will be required to complete an annual self-assessment report for the QM Team (see Appendix II). This should be completed toward the end of the academic year (June-August). This report requires a self-assessment against a subset of PMETB/EMHWD standards relevant to the work of Specialty Schools (see section 3). The report will inform both the EMHWD's annual report to the PMETB (each December) as well as the EAR review cycle. It will also enable the QM Team to monitor whether Specialty Schools have adequate and appropriate QC mechanisms in place for ensuring their areas of PGME provision meet the required standards. Each report will build on, and update, the previous year's report.

6.2 Each Specialty School will also be asked for two interim reports, taking the form of a highlights/exceptions report (once in December/January and again in April/May) (see Appendix III). Interim reports will also inform the EAR cycle and the QM Team's assessment of the Specialty Schools' QC processes.

6.3 In turn, and in line with the principles of *partnership working* and a *dialogic approach*, the QM Team will report into the Specialty Schools, providing each with:

- regular reports on relevant, specialty-specific outcomes of EAR visits to SPOs within the geography of each Specialty School;
- timely reports on specialty-specific PMETB trainee survey results;
- information on any education and training issues relevant to the specialty as and when these may arise.

6.4 An identified member of the QM Team will take a lead for each Specialty School and be responsible for ensuring that this reporting takes place. To reflect the diversity across Specialty Schools, specific methods of reporting may vary, although typically this will be via regular meetings with the School's Quality Lead and/or through attendance at School Board meetings (or quality sub-groups).

## **7. Dealing with identified issues of concern in the quality of education of training within SPOs**

7.1 On a day-to-day basis, the QM Team recognises that difficulties relating to education and training will emerge. Typically, these can be resolved (often informally) through existing channels such as via supervisors within a SPO department or through the Specialty School. For example, where a trainee may experience difficulties completing mandatory assessments, their educational supervisor may be able to help; or where a rota is making it difficult for departmental teaching to be attended, a Training Programme Director may work with Medical HR staff on a resolution; or where access to regional specialty teaching proves problematic for trainees in a geographically remote SPO, the Head of a Specialty School could explore alternative modes of delivery (e-learning etc.).

7.2 However, from time to time, severe problems with training crop up during periods between EAR and interim visits to SPOs, which require urgent attention and cannot be resolved at 'ground level' (e.g. the working patterns within a department are such that a cohort of trainees is unable to access any formal training opportunities, yet the department feels unable to revise its rotas). To address these situations, the EMHWD's QM Team has established robust mechanisms for dealing with areas of serious concern. These are outlined in the EMHWD *Operational Guide*.

7.3 There are two levels of response to problems once identified (and confirmed through initial investigation). The first is to follow a rapid planning and reporting process for tackling urgent issues. As soon as it is aware of an issue, the QM Team will notify the SPO of its concerns. A meeting will be arranged between one or more QM Team representatives and an appropriate SPO representative (e.g. Director of Medical Education) to develop a plan of action to address the concerns. Regular updates on progress against the action plan will be expected.

7.4 The second level of response is to initiate a more substantial Exceptional Assessment meeting (this will only occur when the concerns are particularly serious and / or numerous within a SPO). The attendees at an exceptional assessment meeting and the agenda for this meeting will be determined by the nature of the concern(s). However, typically the focus will be on one or more departments and require a meeting involving representatives from the department(s), the lead QM Team member responsible for that SPO, the QM Team Programme Manager and one or more Associate Postgraduate Deans. In certain situations, it will be appropriate for other EMHWD staff to also be involved, including the Foundation Programme Director/Manager, a LDA team representative, Primary Care representative and/or Head of a Specialty School (or School Quality Lead). Discussions about the concerns will be held and evidence of improvements and/or plans for improvement examined. If necessary, the team will visit clinical settings and speak to trainees and other clinical staff. The SPO will produce an action plan following the meeting. The plan will be monitored closely, with the QM Team in regular contact with the SPO for updates on progress. If necessary, one or more further Exceptional Assessment meetings will be arranged. If areas of concern are not addressed satisfactorily through the processes outlined above then the contractual responsibilities set out in the LDA with the SPO will need to be considered and also issues may need to be flagged to the PMETB.

7.5 As with the EAR review cycle, and again to ensure a coordinated Deanery approach and clear lines of accountability, it is important that Specialty Schools work within this QM framework for dealing with areas of concern. To enable a rapid response to concerns through action planning and/or Exceptional Assessment meetings, issues need to be raised with the QM Team regardless of the origin of the information. Some issues will be picked-up directly by the QM Team through its routine review process and local intelligence, while others may be escalated through a Specialty School. However, in *all* cases, it is the QM Team which has responsibility for determining and initiating an EMHWD response. Where areas of concern are brought to the attention of a Specialty School, the School should inform the Deanery QM Team of the concern. The QM Team will investigate to determine the nature of the problem (or if indeed there is a problem) and, in consultation with the School as appropriate, assess whether this is a SPO or School issue (or both), decide how to address the problem and identify the stakeholders required for engagement to facilitate a solution.

7.6 Again, in the spirit of partnership working and a dialogic approach, the QM team will report to the relevant Specialty School(s) on actions agreed and progress against these actions.



# The East Midlands Quality Standards for Specialty Schools



# The East Midlands Quality Standards for Specialty Schools

## **Background & rationale**

This document outlines the quality standards for the East Midlands Healthcare Workforce Deanery (EMHWD) Specialty Schools. It is primarily based on the East Midlands Quality Framework (EMQF), which, in turn, is underpinned by the Postgraduate Medical Education and Training Board's (PMETB) standards for postgraduate medical education and training as set-out in their *Generic Standards for Training* (1). This document has taken from the EMQF only the standards relevant to the remit of the Specialty Schools, with the addition of a few new, local Deanery standards required to reflect the particular work of the Schools. As the standards listed are largely those of the PMETB, they are organised under eight of the nine PMETB quality 'domains' (one of the domains, Domain 8: Educational resources and capacity, has no relevance to the quality remit of the Specialty Schools).

This Specialty Schools Standards document details the quality standards against which the Schools will be assessed by the Deanery as part of its quality management responsibilities to assure quality in postgraduate medical education and training on behalf of the PMETB.

The list of standards is accompanied by an explanation of what each standard will mean for the School in terms of role, responsibilities, and reporting (this explanation is required as the wording of some of the PMETB standards reflects Deanery and Trust responsibilities rather than those of the newly established Schools. There is some shared responsibility for assuring some of the standards across Trusts, Deanery and Schools (and trainee body in some cases)).

## East Midlands Quality Standards for Specialty Schools

<b>Patient safety (PMETB Domain 1)</b>	
<b>Standard: The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.</b>	
	<i><b>Explanation</b></i>
Trainees must be appropriately supervised according to their experience and competence ( <i>PMETB 1.2</i> ).	The Specialty School must ensure that every trainee has a named clinical supervisor appropriate for the specialty. Trusts to ensure that adequate clinical supervision in place for trainees, but Schools to monitor this.
Trainees must have undertaken resuscitation training ( <i>Local Deanery standard</i> ).	The Schools should stipulate the requirements for resuscitation training and ensure that appropriate training is provided relevant to the specialty (e.g. Paediatric resuscitation training).
<b>Quality assurance, review and evaluation (PMETB Domain 2)</b>	
<b>Standard: Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.</b>	
	<i><b>Explanation</b></i>
Schools must have processes in place for local quality control of postgraduate programmes designed to ensure that requirements for quality management role as defined by the Deanery are met ( <i>Local Deanery standard - adapted from PMETB 2.3</i> ).	The Schools must have in place internal quality control mechanisms to assess compliance with the Deanery's quality management requirements and the standards for Specialty Schools listed in this document. As part of this, there must be evidence of systems to identify and address areas of non-compliance (e.g. through action plans).

<p>There are processes for audit of resource (budgetary) allocations relevant to the School and any devolved training budgets (<i>Local Deanery standard</i>).</p>	
<p><b>Equality, diversity and opportunity (PMETB Domain 3)</b></p>	
<p><b>Standard: Postgraduate training must be fair and based on principles of equality.</b></p>	
	<p><i>Explanation</i></p>
<p>At all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality (<i>PMETB 3.1</i>).</p>	<p>Specialty Schools should address how training in equality, diversity and opportunity is embedded in delivery of the curriculum.</p>
<p>Information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and PMETB websites (<i>PMETB 3.2</i>).</p>	
<p>Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of PMETB Standards' Rules. Deaneries must take the appropriate action to encourage trusts and other training providers to accept their fair share of doctors training flexibly (<i>PMETB 3.3</i>).</p>	<p>Ensure curriculum can be covered adequately in arrangements for trainees working less than full-time.</p>

<p>Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs (<i>PMETB 3.4</i>).</p>	<p>Work with Trusts to ensure that training needs are taken into account when giving consideration to appropriate reasonable adjustments.</p>
<p><b>Recruitment, selection and appointment (PMETB Domain 4)</b></p>	
<p><b>Standard: Processes for recruitment, selection and appointment must be open, fair and effective.</b></p>	
	<p><b><i>Explanation</i></b></p>
<p>The <u>selection</u> process (which may be conducted by interview or by other process) must:</p> <ul style="list-style-type: none"> <li>• ensure that information about places on training programmes, eligibility and selection criteria and the application process is made widely available in sufficient time to doctors who may be eligible to apply;</li> <li>• use criteria and processes which treat eligible candidates fairly;</li> <li>• select candidates on the basis of open competition;</li> <li>• use selection panels which consist of persons who have been trained in selection principles and processes;</li> <li>• include lay representation on interview panels;</li> <li>• have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were unfairly discriminatory;</li> <li>• 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> <p>(<i>PMETB 4.1; 4.2; 4.3; 4.4 &amp; 4.5</i>).</p>	<p>With national guidance and working closely with the Deanery's Head of Medical Recruitment, Schools must help to ensure that the recruitment and selection of trainees is clearly defined, transparent, fair, robust and equitable.</p>

**Delivery of curriculum including assessment (PMETB Domain 5)**

**Standard: The requirements set out in the curriculum must be delivered and assessed.**

	<i>Explanation</i>
Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the curriculum ( <i>PMETB 5.1</i> ).	
Each programme must show how the posts within it, taken together, will meet the requirements of the curriculum and what must be delivered within each post ( <i>PMETB 5.2</i> ).	
The assessment system defined in the curriculum must be implemented ( <i>PMETB 5.4</i> ).	RITA/ARCP and in-house assessment processes in place. Processes monitored – all grades. This is the responsibility also of the Trust and of trainees.

**Support and development of trainees, trainers and local faculty (PMETB Domain 6)**

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

<b><u>Induction</u></b>	<b><i>Explanation</i></b>
Every trainee starting a post or programme must attend departmental induction to ensure they understand the curriculum, how their post fits within the programme, their duties and reporting arrangements, to ensure they are told about departmental policies and to meet key staff ( <i>PMETB 6.1</i> ).	Schools to develop and provide induction guidelines for the speciality element of induction.
<b><u>Educational supervision</u></b>	
Trainees must have a designated educational supervisor ( <i>PMETB 6.3</i> ).	Trusts to provide but Schools to monitor.
Trainees must sign a training/learning agreement at the start of each post ( <i>PMETB 6.4</i> ).	
Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative) ( <i>PMETB 6.5</i> ).	

<p>Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience (<i>PMETB 6.7</i>).</p>	<p>Schools (along with Trusts and the Deanery) must have systems in place for doctors in training to raise immediate and longer term issues regarding education provision/learning opportunities.</p>
<p>There must be ready access to career advice (<i>PMETB 6.8</i>).</p>	<p>The School must provide support for the career development of those who are exiting the specialty.</p>
<p><b><u>Training</u></b></p>	
<p>Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics (<i>PMETB 6.10</i>).</p>	<p>Trusts to provide but Schools to monitor adequate clinical coverage.</p>
<p>While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the curriculum (<i>PMETB 6.12</i>).</p>	<p>Schools to monitor.</p>
<p>Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the educational supervisor, and have time protected for this activity (<i>PMETB 6.15</i>).</p>	<p>Schools to collect and monitor attendance data.</p>
<p>Trainees must be able to access training in generic professional skills at all stages in their development (<i>PMETB 6.16</i>).</p>	<p>Trusts to provide, Schools to monitor.</p>

<p>There should be opportunities for trainees to gain management and administration exposure (for example, through shadowing) as appropriate for their level of training (<i>Local Deanery standard adapted from PMETB 6.16 &amp; 6.25</i>).</p>	<p>Schools to organise in liaison with Trusts (or other training providers).</p>
<p>Trainees must have the opportunity to learn with other healthcare professionals (<i>PMETB 6.17</i>).</p>	<p>Schools to identify and ensure opportunities.</p>
<p><b><u>Study leave</u></b></p>	
<p>Trainees must be made aware how to apply for study leave and be guided as to what courses would be appropriate and what funding is available (<i>PMETB 6.19</i>).</p>	<p>Schools to work with the Deanery to determine study leave guidance and policies (work ongoing / to be confirmed).</p>
<p><b><u>Standards for trainers</u></b></p>	
<p>Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance and advice on career progression and understand the process for dealing with a trainee whose progress gives cause for concern (<i>PMETB Standards for Trainers 1.1</i>).</p>	
<p>Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer (<i>PMETB Standards for Trainers 3.3</i>).</p>	<p>Schools to monitor as appropriate.</p>



<p>The Deanery requires all trainers to have undertaken training in supervision of trainees within the last three years (<i>Local Deanery standard</i>).</p>	<p>Schools to record and monitor.</p>
<p>Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees:</p> <ul style="list-style-type: none"> <li>• Trainers must have knowledge of and comply with the PMETB regulatory framework for medical training;</li> <li>• Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.</li> </ul> <p style="text-align: right;"><i>(PMETB Standards for Trainers 4.1 &amp; 4.2)</i></p>	
<p><b><u>Academic training</u></b></p>	
<p>Trainees should be exposed during their training to the academic opportunities available in their speciality (<i>PMETB 6.25</i>).</p>	
<p>Trainees who elect, and are competitively appointed to, follow an academic path must be sited in flexible programmes of academic training that permit multiple entry and exit points throughout training (from standard training programmes) (<i>PMETB 6.27</i>).</p>	<p>Schools to work with the Deanery on this.</p>

**Management of Education and training (PMETB Domain 7)**

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

	<i>Explanation</i>
Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of PMETB standards in the arrangement and content of training programmes ( <i>PMETB 7.1</i> ).	Provided at Specialty School board level.
The schedule must set out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges/Faculty/specialty associations etc., other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes. PMETB will publish a template for such a schedule following consultation ( <i>PMETB 7.2</i> ).	Awaiting guidance from PMETB but responsibility likely to fall to Specialty Schools.
Trainees must be trained in, and competent to use, the relevant assessment tools (e.g. electronic log) ( <i>Local Deanery standard</i> ).	Trusts to provide and Schools to monitor.

**Outcomes (PMETB Domain 9)**

**Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.**

	<i>Explanation</i>
Trainees must have access to analysis of outcomes of assessments, RITAs and exams for each programme and each location benchmarked against other programmes. (PMETB, working with Royal Colleges/Faculties and others as appropriate, will be developing this analysis over the next three years to be available to trainees by deanery and College) ( <i>PMETB 9.1</i> ).	Schools to adhere to requests for data from the Deanery as necessary (e.g. ARCP outcomes).

(1) Postgraduate Medical Education and Training Board (2007) *Generic Standards for Training* (London, Postgraduate Medical Education and Training Board).



**ANNUAL REPORT**

**Specialty Schools Quality Standards:  
Self-Assessment and Action Plan**

Specialty School:

Date:

**RAG:**  
 Red = Risk  
 Amber = Issue  
 Green = No Concern

Specialty School Quality Standard	Self-Assessment		
Patient safety (PMETB Domain 1)	RAG Status	Comment	Action
Trainees must be appropriately supervised according to their experience and competence ( <i>PMETB 1.2</i> ).			
Trainees must have undertaken resuscitation training ( <i>Local Deanery standard</i> ).			Move local spreadsheet to school co-ordinator

<b>Quality assurance, review and evaluation (PMETB Domain 2)</b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
<p>Schools must have processes in place for local quality control of postgraduate programmes designed to ensure that requirements for quality management role as defined by the Deanery are met (<i>Local Deanery standard - adapted from PMETB 2.3</i>).</p>			
<p>There are processes for audit of resource (budgetary) allocations relevant to the School and any devolved training budgets (<i>Local Deanery standard</i>).</p>			
<b>Equality, diversity and opportunity (PMETB Domain 3)</b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
<p>At all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality (<i>PMETB 3.1</i>).</p>			

Information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and PMETB websites ( <i>PMETB 3.2</i> ).			
Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of PMETB Standards' Rules. Deaneries must take the appropriate action to encourage trusts and other training providers to accept their fair share of doctors training flexibly ( <i>PMETB 3.3</i> ).			
Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs ( <i>PMETB 3.4</i> ).			
<b>Recruitment, selection and appointment (PMETB Domain 4)</b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
The <u>selection</u> process (which may be conducted by interview or by other process) must: <ul style="list-style-type: none"> <li>ensure that information about places on training programmes, eligibility and selection criteria and the application process is made widely available in</li> </ul>			

<p>sufficient time to doctors who may be eligible to apply;</p> <ul style="list-style-type: none"> <li>• use criteria and processes which treat eligible candidates fairly;</li> <li>• select candidates on the basis of open competition;</li> <li>• use selection panels which consist of persons who have been trained in selection principles and processes;</li> <li>• include lay representation on interview panels;</li> <li>• have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were unfairly discriminatory;</li> <li>• 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> <p style="text-align: right;"><i>(PMETB 4.1; 4.2; 4.3; 4.4 &amp; 4.5).</i></p>			
<b>Delivery of curriculum including assessment (PMETB Domain 5)</b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
<p>Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the curriculum (<i>PMETB 5.1</i>).</p>			

<p>Each programme must show how the posts within it, taken together, will meet the requirements of the curriculum and what must be delivered within each post (<i>PMETB 5.2</i>).</p>			
<p>The assessment system defined in the curriculum must be implemented (<i>PMETB 5.4</i>).</p>			
<p><b>Support and development of trainees, trainers and local faculty (PMETB Domain 6)</b></p>	<p><b>RAG Status</b></p>	<p><b>Comment</b></p>	<p><b>Action</b></p>
<p><b><u>Induction</u></b></p>			
<p>Every trainee starting a post or programme must attend departmental induction to ensure they understand the curriculum, how their post fits within the programme, their duties and reporting arrangements, to ensure they are told about departmental policies and to meet key staff (<i>PMETB 6.1</i>).</p>			



<b><u>Educational supervision</u></b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
Trainees must have a designated educational supervisor ( <i>PMETB 6.3</i> ).			
Trainees must sign a training/learning agreement at the start of each post ( <i>PMETB 6.4</i> ).			
Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative) ( <i>PMETB 6.5</i> ).			
Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience ( <i>PMETB 6.7</i> ).			
There must be ready access to career advice ( <i>PMETB 6.8</i> ).			

<b><u>Training</u></b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics ( <i>PMETB 6.10</i> ).			
While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the curriculum ( <i>PMETB 6.12</i> ).			
Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the educational supervisor, and have time protected for this activity ( <i>PMETB 6.15</i> ).			Keep attendance record
Trainees must be able to access training in generic professional skills at all stages in their development ( <i>PMETB 6.16</i> ).			
There should be opportunities for trainees to gain management and administration exposure (for example, through shadowing) as			

appropriate for their level of training ( <i>Local Deanery standard adapted from PMETB 6.16 &amp; 6.25</i> ).			
Trainees must have the opportunity to learn with other healthcare professionals ( <i>PMETB 6.17</i> ).			
<b><u>Study leave</u></b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
Trainees must be made aware how to apply for study leave and be guided as to what courses would be appropriate and what funding is available ( <i>PMETB 6.19</i> ).			
<b><u>Standards for trainers</u></b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance and advice on career progression and understand the process for dealing with a trainee whose progress gives cause for concern ( <i>PMETB Standards for Trainers 1.1</i> ).			
Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer ( <i>PMETB Standards for Trainers 3.3</i> ).			

<p>The Deanery requires all trainers to have undertaken training in supervision of trainees within the last three years (<i>Local Deanery standard</i>).</p>			
<p>Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees:</p> <ul style="list-style-type: none"> <li>• Trainers must have knowledge of and comply with the PMETB regulatory framework for medical training;</li> <li>• Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme. (<i>PMETB Standards for Trainers 4.1 &amp; 4.2</i>)</li> </ul>			
<p><b><u>Academic training</u></b></p>	<p><b>RAG Status</b></p>	<p><b>Comment</b></p>	<p><b>Action</b></p>
<p>Trainees should be exposed during their training to the academic opportunities available in their speciality (<i>PMETB 6.25</i>).</p>			
<p>Trainees who elect, and are competitively appointed to, follow an academic path must be sited in flexible programmes of academic training that permit multiple entry and exit points throughout training (from standard training programmes) (<i>PMETB 6.27</i>).</p>			

<b>Management of Education and training (PMETB Domain 7)</b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
<p>Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of PMETB standards in the arrangement and content of training programmes (<i>PMETB 7.1</i>).</p>			
<p>The schedule must set out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges/Faculty/specialty associations etc., other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes. PMETB will publish a template for such a schedule following consultation (<i>PMETB 7.2</i>).</p>			
<p>Trainees must be trained in, and competent to use, the relevant assessment tools (e.g. electronic log) (<i>Local Deanery standard</i>).</p>			
<b>Outcomes (PMETB Domain 9)</b>	<b>RAG Status</b>	<b>Comment</b>	<b>Action</b>
<p>Trainees must have access to analysis of outcomes of assessments, RITAs and exams</p>			

for each programme and each location benchmarked against other programmes. (PMETB, working with Royal Colleges/Faculties and others as appropriate, will be developing this analysis over the next three years to be available to trainees by deanery and College) ( <i>PMETB 9.1</i> ).			
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**Form completed by:**

**Role:**

**Signature:**



East Midlands Healthcare Workforce Deanery

**INTERIM REPORT**

**Highlights/Exceptions Report**

Specialty School:

Date:

***SECTION 1. Executive Summary:***

***SECTION 2. Highlights:***

***SECTION 3. Exceptions:***

***SECTION 4. Updates for action plan***

***SECTION 5. New objectives/actions:***

**Form completed by:**

**Role:**

**Signature:**