To note

Report of the Quality Scrutiny Group

Issue

1 At its meeting on 24 September 2013, the Quality Scrutiny Group reviewed selected Deans’ reports from April 2013, the responses to concerns process and the emergency medicine checks visit reports.

Recommendation

2 The Strategy and Policy Board is asked to note the report of the Quality Scrutiny Group meeting on 24 September 2013.
Report of the Quality Scrutiny Group

Issue

3 The Quality Scrutiny Group (QSG) convenes quarterly to provide consistent scrutiny of our education quality assurance activity, to identify trends and themes, and to identify process improvements. The QSG’s work is reported to the Director of Education and Standards and the Strategy and Policy Board.

Deans’ reports

4 The Deans’ reports (DRs) are part of our monitoring process. Reports are submitted biannually (April and October) and scrutinised internally before decisions are communicated to the Deans. The QSG reviewed selected DRs from April 2013 (Yorkshire and Humber; North West and Mersey covering the Health Education North West region; East of England; and Wales) and considered the outcome of our scrutiny, identified regional or national trends and themes, and recommended improvements to our process.

5 The April 2013 DRs were the first to be scrutinised by the new regional teams in the Education and Standards Directorate.

6 The QSG recommended that:

a We make the RAG rating and letters to Deans clearer and more consistent across deaneries and Local Education and Training Boards (LETBs).

b We continue to move items out of the confidential section once they are verified by the Dean so they can be published.

c We indicate on the published reports where information has been shared with other regulatory bodies.

7 The QSG noted that:

a Service reconfiguration, such as moving foundation surgery posts to psychiatry posts, may impact on the training of doctors in the reconfigured service. We will consider this when we visit Yorkshire and Humber in 2014 and may need to monitor this nationally as the number of foundation posts moved into psychiatry increases by August 2014 (Yorkshire and Humber).

b During QA activity we may identify clinical governance issues that have no educational impact but may have patient safety and clinical impact. It was not clear who was addressing clinical governance issues and what action was being taken. When such issues are identified, we should report action taken to provide assurance that these matters were being dealt with (Yorkshire and Humber).
c There was potential for under-reporting by both North West and Mersey based on the most recent DR, and sought assurance that we were following this up with the respective Deans (North West and Mersey).

d There were reports of undermining in radiology and that this had previously discussed in 2012. The group did not think the action being taken would necessarily resolve the problem and recommended that we should raise this with the Royal College of Radiologists (East of England).

e The DR lacked detail in some places, for example, in the response to concerns, and recommended that we follow these up in the October DRs (Wales).

Responses to concerns

8 The QSG was updated on publishing concerns, closing open concerns and the process for managing concerns identified in the National Training Survey. The new publishing tool was demonstrated. The QSG was very positive about the publishing tool, particularly in making this information more publicly accessible.

9 The QSG suggested some amendments to improve help navigate the publishing tool. The QSG recommended we review how we use percentages with small numbers. It was not evident how many trainees were affected by individual concerns which made weighting of the concern unclear.

Emergency medicine checks visits

10 Following an increase in the number of concerns in emergency medicine, we made checks to seven emergency departments across England and the Channel Islands in quarter 4 of 2012 and quarter 1 of 2013. We produced a report of the checks and a summary report, Medical education front line: a review of training in seven emergency medicine departments, published on 10 July 2013. The QSG considered whether the findings in the seven reports were consistent, whether the reports provide assurance to the public that standards are being met or that we have taken appropriate action where they are not, and whether we could improve future checks and the presentation of their outcomes.

11 The QSG was very impressed with the reports particularly the focus on training, the layout, length, tone, summaries and case study.

12 The QSG noted that:

a We need to take care over terminology, as these reports are published, and suggested we provide a glossary of terms.

b The summary report appeared to soften the message compared to the content of the seven reports, for example, around advance nurse and emergency nurse practitioners and in clinical supervision at night.
We need to clearly describe for the public what monitoring will be undertaken after the reports are published.

d The report would have been further improved by including a commentary on the future risks that emergency medicine is facing.

Next steps

13 The QSG has made a number of recommendations to improve the presentation of our reports and quality assurance processes, which we will put into effect. We will also consider how we should address undermining, particularly in radiology, and the impact of reconfiguration of staffing in certain specialties, such as surgery, in our visits and monitoring.

14 We have taken feedback from the QSG into account in the letters we have sent to the Deans following our scrutiny of the October 2013 DRs as follows:

a We have worked to make the letters clearer and more consistent.

b We have clearly stated where we disagree with any confidential items, advising Deans when we think an item should be published rather than confidential.

c We have shared our comments on individual items in the Deans’ reports directly with Deans on their original submission document to improve the level of feedback provided.

15 We discussed under-reporting in the DR with North West and Mersey during our regional review in autumn 2013 and noted an increased number of items reported in the October 2013 DR. However, there were some concerns about the level of detail and RAG ratings of reported items. We have given feedback to the Deans on this and offered guidance on completing their April 2014 DRs.

16 The October 2013 DR from Wales contained the appropriate level of detail on enhanced monitoring items. This was helped by restructuring the template so that each return included a specific section on enhanced monitoring items, making it easier for Deans to locate and update this important information.

17 We have taken into account feedback from the QSG and made changes to the response to concerns publishing tool to make navigation easier. We have reduced the use of percentages. We do not currently record the number of trainees affected by each case requiring enhanced monitoring, we only record the level of training and the specialty, but we will take the feedback from the QSG into account for future monitoring.
Supporting information

How this issue relates to the corporate strategy and business plan

18 Strategic aim 3: To provide an integrated approach to the regulation of medical education and training through all stages of a doctor’s career.

19 Planning theme 3.7.3: Support the work of the Quality Scrutiny Group in 2013.

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