General Medical Council

Annual Quality Assurance Summary

This summary provides an overview of how an organisation is meeting our standards for medical education and training as detailed in *Promoting excellence: standards for medical education and training*. It provides an overview of the QA activities undertaken over the course of a year and an overview of findings including any areas of notable practice or requirements and recommendations we have set. The summary is published.

Organisation	NHS England – North West (NHSE NW)
Review period	March 2025 – March 2026 (Year 2 of cycle)

Overview of findings

Overall findings statement
In 2025, the GMC decided that postgraduate training organisations that had completed an initial cycle of four self-assessment questionnaires could be risk assessed to move to a biennial submission. NHSE NW was approved to move to the biennial model, and the next self-assessment questionnaire (SAQ) will be due in March 2027. This AQAS covers the second year in a four-year cycle. We conducted two quality activities in this cycle: - Observation of a Training Programme Director (TPD) Induction Day - Review of Educational Supervisor training sessions on Cultural Competency and Differential Attainment We can set requirements and recommendations where our standards are not being met, and we can also identify areas working well or of notable practice. In this cycle, we identified one recommendation following the TPD Induction Day. These activities allowed us to measure how NHSE NW meets our standards across all themes of Promoting Excellence. We were then able to triangulate data from the Equality, Diversity and Inclusion (EDI) Action Plan and assess how NHSE NW is addressing the differential attainment (DA)

gap in the region. We were pleased to see that NHSE NW is committed to addressing this gap and has taken demonstrable action via teaching sessions.

NHSE NW also engage with us via the National Training Survey (NTS), Quality Reporting System (QRS), Enhanced Monitoring, and the Annual Quality Engagement Meeting. We also hold additional meetings as necessary, and NHSE NW participate fully in our processes to support local education provision.

From the quality activities and engagements, we consider that NHSE NW is currently meeting the standards set out in the GMC's *Promoting excellence: standards for medical education and training*.

Quality Activities undertaken

	Activity	Date	Summary
1	Observation of Training Programme Director (TPD) Induction Day	3 December 2025	In-person observation of the TPD Induction Day at the Northwest Dental Training Hub. The day featured introductions and objective setting, how the TPD role fits within postgraduate training, and the aims of the programme. Topics covered included Less Than Full Time Training, Out of Programme, ARCP, Study Leave, TRES, PSW and Group Case Discussions. One recommendation was set based on this quality activity.
2	Review of Educational Supervisor training sessions – Cultural Competency and Differential Attainment	18 & 19 December 2025	We reviewed two sessions delivered to educational supervisors on the topic of Differential Attainment: • Cultural Competence • Differential Attainment The sessions combine an overview of core concepts, professional experience and signposting to relevant support for supervisors and supervisees. Cultural Competence emphasised relational qualities and systemic ethos, while Differential Attainment detailed practical actions and interventions.

Quality Reporting System (QRS)

We use the QRS to monitor concerns raised by organisations when they identify that our standards are not being met in an education and training environment. Concerns are managed locally by the responsible organisation until resolution.

Activity	Date	Summary
Quality Reporting System (QRS)	Ongoing	NHSE NW have 16 open items on the QRS. NHSE NW is engaged with the QRS system and continue to provide frequent and detailed updates. We are assured that our thresholds for reporting via the QRS are embedded and adhered to.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

No.	Theme	Recommendation	Date set
1	R4.1	The Postgraduate Training Organisation should consider whether ARCP training should be made mandatory for all individuals involved in ARCPs and that this is held as a 'separate' session.	2 Jan 2026

Enhanced Monitoring

Enhanced monitoring is used to promote and encourage local management of concerns which adversely affect patient or trainee safety, doctors' progress in training, or the quality of the training environment. During enhanced monitoring, the GMC provides an increased level of monitoring and participates in activities organised by the deanery. We tailor our support to each enhanced monitoring case to help address the concern(s) and develop a sustainable solution. We have summarised the enhanced monitoring activity this organisation has undertaken over the last 12 months below. For further information on enhanced monitoring please visit our website.

Activity	Date	Summary

Enhanced monitoring activities	Ongoing	NHSE NW have two open items in Enhanced Monitoring, one with conditions attached to the programme delivery. NHSE NW follows the GMC's enhanced monitoring process appropriately, updating the GMC on live cases. They also update the GMC on potential cases and include the GMC in decisions regarding escalation to and de-escalation from enhanced monitoring. The GMC has been involved in quality visits alongside NHSE NW as part of the enhanced monitoring process, and further information on enhanced monitoring visits can be found on the GMC website.

Next steps

EDI Action Plan

From the 2025 EDI Action Plan feedback, we detailed several areas where we would like to receive an update. Where possible, please provide updates in your next submission at the end of March 2026:

- What does enhanced supervision look like for CREST trainees? [R1.7, R1.8, R1.9, R2.11, R2.14]
- What training/support does the supervisors receive to facilitate this? [R1.7, R1.8, R1.9, R2.11, R2.14]
- How is the deanery assured supervisors are adequately prepared for their role? [R1.7, R1.8, R1.9, R2.11, R2.14]
- Rollout of new EDI Raising Concerns guidance [R1.1, R1.2 R1.3, 1.4, R2.7]
- How CREST trainees are familiarised with the e-portfolio [R3.5, R3.7]
- NW-specific support for LTFT trainees [R3.10, R3.11]
- Do educators receive EDI-specific mandatory training e.g. bystander, unconscious bias etc. [R4.1]
- EDI training for examiners [R5.8]
- What support do SOX educators/trainers receive when their trainee has failed the RCA [R2.16, R3.2, R4.4]

Quality Activities

Based on our review of the Cultural Competence and Differential Attainment sessions for educational supervisors, we would also like to hear about the following in the next EDI Action Plan:

- Data on improved experience and/or exam outcomes for supervisees because of this training
- How this training has contributed to supervisors' practice
- How the signposted resources are quality assured
- What processes are in place to assure that all supervisors are accessing these resources

SAQ

Based on the last SAQ, we would like the following updates in the next submission (March 2027):

Theme One

- Negotiations on funding for PRiME [LEC 1-04]
- Expansion of AD for SIM/TEL and AI fellows [LEC 1-05]
- Progress aligning forums with quality processes [LEC 1-06]
- How actions from concerns reported are fed back to those who raised the concern [LEC 1-06]
- Annual executive trainee rep forum development [LEC 1-06]
- Evaluation of effectiveness of three-year quality cycles and trust self-assessments [LEC 1-07]
- ASR Results Dashboard [LEC 1-10]
- Development of new raising concerns guidance [LEC 1-11]
- Teaching cancellation reporting process, and if repeated cancellations are monitored at trust level [LEC 1-11]

Theme Two

- Quality Improvement Register (QIR) for ISF concerns in place of CoreStream [EGL 1-02]
- LTFT action point from EDI Action Plan [EGL 3-03]
- Outcomes of the ARCP review [EGL 3-04]

Theme Three

- Expansion of the Compassionate Leadership course [SUL 1-01]
- Professional Support and Wellbeing Service (PSWS) – educator days, SOPs, evaluation [SUL 1-02]
- Evaluation of Exam Support TPD and training days [SUL 1-02]

Theme Four

- TPD conference moving to annual delivery [SUE 1-02]
- How the Deanery processes appraisals and checks they are completed once every three years [SUE 1-02]
- Process when TPD appraisals are not received, and how the Deanery is assured in their absence [SUE 1-02]

Organisation's response

The organisation has the right to reply to the AQAS; if they have responded it will be included below.

Organisation's response
Thank you for the comprehensive AQAS report at the end of this second year of the four year quality cycle. NHS England North West is pleased to see that the GMC considers we are currently meeting the standards set out in *Promoting excellence: standards for medical education and training.* We will continue to work with the GMC across all areas to improve the quality of training in the North West.