POLICY DOCUMENT

Quality Management Policy for Postgraduate Medical Training

(Northern Ireland Deanery)

2021 (Version 9.0)
QMG

Policy Review Schedule

Date first Approved by QMG: November 2009
Last Approved by QMG: June 2019
Date of Next Review: November 2021

Policy Owner: Senior Education Manager

Amendment Overview

Version	Date	Pages	Comments	Actioned
2009 – 1.0	01.11.09	48	Quality Manual created and presented to QMG for approval. **Approved.**	T McMurray
2012 – 2.0	03.02.12	18	Name changed to 'Quality Management Operational Guide'. Presented to QMG for approval. **Approved.**	K Gardiner
2013 – 3.0	23.08.13	38	Reviewed and agreed changes updated	D Hughes
2013 – 3.1	13.11.13	45	Further agreed changes updated. Presented to QMG for approval. **Approved.**	D Hughes
2014 – 4.0	06.01.14	14	Name changed to Quality Management Processes for Postgraduate Medical Training (Northern Ireland Deanery). Reviewed and agreed changes updated Presented to QMG for approval. **Approved.**	I Steele
2015 – 5.0	20.02.15	16	Reviewed and agreed changes updated	I Steele
2015 – 5.1	27.04.15	21	Further agreed changes updated. Presented to QMG for approval.	D Hughes
2015 – 5.2	18.06.15	21	Changes approved at QMG	D Hughes
2016 – 6.0	31.05.16	22	Revised to include reference to new GMC standards and revised processes	D Hughes
2019 – 7.0	31.05.2019	21	Updated to include changes to GMC ODR, membership, surveys.	G Carlisle
2020 – 8.0	20.11.2020	21	Updated to include revised GMC QA process, redrafted some sections	G Carlisle
2021 – 9.0	14.05.201	20	Updated to reflect amendments to the LDAs and NIMDTA appointments. Discussed at QMG 14.05.2021.	G Carlisle

Contents

Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional and national requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. NIMDTA endeavours to attract and appoint individuals of the highest calibre to recognised training posts and programmes. NIMDTA encourages doctors to train and remain in NI so that Health and Social Care (HSC) has a highly competent medical and dental workforce with the essential skills to meet the changing health needs of its population.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. NIMDTA supports trainees with the aim of maximising their potential to successfully progress, complete training and be appointed to permanent posts in NI. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that both the training and supervision of trainees support the delivery of high quality safe patient care. NIMDTA provides trainees with a wide range of opportunities to gain experience in leadership, quality improvement, research and teaching.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. NIMDTA works to the standards in the COPDEND framework for the Quality Development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA carries out these roles on behalf of the DoH by focussing on the needs of people (population, trainees, trainers and NIMDTA staff), in partnership with key stakeholders and by paying attention to HSC Values - openness and honesty, compassion, excellence and working together.

1. Introduction

This document sets out the principles, policy and processes in place to support the Northern Ireland Medical and Dental Training Agency's approach to the Quality Management of Postgraduate Medical Training. The document relates to trainees from Foundation Year 1 to Completion of Specialty Training (including General Practice) appointed to training programmes in Northern Ireland.

Within postgraduate medical training there are a number of key processes that take place:

- Recruitment and Selection
- Allocation of Placement
- Induction to Programme and Placement in LEPs.
- Clinical and Educational Supervision
- Formal Education (including regional teaching and study leave)
- Practical Experience (including OOPE/OOPT)
- Assessment and sign off – Annual Review of Competence Progression (ARCP)
- Revalidation
- Trainee Support (including career management)
- Provision of Additional Opportunities (Academic or Leadership Training; OOPR)
- Less Than Full Time Training (LTFT)
- Trainer Recognition
- Removal of trainees

To improve the quality of postgraduate medical training it is important for each of these processes to have mechanisms in place to:

- Identify Good Practice and Concerns
- Allow the sharing of Good Practice
- Be able to understand a Concern
- Be able to understand the systems involved
- Be able to choose the right methods for change
- Be able to produce the change within an appropriate timescale
- Be able to implement changes that are effective and sustainable
- Have techniques to evaluate improvements

To complete all of these functions effectively, NIMDTA is required to work in a collaborative way with a number of other stakeholders, including Local Education Providers (LEPs), Medical Royal Colleges and Faculties and the General Medical Council (GMC) as the regulator of postgraduate medical training. The processes to be followed are further outlined in the Reference Guide for Postgraduate Foundation and Specialty Training in the UK (Gold Guide) (https://www.copmed.org.uk/gold-guide-8th-edition).

2. Quality Management of Postgraduate Medical Education and Training

Ensuring the quality of postgraduate medical education and training involves a number of different organisations.

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is the organisation responsible for delivering postgraduate medical training in the Northern Ireland Deanery.

The GMC sets the educational standards for all UK doctors through undergraduate and postgraduate education and training. The GMC promote high standards and make sure that medical education and training reflect the needs of patients, medical students and doctors in training, and the healthcare systems across the UK.

The GMC's **Quality Assurance Framework** gives an overview of how the GMC quality assures postgraduate medical education and training in the UK. The QAF describes 3 levels of activity – Quality Assurance (QA), Quality Management (QM) and Quality Control (QC).

Quality Assurance is carried out by the GMC and includes the policies, standards, systems and processes in place to maintain and enhance the quality of medical education and training in the UK. From 2021, the GMC QAF requires NIMDTA to submit a **Declaration** which demonstrates that both the Deanery and LEPs are meeting GMC standards. This declaration will be published on the GMC website, as well as the expected next declaration date. The first NIMDTA declaration will be made in 2021-22 with a re-declaration every four years. Between declarations, NIMDTA will submit an **Annual Self-Assessment Questionnaire (SAQ)** to the GMC.

Quality Management (QM)

QM refers to the arrangements through which a Deanery satisfies itself that the LEPs are meeting the GMC's standards. Deaneries are responsible for the educational governance of all approved foundation programme and specialty (including GP) training programmes. In Northern Ireland, these LEPs include Health and Social Care Trusts, Public Health Agency and GP practices. QM is a partnership between these organisations because it is only through working together that deaneries, Royal Colleges and Faculties, with LEPs, can deliver postgraduate medical education and training to the standards required.

Quality Control (QC)

QC is the arrangement through which the LEPs ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The GMC quality assures medical education and training through the deaneries but day-to-day delivery is at LEP level. Each LEP must demonstrate how the GMC's standards and requirements are being achieved. NIMDTA supports LEPs in doing this and ensures that systems of delivery and QC are consistent across specialties and LEPs.

Learning and Development Agreement (LDA)

NIMDTA has a Learning and Development Agreement (LDA) with each LEP. The LDA provides the framework for setting out the standards to be achieved for the provision of high quality postgraduate medical and dental education and training and outlines the roles and responsibility of each party and the services to be delivered under the terms of the agreement

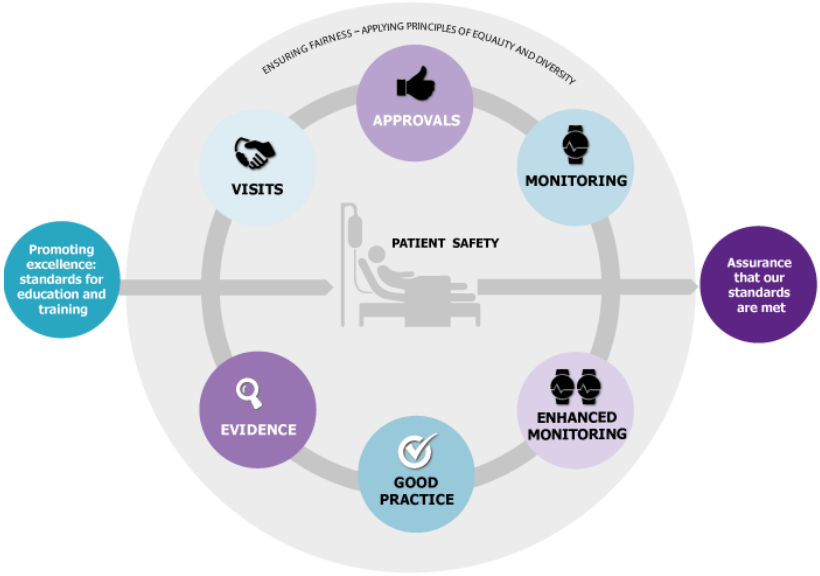
3. The GMC Quality Assurance Process

The GMC standards and requirements for medical education and training are set out in 'Promoting Excellence: standards for medical education and training'. These standards came into effect on 1 January 2016 and replaced the previous standards in *Tomorrow's Doctors* and *The Trainee Doctor*.

Deaneries are reviewed against these standards and approval for training by the GMC is granted or withdrawn. Approval may be granted with conditions if there are requirements that a deanery needs to meet. Failure to meet those conditions can result in approval being withdrawn.

The GMCs Quality Assurance Framework (QAF) sets out how the GMC secure their undergraduate and postgraduate standards for medical education and training. It clarifies their responsibilities around quality assurance, and defines the processes by which organisations responsible for medical education and training will have to demonstrate that they meet their standards.

The QAF helps educators and organisations establish quality management and quality control processes that can demonstrate training monitoring, data collection and identify improvements required.



Visits (including Regional and National Reviews)

The GMC carries out Regional Reviews to medical schools and deaneries in a geographical region to obtain an overview of education and training in that area and to make judgements about each individual organisation against their standards. The GMC also conduct Thematic Reviews which focus on particular aspects or areas of medical education and training and include small specialty reviews and risk based spot checks.

Monitoring

The GMC use a number of methods to monitor the quality of education and training to include:

- Analysing information from education and training organisations such as medical schools, deaneries and local education and training boards, and royal colleges and faculties
- Visiting organisations which provide education and training and speaking to staff, students and doctors in training
- Carrying out surveys of doctors to find out about their experiences

Enhanced monitoring

The GMC use enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training. Issues that require enhanced monitoring are those that could affect patient safety or training progression or quality. EM issues usually meet the following criteria:

- Persistent and serious patient safety concerns
- Doctors in training's safety is at risk
- Doctors in training are not getting the experience required
- Local quality management processes alone are insufficient to address the issue

GMC Quality Reporting System (QRS)

The GMC Quality Reporting System allows deaneries to directly manage a range of items using a live system on GMC Connect. Deaneries must report on all concerns where improvement is needed to maintain standards. The GMC use the system to monitor concerns highlighted through quality management processes. For example, concerns that arise from quality visits conducted or from the GMC National Training Surveys.

Programme and Site Approvals

The GMC is responsible for the approval of specialty training curricula for doctors, postgraduate training programmes and posts and training sites. Approval is arranged via GMC Connect. Approval can be granted or withdrawn.

Good Practice

The GMC defines good practice as areas of strength, good ideas and innovation which should have potential for wider dissemination and development, or a new approach to dealing with a problem from which others might learn. The GMC has started to publish good practice cases studies on their website.

Evidence

The GMC triangulates the evidence it receives from medical schools, deaneries, medical Royal Colleges, trainees and trainers to check that it is consistent and comparable. Examples of evidence sources include:

- reports and action plans from medical schools and postgraduate deans
- annual specialty reports from medical royal colleges and faculties
- data from approval of posts, programmes, trainers, curricula and assessment systems
- reports of visits
- updates on requirements and recommendations from previous visit visits
- GMC surveys
- intelligence from other GMC sources (e.g. fitness to practice, revalidation)
- data on the outcomes of training programmes such as Annual Review of Competence Progression (ARCP) and exam results, mapped to demographic information to include information on differential attainment

This shared evidence helps the GMC to:

- identify areas of risk that need further investigation
- verify the evidence provided and check whether it is consistent and comparable
- identify trends or patterns which may influence GMC QA activity or local action
- to fulfil its statutory function of approving and monitoring training in the UK

- ensure that organisations responsible for medical education and training work together to ensure fair training pathways and processes for medical students and doctors in postgraduate training.

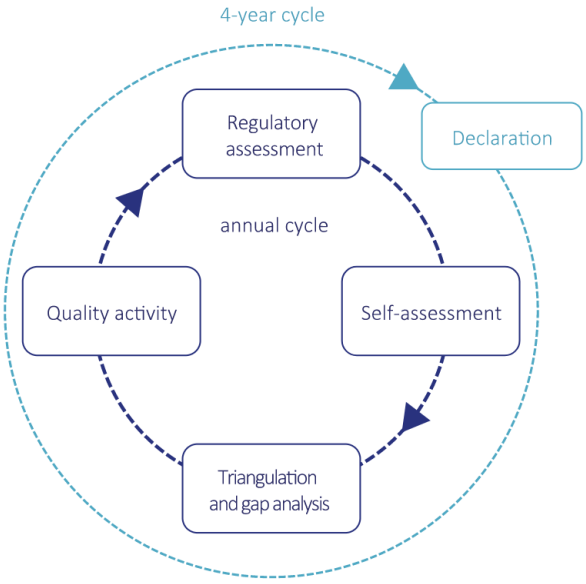
3.1 Review of the GMC Quality Assurance Process (implementation 2020)

In 2019 the GMC piloted a new process for Quality Assurance with Postgraduate Training Organisations (PTOs). This new process is being rolled out in 2020. A key change in the new process will be the introduction of a Declaration, which marks the beginning of the four-year QA cycle.

NIMDTA will be expected to make an initial declaration that it is meeting and/or working towards the standards of Promoting Excellence. This declaration will be published on the GMC website, as well as the expected next declaration date. The first NIMDTA declaration will be made in 2021 with a re-declaration every four years.

NIMDTA will review data and intelligence, including any the GMC holds and shares, and submit an annual self-assessment questionnaire (SAQ).

The GMC will review NIMDTA's completed SAQ alongside the GMC's data and intelligence. The GMC will meet with NIMDTA to discuss the SAQ and agree any follow up quality activity.



The GMC will undertake proportionate quality activity to seek assurance that their standards are being met, or to explore excellence, innovation or notable practice detailed in the SAQ. Activities may include document requests, meetings, shadowing, observations, visits and document reviews. The GMC may also undertake quality activities as part of a UK-wide or thematic review outside of the SAQ.

The GMC will produce an annual QA summary noting the self-assessment, triangulation and quality activity. This summary will include any requirements or recommendations the GMC set as a result of their quality activity, as well as areas of excellence, innovation or notable practice.

The GMC will work with NIMDTA through the annual SAQ to check that the GMC's standards continue to be met, and that progress is made addressing any gaps if they are not.

The GMC expect that the declaration process will be straightforward and present little burden to organisations; NIMDTA will complete a simple form and upload it to GMC Connect. If the GMC have serious concerns about an organisation's engagement with the process over the course of the cycle, or their ability to meet the standards, the GMC will consider deferring their declaration while they undertake more work with the organisation to seek assurance on these issues.

https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/review-of-our-quality-assurance-process

https://www.gmc-uk.org/-/media/documents/external-guidance-for-qa-process-20200512_pdf-82502564.pdf

3.2 Annual Self-Assessment Questionnaire (SAQ)

The GMC have developed an SAQ template which focuses on the standards in Promoting Excellence. The GMC may also include additional questions in the SAQ, for example if they are carrying out a thematic or UK-wide review. The GMC will ask organisations to review the data they hold about them when completing the SAQ, particularly if there are any outliers that concern the GMC.

When completing the SAQ, organisations do not need to repeat the previous year's response if it is still current. Where NIMDTA works closely with another organisation that has already told the GMC about how a standard is covered by a centralised function (e.g. QUB), the GMC will not need to see this detail again.

When the GMC receive the completed SAQ it will be checked to ensure that NIMDTA has fully addressed any question areas, and that responses include available data and previous SAQs to help identify potential areas of risk or excellence, innovation and notable practice. The GMC will arrange to meet with NIMDTA to discuss the submitted SAQ and any appropriate and proportionate targeted follow up quality activity.

Quality activity will be agreed with NIMDTA in the SAQ feedback meeting. The GMC will aim to be proportionate and create the least possible burden for organisations and the service.

The GMC envisage that most quality activities will be observing activities that NIMDTA manages and has already arranged. The GMC may also request additional information or documentation to support the SAQ submission. This process allows for information from activities led by third parties to form part of the GMC's overall assurance. Where required the GMC may undertake GMC-led activities, such as visits or bespoke surveys.

The GMC will publish an annual QA summary for on a dashboard. In most cases the GMC's regulatory assessment will be that they are assured. In the circumstances where the GMC are not assured they are likely to undertake further activity to seek assurance. If the GMC are still not assured they will consider setting a requirement or recommendation, which will set out the area needing improvement.

The GMC may consider deferring an organisation's declaration until we are assured. The status of any open requirements or recommendations will be included in the annual QA summary.

4. NIMDTA Quality Management Group processes

NIMDTA is reviewed by the GMC against the standards described in Promoting Excellence. Where necessary, the GMC will set requirements that deaneries must meet to ensure conditions are not placed on their approval. If such conditions are not met, the GMC will then take steps to withdraw approval.

The standards within Promoting Excellence are contained within 5 domains:

- Theme 1: Learning Environment and Culture
- Theme 2: Educational Governance and Leadership
- Theme 3: Supporting Learners
- Theme 4: Supporting Educators
- Theme 5: Developing and Implementing Curricula and Assessments

NIMDTA is required to provide an update to the GMC on each open item at least annually. This is managed online using the Quality Reporting System (QRS) via GMC Connect.

In order to carry out its role within the Deanery, NIMDTA is required to monitor LEPs and assess their delivery of training against the GMC standards.

NIMDTA oversees and coordinates its functions of Quality Management through the NIMDTA Quality Management Group (QMG) which normally meets every 2 weeks. QMG's purpose is to support the Senior Management Committee and the NIMDTA Board in fulfilling its statutory functions and in promoting excellence in healthcare by delivering high quality postgraduate medical and dental education and training.

The NIMDTA Board is ultimately responsible for all the decisions and actions taken in its name, whether directly or through its arrangements for delegation. The Board retains the right, therefore, to amend or overturn any decisions or actions of any Committee, Sub-Committee or working group which it deems to be contrary to Board policy or otherwise against the Board's interests.

4.1 Composition and Membership of QMG

QMG will consist of the following:

- Director of Professional Development (Chair)
- Postgraduate Medical Dean / Director of Education
- Postgraduate Dental Dean*
- Associate Dean / Director of Hospital Specialty Training (or deputy)
- Director of Postgraduate General Practice Education (or deputy)
- Associate Dean, Director of Foundation Training (or deputy)
- Associate Deans for Visits and Curriculum Review
- Associate Dean for Placement Quality
- Senior Education Manager
- Senior Professional Support Manager
- Quality and Revalidation Manager
- Quality Management Executive Officers / Administrators

In the absence of the Director of Professional Development, the Postgraduate Medical Dean / Director of Education will chair QMG.

*The Postgraduate Dental Dean and representatives from the Dental Training Department will normally attend meetings twice per year to discuss a range of issues.

The following are also invited to attend as external members:

- Director/Associate Director, Centre for Medical Education, School of Medicine, Dentistry and Biomedical Science, QUB (or deputy)

The quorum for meetings of QMG will be four, of whom two must be senior medical or dental educators.

QMG may invite any individual to attend to discuss identified agenda points and inform discussion.

4.2 Aims & Role of QMG

NIMDTA is committed to promoting excellence in healthcare by delivering high quality postgraduate medical and dental education and training. The QMG aims to monitor, manage and improve postgraduate medical and dental education through a collaborative partnership with Regulatory Bodies, LEPs, QUB and other stakeholders.

QMG will undertake the following:

- Review and implement GMC initiatives for Quality Management
- Respond to GMC consultations
- Consider the impact of Department of Health and HSC initiatives, reports and correspondence on postgraduate medical education and training
- Assess the quality of delivery of postgraduate medical education and training against GMC standards using:
    - Surveys (GMC and NIMDTA)
    - Educational Monitoring Visits to Local Education Providers (cyclical, follow-up and problem-solving)
    - Reports (from LEPs and from Foundation and Specialty Training Programmes)
    - Specialty Programme reviews
    - Feedback from ARCP panels
    - Feedback directly from trainees or trainers (comments, complaints)

- Improve Placement Quality through:
    - Review training within specialties and across units.
    - Use of evidence-based quality indicators to establish what makes a good training post.
    - Analysis of data gathered from trainees and education providers to direct strategies to implement changes which are realistic, specific, timely and measurable.
    - Determine indicators of good practice, create opportunities to learn and disseminate to other units, specialties and areas.
    - Develop networks with national and international education providers to share already existing practices and experiences of placement quality indicators.
    - Pilot strategies learnt from national and international placement quality indicator work, in individual training units in NI to determine the most effective local strategies, with a long term goal of creating a programme of placement quality which is best suited to NI and can be disseminated into wider practice.

    - Overcome barriers to change and develop relationships between trainees, local educational providers, programme educators and directors and NIMDTA to create a united approach to improving placement quality.
    - Foster environments to provide effective training and encourage positive wellbeing for trainees.

- Manage the quality of postgraduate medical education and training by:
    - Providing oversight of organisation for all visits to LEPs
    - Ensuring that reports from NIMDTA Educational Monitoring visits to LEPs are discussed in line with the visit cycle
    - Ensuring that reports identify areas of good practice, areas for improvement, concern and significant concern
    - Sharing reports from NIMDTA Educational Monitoring visits to LEPs, and specifying requirements on LEPs to complete action plans to address areas for improvement, concern and significant concern
    - Review of LEP action plans
    - Review of reports from Lay and Specialist Externals
    - Review of Recruitment and Selection, Allocation and ARCP processes and outcomes
    - Follow up of concerns identified through surveys, visits and reports (through meetings, follow up visits, surveys)
    - Share good practice identified through visits and reports through Specialty School Boards, Lead Educators Forum and Regional Postgraduate Medical Education Forum
    - Development and review of training policies
- Share areas of good practice, areas for improvement, concern and significant concern with Queen's University Belfast
- Report routinely on areas of concern and significant concern and good practice arising from surveys, visits and reports to
    - GMC (QRS)
    - DOH (Accountability meetings and Medical Education Policy Group)
    - Public Health Agency/HSCB (Liaison Meetings)
    - RQIA (Director of reviews and other regulatory bodies)
- Escalate unresolved and urgent concerns according to escalation policy
- Consider requests for circulation of surveys or third party emails to doctors in training

There may also be more immediate direct contact with each of the agencies above if serious concerns are identified during a NIMDTA visit to a LEP. The process for this is outlined in the NIMDTA Deanery Visit Process and Escalation of Concerns Process.

4.3 NIMDTA Visits to LEPs and Specialty Reviews

Quality Management involves reporting and monitoring, and one of the mechanisms for doing this is by local visits to LEPs and Specialty Programmes Reviews with the aim of improving education and training opportunities, and of enabling local problem solving and dissemination of good practice. NIMDTA carries out visits to specialties within LEPs and Specialty Programmes normally on a 5 year cycle.

The GMC expect, wherever possible, that LEPs should be allowed to monitor their own performance against GMC standards and requirements.

4.4 Utilisation of Reports and Action Plans by QMG

In order to carry out its QM role, NIMDTA needs to monitor LEPs, review the quality of the training delivered through Specialty Schools and update the QRS on GMC Connect.

To assist in the monitoring process and in completing the reporting to the GMC, each LEP and Specialty School/Training Programme is required to submit Quality Reports (QR) to self-assess against GMC standards.

The QR is designed in different formats for LEPs and Specialty Schools and are set out according to the GMC standards. Both the Specialty Schools and the LEPs are asked to identify areas of good practice and areas of concern and to produce an Action Plan to deal with the areas of concern. LEPs are also asked to submit a Mid Year LEP Quality Report to NIMDTA to allow review of progress.

Reports are:

- scrutinised by QMG members
- recorded in a Deanery Visit Outcome Grid
- used to regularly update the NIMDTA Quality Management Log which is a current record of areas for improvement, areas of concern and areas of significant concern that have been identified by NIMDTA and have Action Plans in place
- used to inform the QRS on GMC Connect
- used to inform future NIMDTA Visits

Action Plans will be produced by both LEPs and Specialty Schools and are:

- scrutinised by QMG members
- used to inform ongoing monitoring (follow up of implementation of the Action Plan)
- used to regularly update NIMDTA's Quality Management Log which is a current record of areas for improvement, areas of concern and areas of significant concern that have been identified by NIMDTA and have Action Plans in place
- used to inform the QRS on GMC Connect
- used to inform future NIMDTA Visits

4.5 NIMDTA Quality Management of Undermining Concerns arising within HSC Trusts and Public Health Agency

The GMC categorises undermining concerns as follows:

- belittling or humiliation
- threatening or insulting behaviour
- deliberately preventing access to training
- bullying related to a protected characteristic

Undermining may be identified through individual comments by trainees in their responses on the GMC NTS. In addition, trainees have the opportunity to raise undermining concerns at ARCP meetings, NIMDTA visits to LEPs or at Specialty Reviews. Trainees may also contact NIMDTA officers

directly to report undermining if they feel that their employer has not listened to their concerns or has not dealt with them appropriately.

Doctors in training can raise concerns about bullying and undermining at any time. They can do this in one of four ways.

- Through their current LEP: in the first instance, a doctor in training should raise a concern with their employer
- Through NIMDTA: if the doctor perceives that the LEP has not addressed their concern appropriately, the doctor in training should take their concern to NIMDTA
- Through the GMC: the NTS allows doctors in training to raise concerns about bullying and undermining directly with the GMC. All issues raised are investigated and shared with NIMDTA. If a concern is serious, the GMC take action to rectify the problem. For example, the GMC can carry out visits with NIMDTA to look into the issue.
- Through the GMC confidential helpline which allows doctors to raise concerns if they do not feel able to do so locally. Each comment made by a respondent is treated confidentially.

Following notification to NIMDTA of an undermining concern, NIMDTA will make contact with the Medical Director at the LEP to request an assessment of the concern to determine whether there is evidence that undermining has occurred.

The LEP should assess the concern promptly in view of the risks to patients and trainees of such behaviours and provide an update to NIMDTA's Postgraduate Dean on the investigation within 1 month (outlining steps the LEP is taking/planning to take to assess the concern and that progress has been made in that assessment) and the outcome of the investigation to NIMDTA's Postgraduate Dean within 6 months.

If following investigation, undermining has been confirmed to have occurred, the LEP should outline the following:

- actions the LEP has taken or is planning to take to address the concern.
- timeframe for addressing this concern
- steps the LEP is going to put in place to reduce the chance that trainees will be subjected to this type of behaviour in the future
- follow up the LEP is going to put in place to check that the concern has been resolved in a sustainable fashion

The relevant processes are described in the NIMDTA policy *Reporting Concerns of Undermining, Bullying or Harassment – Guidance for Doctors and Dentists in training* at www.nimdta.gov.uk/trainee-policies-and-guidance/

4.6 QMG role in Surveys

NIMDTA is required to ensure maximum participation in the Annual GMC National Training Survey (NTS). Trainees can also be asked to complete questionnaires and surveys by their respective Royal Colleges and Faculties, by Trainee organisations and by Specialty organisations. Trainers can be repeatedly sent questionnaires and surveys from Royal Colleges, Specialty Organisations, LEP, Commercial Companies and Universities.

To promote local trainee and trainer responses to the Annual GMC NTS and to reduce the risk of survey fatigue, QMG has decided that NIMDTA will normally only ask trainees to normally complete two surveys per year (the GMC Annual NTS and an end of year placement survey for NIMDTA).

QMG may also decide to survey trainees in response to concerns and will survey trainees before NIMDTA visits to LEPs. Trainers will be asked to complete the GMC National Trainer Survey.

Additional surveys which have not been initiated by QMG can only be sent to trainees via NIMDTA in exceptional circumstances and after a request with supporting evidence has been considered and approved by QMG.

Actions from NTS Survey

- Results will be made available to the LEPs and the Foundation, GP and Specialty Schools
- Results will be analysed by Schools and by LEP
- Results are fed into the NIMDTA Quality Management Issues Log and are scrutinised at QMG
- Findings from the NTS will be used as an information source by the NIMDTA Visit Teams and can be used for triangulation
- LEPs and Specialty Schools will be asked to respond to issues identified from the NTS which are not already being managed through QM/QC processes

4.7 Monitoring LEP Responses to Concerns

NIMDTA's Quality Management Processes require LEPs to provide updates and responses to concerns, following a timeline which is provided at the time of requesting this information. Examples are included below:

Background information in preparation for a Deanery visit	15 working days
Deanery Visit FAC	15 working days*
Deanery Visit Initial Action Plan	15 working days
Ongoing Visit Action Plans	Individually agreed at QMG
LEP Quality Reports	4 week response time (minimum)
NTS Patient Safety and Undermining Comments	6 week response time
Undermining concerns	4 week response time
Revalidation Exception Reports	Requested monthly

**If a response to the Deanery Visit FAC is not provided by the LEP within the timeframe requested, QMG will automatically issue the interim report and initial action plan. This is documented in the visit cycle.*

If the requested information is not received within the specified timeframe, a reminder is issued to the DME. A further reminder will be issued if a response has not been received within 5 working days from the initial reminder. This correspondence will also be copied to the Postgraduate Dean and Associate Dean for Hospital Specialty Training.

If the required information is not provided following these stages, the Postgraduate Dean or Associate Dean for Hospital Specialty Training will contact the Medical Director for a formal response. This will be documented in the QMG log.

Communication between NIMDTA and the LEP is included for discussion at each LEP annual review.

4.8 Other groups with relationships to QMG

Faculty Development Group (FDG) is a sub-group of QMG responsible to oversee trainer recognition and faculty development. The aims of this group are to develop trainers' expertise in their education role through better understanding of medical education theory; to improve skills and knowledge; to enable better enjoyment of teaching and learning; and to improve credibility of teachers and trainers. The group's functions include oversight of the Recognition and Approval of Trainers process, collating information on trainers in partnership with local education providers, formally certificating trainer status and communicating with GMC.

NIMDTA Revalidation Operational Group (ROG) is responsible for overseeing NIMDTA's processes to support trainees preparing for revalidation

NIMDTA Trainee Support Review Group oversees the management of trainees requiring extra support and the processes to be followed within NIMDTA.

NIMDTA Hospital Specialty Training Committee (HSTC) oversees the processes in place relating to the delivery of post Foundation Hospital Specialty Training including:

- Reviewing ARCP processes and outcomes
- Reviewing Specialty recruitment and selection processes
- Analysing Reports from Lay Assessors and External Assessors
- Reviewing Trainee posting allocation process (including arrangements for trainees with Reviewing special circumstances and trainees wishing to work less than fulltime)
- Reviewing applications to take time out of programme and processes
- Reviewing Membership and Specialty Examination Results
- Designing and reviewing appraisal processes for Heads (and Deputy Heads of School) and Training Programme Directors (TPDs)

Northern Ireland Postgraduate Medical Education Forum (PMEF) provides a forum for discussion of postgraduate medical education issues between NIMDTA and the five HSC Trusts.

The **Lead Educator Forum** allows feedback from QMG to Heads of Schools, Deputy Heads of School and Training Programme Directors and discussion about relevant QM and QC issues.

Joint NIMDTA and LEP Annual Review Meetings provide the opportunity to discuss developments in postgraduate medical and dental education and training and to review how well the LDA between NIMDTA and the LEP is functioning.

The **Foundation School Board** is responsible for ensuring foundation training is delivered in accordance with the national standards set by the GMC and guidance developed by the UK Foundation Programme Office.

The **Foundation Programme Directors (FPD) Committee** exists to provide a network forum for FPD to work collaboratively to improve the Foundation Programme within Northern Ireland.

The **General Practice Specialty Training Committee** is responsible for providing advice and guidance to national and local bodies on all matters relating to the education, training and professional development of general practitioners and potential general practitioners including undergraduate medical students.

The Northern Ireland **Trainee Forum** has been established to provide a better opportunity for trainee views and feedback to be heard, and to ensure that training in the region is delivered to the highest standard in order to deliver excellent and safe clinical care to patients.

5. Policies and Processes relevant to Quality Management

5.1 Trainee Recruitment

- Policies and other information relating to Recruitment to the Foundation, GP and Specialty Training programmes is available via the NIMDTA website: Recruitment – Northern Ireland Medical & Dental Training Agency (nimdta.gov.uk)
- Procedure for Assessment of References for Applicants to NIMDTA Specialty Training Programmes.

5.2 Allocation to Training Posts

- Allocation Policy for Allocation of Placements Policy – Foundation, Core and Specialty Trainees (excluding General Practice) www.nimdta.gov.uk/trainee-policies-and-guidance
- Special Circumstances policy www.nimdta.gov.uk/trainee-policies-and-guidance/
- Less Than Full Time Training policy www.nimdta.gov.uk/trainee-policies-and-guidance/

5.3 Induction

- Foundation induction handbook www.nimdta.gov.uk/foundation-training/
- Specialty training induction www.nimdta.gov.uk/specialty-training/information-for-specialty-trainees/information-for-newly-appointed-trainees/
- Induction for Lead Educators www.nimdta.gov.uk/faculty-development/training-for-faculty/
- Induction handbook for lay representatives http://www.nimdta.gov.uk/quality-management/qa

5.4 Recognition of Trainers

- Achieving and Maintaining Recognition Policy www.nimdta.gov.uk/faculty-development/approval-of-trainers

5.5 Trainee Support

- Management of Trainees Requiring Support www.nimdta.gov.uk/trainee-policies-and-guidance/
- Management of Undermining Concerns Process

5.6 Education

- Study Leave Guidelines www.nimdta.gov.uk/trainee-policies-and-guidance/

5.7 Approval of Training Posts

- Process for Educational Approval of a new Hospital based Training Post.

5.8 ARCP / Assessment

- ARCP Guidance www.nimdta.gov.uk/specialty-training/information-for-specialty-trainees/arcprita-process/
- A Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide) www.nimdta.gov.uk/trainee-policies-and-guidance/

5.9 Revalidation

- Revalidation Operational Group FAQs www.nimdta.gov.uk/revalidation/faqs/
- Failure to comply with the Requirements of the Training Programme www.nimdta.gov.uk/trainee-policies-and-guidance/

5.10 Vulnerable Training Programmes

Appointing to a training programme is a commitment to a trainee that the full College curriculum requirements for that specialty can be delivered for the total duration of the programme. For small specialties that are unable to fulfil all curricular requirements in Northern Ireland, trainees are required to spend time outside NI. The duration of this as a proportion of the overall length of the training time must be considered as NIMDTA will not have oversight of the educational governance and quality management processes during this period. If a trainee requires to spend significant periods of time outside of NI to achieve their curricular requirements in a specialty training programme, then there will be insufficient educational governance and the quality of the training provided will not be able to be managed effectively.

5.11 Removal of trainees from a setting or organisation in relation to serious concerns about a training environment

Examples of circumstances when removal of trainees might be considered include: confirmed undermining, poor or inadequate supervision, significant patient safety concerns, inappropriate resources or support, service reconfiguration not fulfilling the requirements of the trainees' curriculum. Notification of these issues may come from a number of sources including NIMDTA visits to LEPs.

When the removal of trainees is to be considered this will be discussed with the GMC (Director or Assistant Director of Education and Standards), the Department of Health (DOH), the Health and Social Care Board/Public Health Agency (HSCB/PHA) and the Regulation and Quality Improvement Authority (RQIA). Such action should be discussed with the LEP Medical Director and Chief Executive. Open discussion of the issues, triangulation with other bodies, consideration of the risks of the decision and contingency planning maybe facilitated by a round table meeting. The process to be followed is available at www.nimdta.gov.uk/quality-management/qa/

5.12 Academic Training

Clinical Academic Training opportunities (Academic Foundation year 2 programmes, Academic Clinical Fellows and Academic Clinical Lecturers) have been developed by Queen's University Belfast in partnership with NIMDTA. They offer candidates a comprehensive experience in clinical academic medicine alongside internationally recognised clinicians and researchers.

Academic Foundation Trainees (AF2): Academic F2 posts provide the opportunity to have a 'taster' of clinical and laboratory research as well as medical education.

Academic Clinical Fellow (ACF): This is normally a 2 year full-time training post carrying an NTN (A) in Academic Medicine. Those taking up this post will have achieved evidence of clinical academic achievement and ideally have experience of research such as an intercalated BSc prior to appointment, and aim to pursue a career in academic medicine. Trainees appointed to ACF posts will spend 25% of their time in research.

Academic Clinical Lecturer (ACL): This is normally a 3 year full time training post carrying an NTN (A). ACLs will have completed a postgraduate research programme prior to taking up post, and aim for a career in academic medicine and development of a research application for a Clinician Scientist Training award. Trainees appointed to ACL posts will spend 50% of their time in research, depending on the clinical training requirements for the individual trainee.

Recruitment to ACL and ACF posts takes place annually and is facilitated jointly by NIMDTA and QUB. The process for appointment into Clinical Academic Training Programmes is available at www.nimdta.gov.uk/specialty-training/information-for-specialty-trainees/spec-academic/