

External guidance for the proactive quality assurance of the management and delivery of medical education and training

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1. Overview

As part of our statutory duty, the GMC set standards for providers of medical education and training and we regularly check those are being met. We do this in two main ways: proactive and reactive quality assurance (QA). Proactive QA is where we actively check on medical schools, postgraduate training organisations (PTOs)¹ and colleges to ensure they are meeting our standards. Reactive QA is where we respond to any concerns, or promote good and notable practice, when evidence arises to do so.

Following a review of our QA processes in 2018/19, we have developed a new process for proactive QA of the management and delivery of medical education and training. Distinct from the previous schedule of large-scale regional/national reviews, the new model is a risk-based continuous cycle of QA over four years. The new model aims to introduce a more flexible and collaborative approach to the QA of the organisations we work with, providing us with assurance of their quality management processes on a more proportionate scale.

a. Purpose of this document

This document provides a descriptive overview of the QA process for all organisations involved in medical education and training that the GMC quality assures. For system guidance, and additional information about the QA process, the following documents may prove to be useful:

- External training manual– details how to use our online system (GMC Connect) for the new proactive QA process, this document is available on the GMC website [here](#).
- GMC website – The [QA pages](#) on our website detail the new proactive QA process and how this fits in with our QA system as a whole.

b. The proactive QA Model

The model is based on a four year cycle where-by medical schools and postgraduate training organisations will be required to declare, once every four years, that they meet the standards in [Promoting Excellence: Standards for education and training](#). Between declarations on an annual basis the GMC will;

- ask every organisation for an annual self-assessment questionnaire (SAQ)

¹ Postgraduate training organisations are the local offices of Health Education England, NHS Education for Scotland, Health Education and Improvement Wales and the Northern Ireland Medical and Dental Training Agency.

- triangulate our data and intelligence alongside the organisation’s SAQ in order to provide us with further evidence of how an organisation is meeting our standards - examples of this data could be National Training Survey (NTS) results, enhanced monitoring cases
- have multiple feedback meetings with each organisation to report on SAQ analysis and discuss the annual QA summary (AQAS)
- undertake regulatory QA activity to further explore areas of risk excellence or innovative practice
- produce an AQAS including an overall regulatory statement

Each of these stages are described in more detail below.

Below are three diagrams to provide you with further information about this model, our wider QA activities, and how they fit all together.

Diagram A - the different stages of the proposed proactive QA model

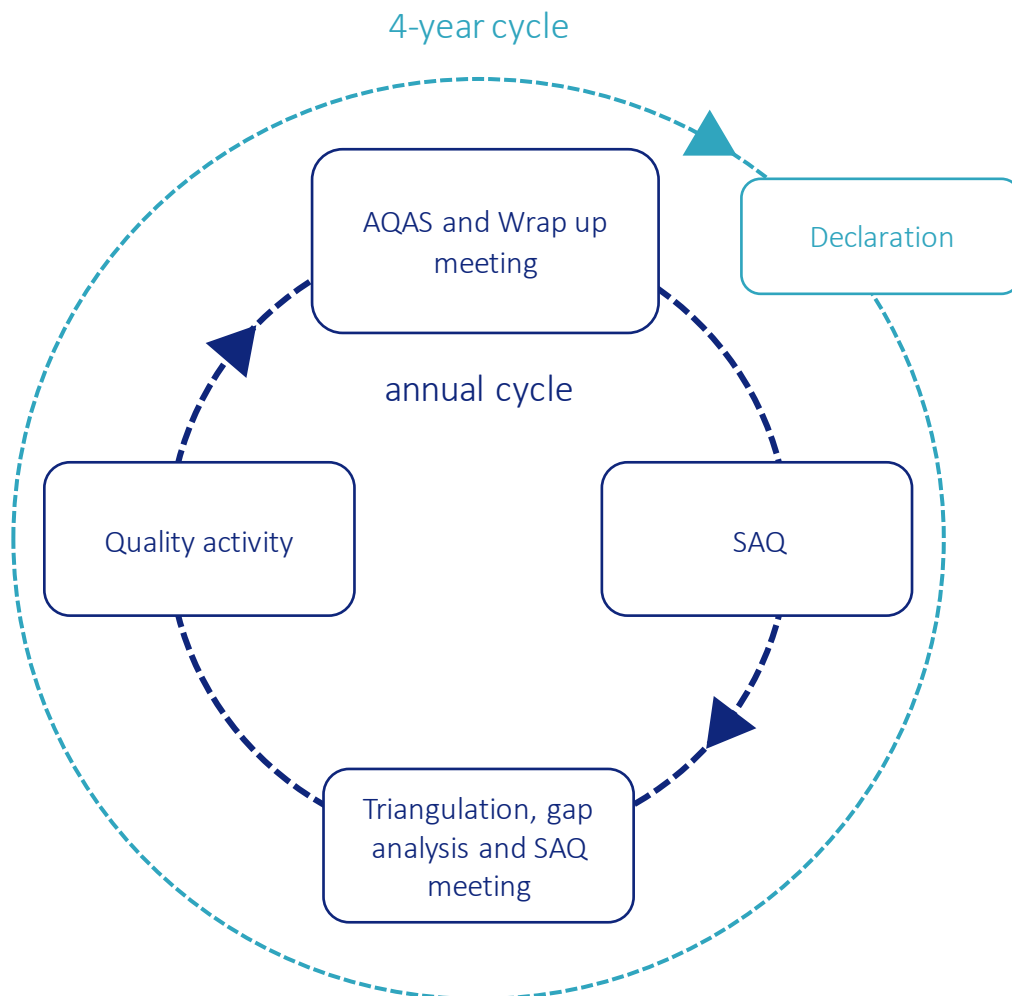
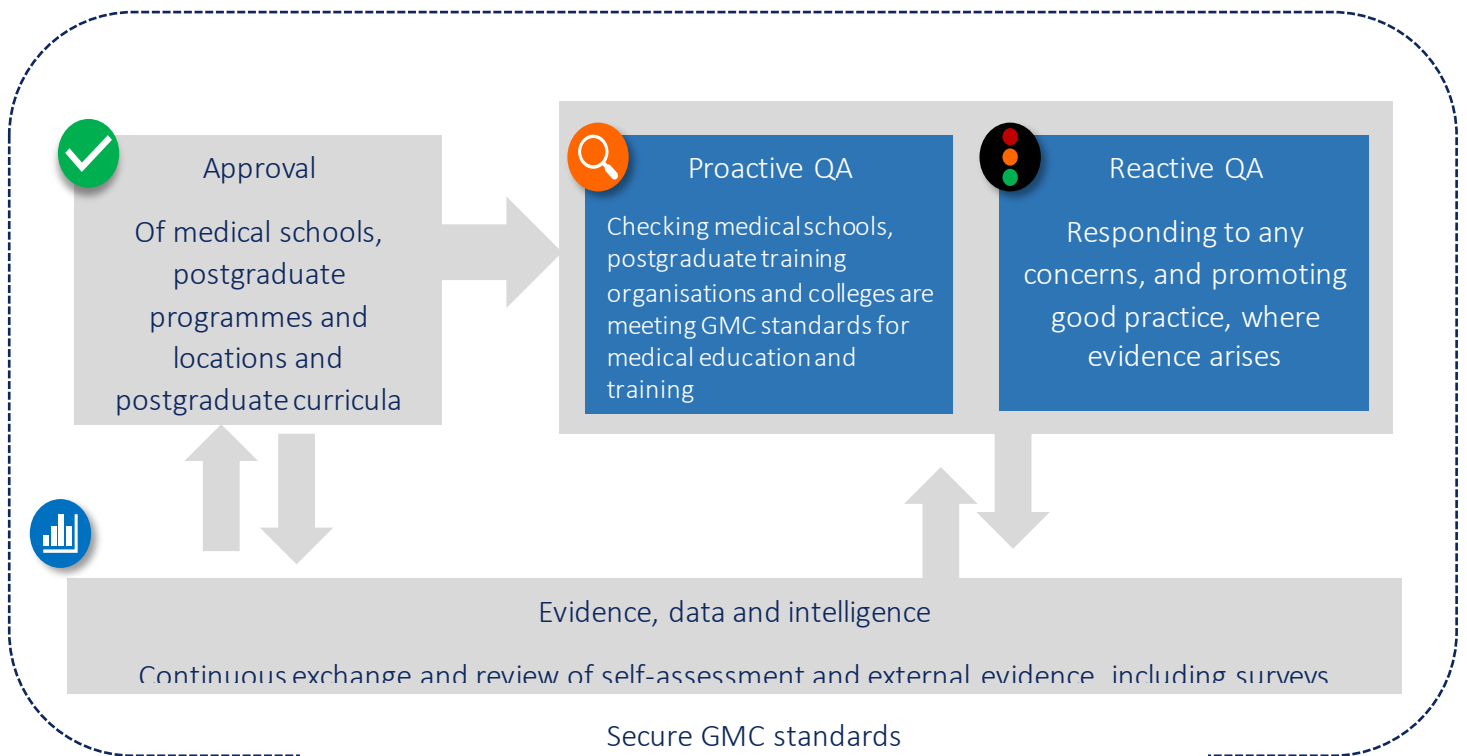
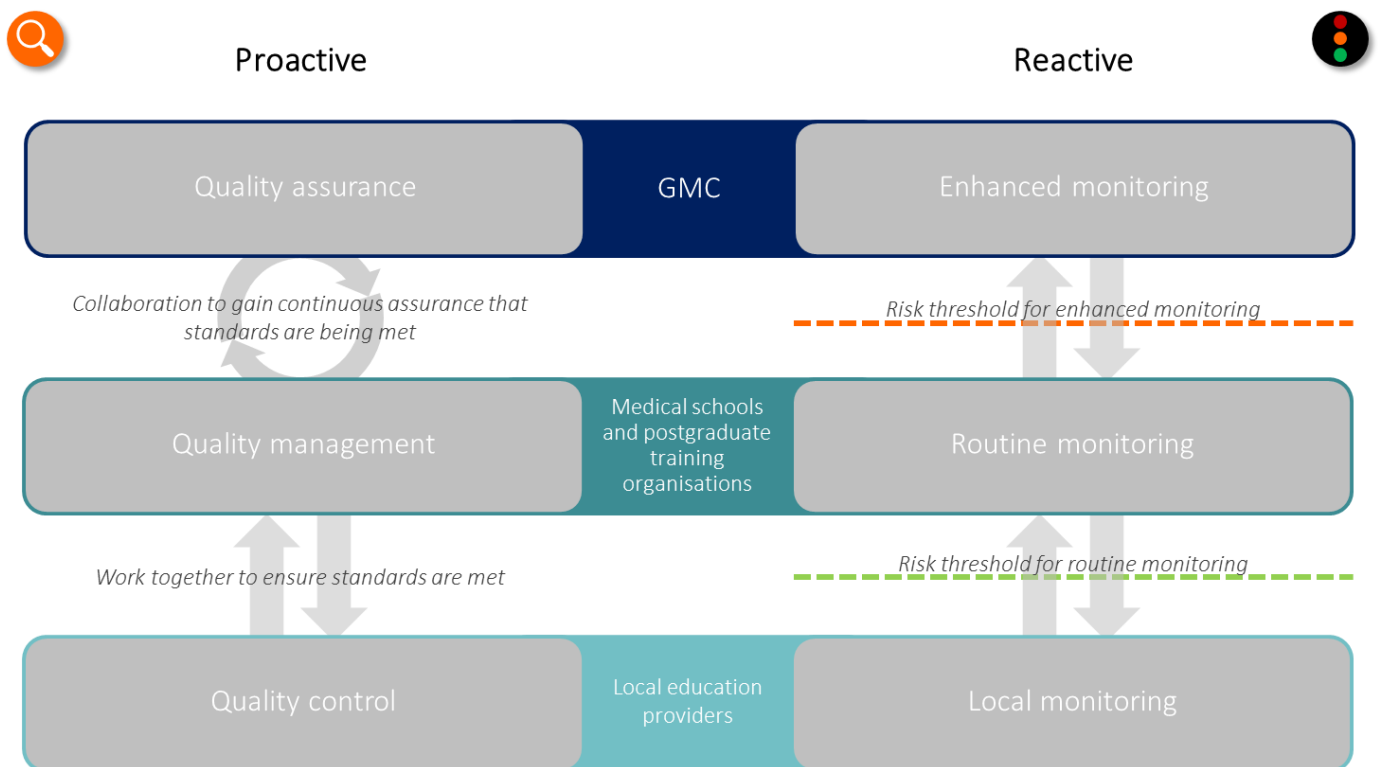


Diagram B - how the proactive QA model fits into the GMC's QA structure



We are statutorily obliged to secure our standards for medical

Diagram C - the differences between proactive and reactive QA



2. Declaration

Medical schools and PTOs will be required to sign a declaration every four years that signifies they are meeting or working towards meeting the standards set out in [Promoting Excellence: Standards for education and training](#). This marks the beginning of the four-year QA cycle and will be the first part of the process that the organisations will need to do before they go on to complete the SAQ. The dates of current and future declarations will be published on the organisation’s dashboard [here](#).

a. Completing the declaration

Completing the declaration is a paper-based exercise. The declaration will be shared with the organisation via email which will need to be printed and signed by the Dean of the Medical School/PTO. The signed declaration will then need to be uploaded to GMC Connect by the organisation.

b. Deferral of a declaration

If the GMC are not assured following the QA process that the standards are being met or worked towards, or if an organisation is failing to engage with the process, we may defer an organisation’s declaration date. The deferral of the declaration date will be shown on the

organisation's dashboard. Before a decision is taken to defer, the GMC will ensure that they work with and communicate to the organisation the reasons for considering a deferral.

3. Self-Assessment Questionnaire

The SAQ has been developed to find out more about the policies and processes in place at a medical school or PTO to establish if they meet GMC standards as set out in [Promoting Excellence: Standards for education and training](#). There are separate SAQs for undergraduate organisations and postgraduate organisations. The format is a series of questions based on the themes and standards of Promoting Excellence. An example SAQ can be found on the website [here](#). Organisations can expand on their response by also listing documentation and activities to support their response.

a. Completing the SAQ

In the first year of submission, an organisation is expected to complete all five themes of the SAQ. However, if an organisation cannot answer a question due to an area being in development, they must state this and can then answer the question in subsequent years. This is a flexible process that can be agreed individually with each organisation. They are required to have completed all sections by the end of the four-year cycle and may risk deferral of the declaration date if they have not completed these and provided assurance that they are meeting GMC standards.

The SAQ will be available on GMC connect and one or more users will have access to it at the organisation. The user/s will be able to work on a question at a time or download the SAQ and work on it as a whole, they will be able to export individual questions to others to complete, and multiple users will be able to work on the SAQ at one time. Full instructions on how to complete the SAQ on GMC connect are provided in the [external training manual](#).

Organisations will have a maximum of 8 weeks to complete the SAQ. Once completed the organisation will submit the SAQ via GMC connect.

Please note that the responses provided to all questions in the SAQ will be made publicly available, via the GMC website, once submitted. The information provided will be used by the GMC to quality assure the provision of medical education and training in the UK in line with our statutory functions.

Therefore, please do not include any personally identifiable information or information which is confidential. If you need to alert us to sensitive material or information relevant to the scope of the SAQ, then please submit this in a document via the 'Add Document' button on the 'Self-Assessment Questionnaire' tab in GMC Connect. Anything uploaded in this way

will not be shared on the GMC website but will be reviewed by a member of our Quality Assurance, Monitoring and Improvement (QAMI) team.

b. SAQ analysis and feedback

Following submission of the SAQ, the GMC QAMI regional team will analyse the document. This will take between 4-6 weeks. The submission will be triangulated with other data held by the GMC such as NTS results, reactive QA data we receive through the Quality Reporting System (QRS)² and enhanced monitoring details.

If, during our analysis, further information is required we will contact the organisation. Following analysis of the SAQ, a meeting will be organised (face to face or online) with the organisation to discuss their submission, explore any perceived areas of notable practice or concern and establish what QA activities will be undertaken for the remainder of the annual cycle.

The analysed version of the SAQ will be published on the organisation's dashboard (see section 8), which is available on the GMC website. We will only publish the SAQ following the meeting and following consultation with the organisation on its final content.

4. QA Toolkit and QA activities

Following the SAQ discussion meeting, the final version of the SAQ will be sent to the organisation and the proposed QA activities for the remainder year will be confirmed. A QA activity is an exercise undertaken by the GMC to seek assurance that our standards are being met or to explore innovative or notable practice. QA activities will be selected from the QA toolkit which is the overarching term for all the possible activity types, including document reviews, meetings, shadowing of visits etc. We may also undertake quality activities as part of a UK-wide or thematic review outside of the SAQ.

We will select QA activities from the list of activities the organisation identified in the SAQ. We will try to select a range of activities from the QA toolkit so that each team is not just undertaking observations or visits, for example.

² The Quality Reporting System is our online system for undergraduate and postgraduate organisations to escalate concerns to us regarding education and training that require reactive routine monitoring. This system has recently changed its name in 2020 from Online Deans Report for postgraduate organisations, and medical school online reporting for undergraduate organisations.

A QA activity will normally be attended by one or two members of the regional QAMI team. However, for some activities we may request to involve a GMC associate where additional expertise is required to explore a complex area such as assessment or a clinical matter.

a. Feedback following a QA activity

A feedback form will be provided to an organisation following a QA activity, summarising the content of the activity, why the activity was undertaken, and next steps that may have been agreed. This feedback form will not be published on an organisation's dashboard. A summary of each QA activity will appear on the AQAS (See section 7) which will be published on the organisation's dashboard [here](#).

5. Setting of requirements and recommendations

Requirements and recommendations can be set at any time throughout the QA cycle, however the evidence for setting them should always be triangulated. We would therefore not set a requirement or recommendation from the information provided in the SAQ alone.

Examples of triangulation include requesting supporting documentation, seeking clarification from the organisation on information provided in the SAQ, observing QA activities and speaking to learners and educators directly. The setting of a requirement or recommendation will be discussed with the organisation before it is published in the AQAS.

6. Identifying notable practice

Evidence for recognising something as notable practice should always be triangulated. We would therefore not recognise something as notable practice from the information provided in the SAQ alone.

Examples of triangulation include requesting supporting documentation, seeking clarification from the organisation on information provided in the SAQ, observing QA activities and speaking to learners and educators directly. We may also wish to use a GMC associate to clarify that something is an area of notable practice.

7. Annual QA summary

We will produce an annual QA summary (AQAS) for each organisation which will include summaries of the SAQ submission, QA activities that were undertaken and any requirements, recommendations or areas good practice identified during the year.

The AQAS will be published on the organisation's dashboard [here](#) on the GMC website.

b. Wrap up meeting

At the end of each annual QA cycle the GMC will meet with the organisation to discuss the previous 12 months. This meeting can be face to face or online and will be held once the organisation has received their AQAS. An organisation should be able to view a draft version of the AQAS at least 14 days prior to the wrap up meeting to allow time for them to review it beforehand.

The agenda for the wrap up meeting could include items such as:

- SAQ submission and subsequent meeting and feedback
- Discussion on each activity undertaken during the QA cycle
- Feedback on the QA activities
- Plans for the following QA cycle

Following the wrap up meeting any agreed amendments will be made to the AQAS and the final version of the summary will be sent to the organisation.

The organisation has the right to reply to the AQAS and this reply will be visible on the dashboard alongside their AQAS. However, we will only make amendments to the AQAS if there are any factual inaccuracies. Any other comments on the AQAS should be addressed in the next QA cycle. The organisation will have 28 days from receipt of their AQAS to respond.

8. Dashboards

Each organisation will have a dashboard published on the GMC website. This dashboard will contain a summary of QA information for that organisation, including:

- declaration date/deferral of declaration date
- the first analysed SAQ of the four-year quality assurance cycle
- the latest analysed SAQ
- the AQAS
- any requirements, recommendations and areas of notable practice

This dashboard will be accessible by all members of the public. No confidential information will be published on the website.