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Abbreviations 22
Health Education West Midlands (HEWM) has a designated duty to quality manage (QM) all postgraduate medical education and training within its boundaries. It uses a number of processes to undertake this role which is detailed in this framework. Education and Training is delivered by ‘Local Education Providers’ (LEPs) who are responsible for internal Quality Control (QC). Postgraduate medical education and training functions are co-ordinated through specialty Schools, which have quality management (QM) functions that are supported and co-ordinated by the HEWM Education and Quality team. The Associate Dean (Quality) chairs a quarterly meeting of School Quality Leads to facilitate all issues relating to Quality Management. The Education and Quality team acts on behalf of the Postgraduate Dean as the link to the General Medical Council (GMC) who Quality Assure (QA) all education and training activities. The Education and Quality team also interact with the three Local Medical Schools to share best practice across the continuum of medical education.

The HEWM Education and Quality team utilise a number of mechanisms to ensure the highest quality of education and training is delivered. There is a scheduled cyclical review of all activity supported by a system of responding to possible problems with exceptional reviews. Numerous sources of information are assimilated to drive these processes including the GMC national trainee survey, the HEWM’s own survey (JEST, Job Evaluation Survey Tool), ARCP (Annual Review of Competency Progression) outcomes and feedback from other sources. The framework also looks for examples of notable practice and aims to disseminate these locally and nationally when appropriate. HEWM has a responsibility to utilise expert (Royal College or Faculty) and lay externality when appropriate to support its processes. This also forms part of its governance mechanisms in addition to reporting to the Postgraduate Medical and Dental Education (PMDE) Board and the GMC. The GMC has set standards for trainee doctors and the framework processes have been mapped to these as detailed in Appendix 1. These quality standards form part of the structure by which the Education and Quality team contribute to the HEWM ‘Deanery Report’ (DR) which is submitted to the GMC Appendix 2.

Patient safety is an underlying principle of all healthcare activity including education and training. The QM processes regularly detect potential or actual patient safety issues even though the framework is not established for that purpose. A clear reporting mechanism is included in this framework operating at present through the Area Team Quality Surveillance Groups of which the Postgraduate Dean and Education and Quality team leads are members. This is clearly detailed in Appendix 3.
## Quality Review Framework

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scheduled LEP Review</strong></td>
<td><strong>Scheduled Review</strong> Planned review cycle of LEPs. Approximately 10% of LEPs are reviewed each year per school, normally through scheduled visits.</td>
<td>Head of School and School Quality Lead</td>
</tr>
<tr>
<td><strong>Exceptional LEP Review</strong></td>
<td><strong>Level 1: Exceptional Paper-Based Review</strong> Paper based exercise to understand and address an identified low risk quality issue.</td>
<td>Head of School and School Quality Lead</td>
</tr>
<tr>
<td></td>
<td><strong>Level 2: Exceptional Review Visit by School</strong> Significant medium risk issues identified requiring a school visit to gather further information and address any identified concerns.</td>
<td>Head of School and School Quality Lead</td>
</tr>
<tr>
<td></td>
<td><strong>Level 3: Exceptional Trigger Visit by HEWM with Externality</strong> Significant high level risks identified which requires an extraordinary triggered visit to address the concerns.</td>
<td>Associate Dean (Quality)</td>
</tr>
<tr>
<td></td>
<td><strong>Level 4: Exceptional Regulatory Body Trigger Visit (i.e. GMC)</strong> Significant high level risk identified which requires an extraordinary triggered visit to address the concerns.</td>
<td>Postgraduate Dean / Deputy Postgraduate. Dean</td>
</tr>
<tr>
<td><strong>Programme Review</strong></td>
<td><strong>Planned Programme Review</strong> Planned programme reviews are scheduled each year according to identified need (e.g. changes to workforce requirements / identified issue with programme, scheduled sampling of programmes)</td>
<td>Associate Dean (Quality) / Head of School</td>
</tr>
<tr>
<td><strong>Deanery Review</strong></td>
<td><strong>GMC Visit</strong> The GMC will review HEWM on a cyclical basis to ensure that the quality framework is operating effectively. This is undertaken with a scheduled review and also using spot checks.</td>
<td>Postgraduate Dean / Deputy Postgraduate. Dean</td>
</tr>
</tbody>
</table>

The following sections within this document outline the various stages of QM reviews and visiting. It is possible to move between levels or jump levels depending on concerns identified.
Scheduled LEP Quality Reviews

Scheduled LEP reviews of designated programmes are planned each year by the Specialty Schools with support from the Education and Quality team to ensure a balance between LEPs across Schools. Usually around 10% of LEPs associated with a School are reviewed annually, with the intention that all will be reviewed during a cycle modified by Exceptional Reviews as required. LEP specialties may be reviewed as a single site or as a Trust of several sites or as ‘Clusters’ for General Practice and some smaller specialties. Schools may combine specialties during a LEP review and occasionally Schools may undertake a combined review. Schools plan a cycle of reviews annually which are then individually lead by an agreed Lead Visitor Appendix 4 with trained panel members.

The dates and venues are recorded on a central calendar to facilitate tracking before and subsequently. Schools, with support from the Education and Quality team, then liaise and confirm the reviews through the Clinical Tutor, Postgraduate Centre Manager, and / or Medical Director (or the Primary Care / Public Health equivalent) with a formal notification letter Appendix 5. This will include the Specialty Being Reviewed Form Appendix 6. The School and lead visitor will assist in identifying the panel (usually 3 - 5 members, including an Education and Quality lead) and adjust the standard timetable for any specific needs of the review. The notification letter will identify standard requirements and any additional needs of the panel to the LEP.

Following the review by the panel, the Education and Quality lead will develop a findings report Appendix 7 which formalises the verbal feedback given at the review Appendix 8. The findings report is agreed by the Lead Visitor and panel, and sent to the LEP Clinical Tutor and Postgraduate Centre Manager or equivalent within 1 month of the review date. The LEP has an opportunity to check factual accuracy before it is filed electronically in the visit database.

If required, the LEP will subsequently develop an Improvement Action Plan and Progress Report within timescales agreed at the review Appendix 9. These must be sent to HEWM QAMedical@wm.hee.nhs.uk which then has to be agreed by the lead visitor and panel, and then filed with the original report. Both the Report and subsequent Action Plan and Progress Report will be reviewed at the appropriate School Board and important issues shared at the Quality Leads meeting. Depending on the issues identified and the subsequent Action Plan and Progress Report further reviews may be required. This may be a scheduled re-visit using the same structure but specifically focussing on the prior issues or an exceptional review. The original review, a revisit and exceptional reviews can all be initiated using the ‘Request for Quality Review’ form Appendix 10.

If potential or actual patient safety issues are identified during the review, the panel will initiate the appropriate pathway Appendix 3.
With all reviews involving a visit (except level 1) at least 6 weeks’ notice will be given to the LEP, although a Level 4 Review, and occasionally a Level 3 Review can be at shorter notice.

Foundation Schools currently visit all LEPs every year, with alternate year support from the Education and Quality team which is under review.
Exceptional LEP Quality Reviews (Levels 1 - 4)

Exceptional LEP reviews are reactive and undertaken according to need, with the intention to gather further information around a perceived issue, address the issue, and / or escalate when required. These reviews will arise from the on-going scrutiny of available information presented to HEWM and the Specialty Schools which will include, but not be limited to:

➤ LEP self-evaluation based on exception reporting
➤ GMC National Trainee Survey results (e.g. red outliers)
➤ JEST results (e.g. scores of 2 or less)
➤ Complaints, whistle blowing, or other issues of concern / dissatisfaction raised
➤ Critical or untoward incidents (e.g. that compromise learning and/or safety)
➤ Continued non-compliance to quality standards

The Exceptional Review Framework is split into 4 levels depending on the associated risk and severity of the issue that is raised. In all situations, as with any performance management framework, attempt should be made to address an issue at the lowest possible level. All level can be initiated with the ‘Request for quality Review’ form (Appendix 10)

Level 1: Exceptional LEP Paper-Based Review

The first level of the Exceptional Review Framework comprises a ‘desktop’ review. The rationale behind this is that often schools identify potential low risk issues that may need to be addressed or clarified, however does not warrant the substantial resources required to undertake a physical review visit. This is a more efficient way to ensure that all quality issues identified, no matter how small, are addressed and dealt with appropriately. It can also be a quick process so minimises delays and uncertainty. If significant issues are established then the process can be escalated with only a short delay.

Examples of when a level 1 review is required include:
➤ A minority of JEST scores of 1 or 2
➤ A minority of GMC survey red outliers
➤ Whistle blowing / concern raised that is perceived to be low risk by the School (single trainee, non-patient safety issue)

Typical Review Panel Makeup: 2/3 review members, made up of the following:
➤ HoS, and / or School quality lead, and / or STC lead (as deemed appropriate by HoS)
Process Overview:
The process starts by an issue being highlighted within the School and brought to the Head of School or their designated school quality leads attention, who makes the decision that the issue requires input at level 1 of the exceptional review framework. The School then send out a standard pro-forma Appendix 11 to the Clinical Tutor and Postgraduate Centre Manager or equivalent at the LEP with a letter describing the issue and requesting an update on the issue complete with supportive information and / or an improvement action plan.

The LEP must then respond to this request within 1 month of receiving the pro-forma, sooner if practical, attaching evidence that the issue has been addressed, or actions being taken to address the issue.

The Panel will then review the returned report and supporting information (within 1 month of its due date) and make a decision as to whether the issue has been addressed, or agree actions to address the issue with timescales. If an action plan has been agreed, the School must monitor this and request updates as required.

At the point the School decides that the issue(s) have been resolved, they will agree the report and send it back to the Clinical Tutor or equivalent at the LEP to indicate this with a covering letter. They will also send the report to the QAMedical@wm.hee.nhs.uk for central recording within HEWM and table the report at the next school board meeting.

The panel may be a virtual panel communicating electronically or they may actually meet. They might meet as part of the School Board meeting process. They will usually use the Level 1 Review form Appendix 11.

If at any point the Panel or School decides that the issue cannot be resolved through level 1 of the framework, they are able to escalate it to another appropriate level of the framework.

Level 2: Exceptional LEP Review Visit by School

The second level of the exceptional review framework comprises an exceptional visit to a LEP by the relevant School. This level of review would be invoked if a School is made aware of potential issues that require a physical visit to investigate.

Examples of when a level 2 review is required include:
- Concern over potential patient safety / high risk issues that require further investigation
- A high proportion of JEST scores of 1 or 2
A significant number (or undermining and/or overall satisfaction) of GMC survey red outliers

Whistle blowing / concern raised that is perceived to be a moderate risk

LEP annual self-assessment indicating significant issues

When issues identified at level 1 of the framework have not been resolved in reasonable timescales and need escalation

**Typical Review Panel Makeup:**

3 - 5 panel members, made up of the following:

- Head of School (lead visitor) and / or School quality lead, and / or Specialty Training Committee Chair
- 1 - 2 Internal HEWM trained panel member(s) usually from the School
- A member of the Education and Quality team
- Administration (if required)

**Process Overview:**

The process starts with an issue being identified with the LEP and the School making the decision that it needs to be escalated to level 2 of the framework. The school will then liaise with the LEP (e.g. Clinical Tutor and Postgraduate Centre Manager or Area Programme Director for Primary Care), utilising the standardised letter template [Appendix 5](#) proposing a review date and agenda as required. The School will work with the Education and Quality team in co-ordinating this process and the team will ensure it is placed on the review calendar. The Specialty Being Reviewed form (Appendix 6) will be sent to the LEP by the Education Quality team for completion.

The review panel will then visit the LEP to review the quality of education and training, in-particular around the identified issue(s). The panel will then develop a findings report [Appendix 7](#) and send it onto the LEP Clinical Tutor and Postgraduate Centre Manager (or equivalent) within 1 month of the review date.

If required, the LEP will develop an improvement action plan [Appendix 9](#) in the timescale agreed at the visit and submit to [QAMedical@wm.hee.nhs.uk](mailto:QAMedical@wm.hee.nhs.uk), which has to be agreed by the Lead Visitor and Panel. The School may choose to monitor the action plan either by:

1. **Planning a follow up visit** (normally if significant issues have been highlighted that need the weight of a re visit – this will require the LEP being advised by a follow up visit letter [Appendix 5](#))

2. **Paper based exercise** reviewing **progress reports** (Appendix 9) against the action plan sent in by the LEP to the School within an agreed timescale.
Note: If the School identifies issues that are substantial, or where no progress is being made toward agreed actions within reasonable timescales, the School is able at any time to escalate the issues up to the next most appropriate level of the quality framework, and also inform other relevant committee(s).

Following monitoring arrangements agreed within the report, when the progress report is agreed and signed off by the HoS, the School must notify the LEP via written letter, table the closed Progress Report at the next School Board meeting for final sign off and closing of the ‘quality loop’, and then ensure that both the review report and signed off Action Plan / Progress Report are presented to the Education and Quality team for central recording.

**Level 3: Exceptional LEP Trigger Visit by HEWM with Externality**

The third level of the exceptional review framework is utilised when there are significant issues identified within a LEP and is led by the HEWM Education and Quality team. HEWM will utilise a level of clinical externality / lay membership within this level of review to ensure openness and independence to issues that are identified within the LEP. It may apply to a single specialty, several specialties, or the whole educational activity of a LEP.

**Examples of when a level 3 review is required include:**
- Majority JEST scores of 1 or 2 and / or indicating significant patient safety issues
- GMC survey red outliers including overall satisfaction, undermining and patient safety issues
- Multiple whistle blowing/concerns raised with evidence of high risk/patient or trainee safety issues
- LEP annual self-assessment indicating issues that are high risk or relate to patient and trainee safety
- When issues identified in level 2 of the framework, (and in some instances level 1 if seen as significant) have not been resolved in reasonable timescales and need escalation
- When issues identified require a level of clinical externality from outside of HEWM

**Typical Review Panel Makeup:**

4-6 panel members, made up of the following:
- Senior HEWM Representative (lead) – Dean, Deputy Dean or Associate Dean
- School Representative(s) – HoS, or School Quality Lead, or STC Chair (without a conflict of interest)
- Clinical externality, from outside the West Midlands – College / Faculty representative
- Lay membership (from HEWM lay advisor pool)
- Member of Education and Quality team
- Administration (if required)
**Process Overview:**

The process starts with an issue being identified with the LEP and the School (or Postgraduate Dean or Associate Dean (Quality) making the decision that it needs to be escalated to level 3 of the framework. A form requesting a level 3 review visit Appendix 10 must then be completed and sent to the Education and Quality team who will take control of the review.

The Education and Quality team / Associate Dean (Quality) will then progress to make appropriate arrangements for the review, drawing together a timetable and agree appropriate panel members, which must include externality. They will then liaise with the LEP (normally through the Clinical Tutor and / or Postgraduate Centre Manager or equivalent) in writing, utilising the standardised template Appendix 5 and confirming the review date and agenda. Usually at least 6 weeks’ notice will be given to the LEP. However in certain situations HEWM reserves the right to visit with less notice if the concerns are serious especially around patient or trainee safety.

The date of the review will also be added to the central calendar. Appropriate pre-review background data will be collected for use when reviewing the LEP and distributed to the panel.

The review panel, coordinated by the Education and Quality team, will then visit the LEP to review the quality of education and training, in-particular around the identified quality issue(s). They will then develop a findings report Appendix 7 and send it onto the LEP Clinical Tutor and Postgraduate Centre Manager or equivalent within 1 month from the review day, ensuring that the relevant School is kept in the loop at all times.

If required, the LEP will develop an improvement action plan Appendix 9 within a timescale agreed at the review and return it to the Education and Quality team QAMedical@wm.hee.nhs.uk. This will then be agreed by the Lead Visitor and Panel Members, with further communication with the LEP if necessary.

For this level of review, a formal follow up visit is usual within a time period that is agreed by the original reviewing panel. This would be facilitated by the Education and Quality team and utilise a formal letter to the LEP Appendix 5.

**Note:** *If the HEWM panel identifies issues that are substantial, or where no progress is being made toward agreed actions within reasonable timescales, HEWM is able to, at any time, escalate the issues up to the next level of the quality framework informing the GMC and other relevant committee(s) as required.*
Following monitoring arrangements agreed within the report, when the action plan and progress report are agreed and signed off by the review panel, and the Head of School, the LEP will be informed in writing. The closed report is tabled at the next available Quality Leads meeting and School Board for final sign off and closing of the ‘quality loop’. The Education and Quality team will ensure that the reports and action plan is centrally recorded.

**Level 4: Exceptional LEP Regulatory Body Trigger Visit**

The fourth level of the exceptional review framework comprises a formal LEP quality review from the relevant regulatory body (usually GMC). This level of the quality review framework should only be accessed when all other mechanisms to address issues have failed, or extreme issues of concern are identified.

**Examples of when a level 4 review is required include:**

- When all other efforts to resolve an issue with a LEP have been explored and it is deemed necessary by the Postgraduate Dean to inform the GMC and the GMC agrees to visit
- When extreme issues of concern are identified within a LEP

**Process Overview:**

This level of the framework will only be utilised in extreme circumstances. A formal letter must be addressed to the Postgraduate Dean, highlighting reasons so far requesting a Level 4 Review. The Postgraduate Dean will then make the ultimate decision, with the GMC, to access this level of the framework. The Dean will formally write to the GMC advising them of the issues and requesting them to formally participate in, or take over, the review of the LEP, HEWM providing support as required.

Following the review, any outcomes and actions must then be followed up and monitored with extreme vigilance by the Postgraduate Dean, Deputy Postgraduate Dean, Associate Dean (Quality) and relevant Head of School and signed off with the GMC.

**Appeals**

In the unlikely event that an LEP disputes the content of a findings report then its Chief Executive may contact the Postgraduate Dean to discuss the issue and an appropriate course will be agreed on a case-by-case basis. If the LEP has concerns about the panel members in advance of a visit then the Medical Director or Chief Executive may contact the Postgraduate Dean, Deputy or Associate Dean (Quality) to discuss the concern.
Programme Reviews

HEWM recognises that simply reviewing LEPs is not sufficient to maintain the quality of education and training and that there is the requirement to review an educational programme in its entirety to allow for generic programme wide issues and challenges to be reviewed and addressed.

Programme reviews are led by the Postgraduate Dean, Deputy and/or and Associate Dean (Quality), supported by the Education and Quality team and relevant Head of School.

Examples of when a Programme Review is required include:

- Significant issues and themes being identified across the entirety of a programme that is affecting more than one LEP from on-going Deanery Reporting Mechanisms or on-going LEP quality reviews
- Identification from regulatory or professional bodies of national or local issues within this specialty
- Significant numbers of unsuccessful ARCPs within the programme
- Where a routine programme review has not been undertaken for a substantial period of time (5 – 10 years)
- Where this process is the most appropriate mechanism of quality management

Typical Panel Member Make-up:

5-8 panel members, made up of the following:

- Senior HEWM Representatives – Postgraduate Dean, Deputy, Associate Dean (Quality) or Head of a different School (Lead Visitor). May be Head of School if scheduled review and no conflict of interest
- Clinical externality, from outside the West Midlands – senior College / Specialty representative
- Lay membership (from HEWM lay pool)
- School Representatives – HoS / School Quality Lead /STC Chair from related specialty
- Member of Education and Quality team
- Possible other trained panel members as agreed with Lead Visitor
- Administration (as required)

Process Overview:

The process will start with the identification by HEWM that a programme review is required. The Associate Dean (Quality) in liaison with the Postgraduate Dean and Head of School will then begin preparations to ensure that the programme in its entirety is reviewed.
As educational programmes span a variety of LEPs from across the West Midlands area, a programme review is likely to take place in a lead LEP or entirely different location, where required data is reviewed from the variety of LEP sites hosting the programme, and relevant trainees / trainers / college tutors / clinical tutors and other relevant educational staff attend for consultation with the review panel.

Due to the complexity of a programme review, externality is always utilised on the reviewing panel to maintain transparency of professional, clinical and educational standards.

Due to the nature of a programme review, exact arrangements, data to be reviewed and people to interview will be arranged at the discretion of the Dean, Associate Dean (Quality) and Head of School in discussion with the expert externality who may offer useful advice at this and other stages. However the level of detail and information processed will be similar to that within any normal LEP quality review. All requirements will be arranged and communicated with relevant stakeholders in advance of the event by the Education and Quality team.

The duration of a programme review depends on the size of the programme, amount of data to review and number of LEPs involved in the delivery of education and training. During (and before) the review, the panel will scrutinise available evidence and consult with the relevant stakeholders following the pre-agreed agenda, and develop a programme review findings report which will get presented to all educational programme stakeholders, tabled for discussion at the next available quality leads meeting for review, and subsequently tabled at the PMDE board meeting.

The report will usually be made available to the relevant College if requested after discussion with the Dean.

If any issues are identified, the Head of School and STC Chair will be responsible for drawing up a programme wide improvement action plan with monitoring by the Associate Dean (Quality), supported by the expert externality as required.

The Education and Quality team will also ensure that final outcomes are recorded in its database.

For Programme Review Details see:

Appendix 12a – Pre Programme Review Questionnaire
Appendix 12b – Quality Standards
Appendix 12c – Programme Review Panel Form
Appendix 12d – Educational Supervisor Review Letter
Appendix 12e – Trainee Review Letter
Multi-Specialty Reviews

In certain situations HEWM may combine reviews of one or more specialties in a LEP with a review of 'non-medical' training. Thus, for example, nursing and postgraduate medical training within the same department can be reviewed simultaneously or in parallel. This involves collaboration with University Departments co-ordinating the other training programmes. The structure and timetabling of these will be unique for each visit but will follow the general principles of this framework. See Appendix 13

Educational and Clinical Supervisor Accreditation

Following GMC Recommendations, accreditation of Educational and Clinical Supervisors in secondary care is being formalised in line with the well-established process in Primary care. An evolving process is underway that will complete in August 2016. All Supervisors will need to be accredited by their LEP against published criteria. Accreditation will be recorded and communicated via the Intrepid database but the details justifying it will be held locally by LEPs. During any Quality Review Visits LEPs can expect the panel to request to review the detail of some of the supervisors of the specialty under review. See link under review
HEWM is formally reviewed by the GMC, the regulatory body for medical education and training. This quality assurance process includes a scheduled Deanery Visit, Regular Deanery Reports and scrutiny of quality management data with specific request for information as required by the GMC.

**Deanery Report**

HEWM is required to submit a ‘Deanery Report’ (DR) to its regulatory body the GMC which assesses the quality of its education against agreed standards for training and also standards for deaneries. The timescale(s) for this are governed by the GMC.

In order to achieve this, the Education and Quality team employs a systematic approach to reviewing its Local Education Providers, Postgraduate Schools and finally itself using the review processes in this framework and LEP self-assessment tools designed by the GMC.

**Deanery Regulatory Body Review**

As a regulatory body, the GMC quality assures postgraduate education in all Deaneries, undertaking its own series of quality assurance visits. The GMC liaises directly with the Postgraduate Dean in this regard clarifying their exact requirements and appropriate arrangements to be made.

Following a GMC QA visit (similar to local quality review processes), a report will be produced indicating findings. HEWM is then responsible for developing an improvement action plan against any requirements and recommendations and subsequently reporting to the GMC on this. These actions will then form part of the DR.

Further information for both processes is found in separate DR Guidance and relevant Quality Frameworks: [www.gmc-uk.org](http://www.gmc-uk.org)
Conducting a LEP Quality Review

Selection of Panel Members

Note: Previous sections describing the level of the review framework will provide detailed guidance on a typical panel make up.

The constitution of a panel is made up of trained panel members selected on the basis of their objectivity and impartiality. A panel will normally consist of 3 - 6 members and may include an appropriate level of impartiality / externality (e.g. clinical externality, and / or lay membership). A panel is structured depending on the level of LEP review. Newly trained panel members may also be present as observers before serving as full members.

It is essential that panel members association with the LEP being reviewed does not influence their judgement. The panel will therefore consist of members based on their level of impartiality, their level of knowledge of the specialty being reviewed, and also their level of authority within HEWM depending on the nature of the review. Conflicts of interest will be avoided or clearly stated if unavoidable.

The following general principles relate to review panel members:

- **Ethical conduct:** the foundation of professionalism
- **Fair presentation:** the obligation to report truthfully and accurately. The findings, conclusions and reports reflect truthfully and accurately the review activities
- **Due professional care:** the application of diligence and judgement. Panel members exercise care in accordance with the importance of the task they perform and the confidence placed in them by stakeholders. Having the necessary competence is an important factor
- **Independence:** the basis for the impartiality of the review and objectivity of the conclusions, including the level of externality where appropriate
- **Evidence-based approach:** the rational method for reaching reliable and reproducible conclusions in a systematic process

HEWM continues to recruit and refresh the review panel members to ensure a sufficient number of people are available to take part in reviews. Training sessions are mandatory for new members and will be provided by HEWM to ensure panel members are familiar with the processes and documentation and to ensure a consistent approach to scheduled, exceptional and programme reviews. Refresher training sessions are also available to ensure experienced panel members are acquainted with any new documentation and changes in process.
Obtaining and Reviewing Evidence

In order to prepare for the review, the panel will examine a selection of evidence before the meeting. Each Panel has a lead Visitor who’s duties and responsibilities are detailed in Appendix 4. They chair the day and are the main link to the Education and Quality team. On the review day, the LEP must make available their Tutors and Management Team with the majority (around 70%) of trainees and appropriate Trainers / Educational Supervisors plus evidence as detailed in the relevant letter Appendix 5 including but not limited to:

- Details of the education programme being reviewed
- Attendance and feedback from education activities
- Details of JEST and GMC survey results and responses
- Details of the induction programme (Trust and Specialty)
- Junior doctor forum minutes

The LEP On-Site Review Meeting Process

These meetings are designed to probe the LEP at different levels (i.e. management, trainee, trainer / supervisor) in order to gain an overall understanding of educational quality within the organisation and any particular issues highlighted to the panel. It utilises the GMC standards on which questioning is based. This is triangulated against other evidence such as survey results. The review meeting follows a pre-arranged schedule (normally a half day) designed to facilitate the process, and is led by a nominated Lead Panel Member i.e. chair, see Appendix 4. The adjusted schedule will be detailed in the relevant letter Appendix 5.

a. Preparation for Review

At the beginning of the review, the panel initially convene to discuss the background evidence provided to them prior to the review, and note potential areas and issues they wish to review in more detail with the LEP (good practice and cause for concern). They may also develop specific question areas to utilise in addition to the standard questioning areas. These standard questions are documented within the ‘LEP On Site Review Questionnaire’ Appendix 14 to be used in trainee / trainer questioning sessions. Questions are allocated by the lead visitor to involve all panel members.

b. Meeting with LEP Clinical Tutor, College Tutor & Post Graduate Centre Manager

The panel, led by the Lead Visitor, officially open the review by meeting the LEP Clinical Tutor, College Tutor and PGC Manager. This is an introductory sessions and one of the Tutors may give a brief presentation about the problems and strengths in training in the specialty under review focussing on how the panel can help.
c. Meeting with LEP Management Team joining Tutors and PGC Manager
The Management team which would usually include the Clinical Director and appropriate managers will then join and the standard questioning format may be used and/or specific areas identified explored.

d. Meeting with Trainees and Trainers / Educational Supervisors
The panel then meet trainees either together or in appropriate groups followed by a separate meeting with trainers/educational supervisors excluding those seen in a, b and c. Questioning the trainees will follow the standard format but with trainers a more flexible approach may be used. Appendix 14

e. Finalising Outcomes and Providing Feedback to LEP Management
Following the investigatory part of the review, the panel convene in order to review findings and share views of the review. The panel work together to agree final conclusions and to summarise areas of good practice, areas of improvement or enhancement, and general outcomes for feedback. The review panel will then provide feedback to the LEP, chaired by the Lead Visitor. This meeting is expected to include senior management members of the LEP including representation from the Trust Executive Board (e.g. CEO/Medical Director) in addition to the Tutors and Centre Manager. A trainee representative should also be invited to the feedback. This session is not expected to be a Q & A session but just a verbal explanation of findings and recommendations. Timescales for any required action plans and progress reports should be explained as recorded in the appropriate forms. The verbal feedback session should be considered the start date for action plans. Appendix 8

f. Development of Findings Report
Following the review, the lead visitor with an Education and Quality team member will be responsible for ensuring that a draft Visit Findings Report is developed and circulated to the panel within 2 weeks of the visit. See Appendix 7 for Findings Report template. The review team is required to respond within 2 weeks of receipt to confirm that either; the report is an accurate reflection of the visit or indicate the item(s) that require amendment. Where a response is not received within the timescale, agreement that the content is accurate will be assumed. Where one or more members of the visiting team are absent on leave, etc., the Lead Visitor is responsible for approving the final report for circulation to the LEP within 1 month of the review date.
The draft report is submitted to the LEP Clinical Tutor and Postgraduate Centre Manager or equivalent to assess factual accuracy within 1 month of the visit date, but ideally earlier. In certain circumstances a longer timeframe may be agreed. Response by the LEP with regard to factual accuracy is required within 2 weeks of receipt of the draft report to the review panel lead, who will agree whether comments require amendment to the overall report. Where response is not received within the timescale, agreement that the content is accurate will be assumed.

The report is then finalised and circulated to the Postgraduate Dean, the Associate Dean (Quality) / Education and Quality Team, The Head of School (if not the Lead Visitor) and finally the LEP Management Team (Chief Executive, Medical Director, Clinical Tutor, College Tutor and PGC Manager or equivalents).

The report outcomes are then tabled for discussion at the next appropriate School Board meeting, the Quality Leads meeting if appropriate, and if required the PMDE Board meeting. The reports are recorded on the central database maintained by the Education and Quality team.

The LEP will then respond with an Improvement Action Plan Appendix 9 as appropriate, followed by Progress Reports if required and will enter a phase of monitoring by the relevant HEWM School lead and / or Education and Quality Team.

In certain situations, during any visiting activity, all or part of the panel may visit a clinical area that is relevant to training and education. This is embedded in these processes so specific pre-warning of LEPs is not required. In Primary Care and Psychiatry this is established practice but other specialties may include it when appropriate. Such a visit may request a trainee as a ‘guide’.
Follow up of Review Reports, LEP Improvement Plans, Progress Reports and Re-Visits

Where the LEP is requested to submit an Improvement Action Plan Appendix 9 these must be monitored by the relevant party (e.g. Scheduled / Level 1 / Level 2 are monitored by the School, and Level 3 onwards are monitored by the HEWM Education and Quality team).

The LEP is required to send updates to this party (i.e. School / HEWM Education and Quality team) within the agreed timeframe and forwarded to the original Lead Visitor, Head of School, and Associate Dean (Quality) / Education and Quality team for recording. (The LEP may use space provided on the Improvement Action Plan for this). Non conformities are monitored for corrective and preventive action until such time that they can be fully closed.

Where requirement for a follow up visit has been identified, this must be arranged in a timely manner between the LEP and the review lead visitor using the formal HEWM letter Appendix 5.

Schools are responsible for sending signed reports and closed Improvement Action Plans / Progress Reports to the Associate Dean (Quality) / Education and Quality team for central recording and monitoring. These must also be tabled at relevant School Board meetings, and tabled at the next relevant Quality Leads meeting when appropriate to ensure progress against actions identified are appropriately performance managed and shared with other Schools when beneficial.
Other Documentation

Confidential Lay Advisor Feedback Forms Appendix 15

Abbreviations

ACE  Anaesthetics, Critical Care and Emergency Medicine (School of)
APD  Area Programme Director (General Practice)
ARCP Annual Review of Competency Progression
CT   Clinical Tutor
DR   Deanery Report
ED   Education Development
GMC  General Medical Council
GP   General Practice
HEWM Health Education West Midlands
HoS  Head of School
JEST Job Evaluation Survey Tool
LEP  Local Education Provider
LETB Local Education and Training Board
LETC Local Education and Training Council
LTFTT Less Than Full Time Training
MD   Medical Director
NTS  National Trainee Survey
O&G  Obstetrics and Gynaecology
PGCM Postgraduate Centre Manager
PMDE Postgraduate Medical and Dental Education
QA   Quality Assurance
QC   Quality Control
QM   Quality Management
RITA Record of In Training Assessment
STC  Specialty Training Committee
TPD  Training Programme Director