GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Postgraduate Medical Training Targeted Process Methodology (v3.0)

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Version History

Version	Date	Change Description	Status	Approval	Review Date
1.0	May 2008	Process creation	Superseded	Quality Committee	January 2016
2.0	May 2016	Terminology updates	Superseded	Quality Committee	January 2020
2.1	June 2020	Branding amendments following transition to HEIW	Current Version	Quality Manager	July 2026
3.0	July 2026	Alignment with the revised risk approach.	Final	Director of Quality Management	January 2029

1.0 Context

HEIW is accountable to the GMC, Welsh Government and NHS Wales for the quality of postgraduate medical training in Wales. This responsibility is discharged through HEIW's Quality Management System which is comprised of routine and responsive processes to ensure that medical education and training meets national standards.

The Targeted Process is the responsive component of HEIW's Quality Management System providing an agile mechanism for HEIW to quality manage concerns pertaining to education and training as and when they arise. The process is evidence based and has been specifically designed to ensure that a proportionate response to medical training concerns is adopted thereby minimising the burden of routine visits.

In addition to having responsibility to the relevant regulator of postgraduate medical education, HEIW also has an explicit Memorandum of Understanding with Healthcare Inspectorate Wales (HIW) which provides a framework around the working relationship between the two organisations. Given HIW's role as the service regulator the primary purpose of this relationship is to promote patient safety through sharing intelligence appropriately.

1.1 Related Resources

The Targeted Process Methodology should be considered in conjunction with the following key documents:

- Promoting Excellence: standards for medical education and training, (GMC)
- HEIW's Quality Management Risk Approach, (HEIW)
- HEIW's Risk Reporting Pathway, (HEIW)
- HEIW's Targeted Visit Reporting Approach
- Summary information on how to raise training concerns can be found here.

1.2 Policy Scope

The scope of this process is confined to the management of concerns regarding the quality of postgraduate medical education and applies to the full range of medical training programmes, (i.e. Foundation, General Practice and Specialty Training). This policy document describes HEIW's approach to training concerns management and escalation. The document is intended to be used or referred to by individuals who have an active role in the management of concerns pertaining to the quality of postgraduate medical and dental education within Local Education Providers and Training Programmes.

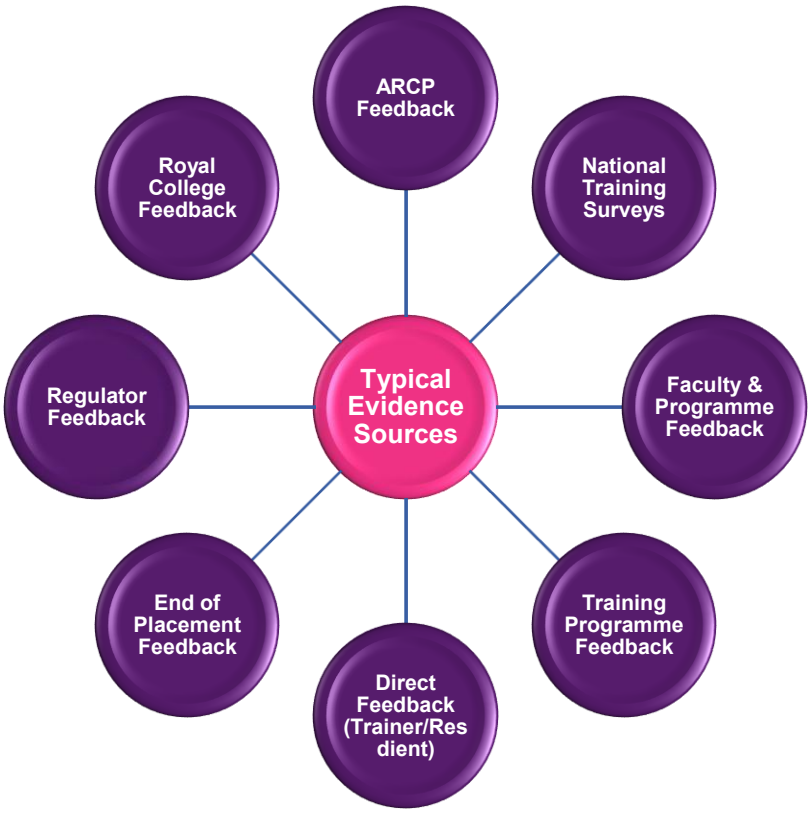
2.0 Underpinning Elements

The Targeted Process is underpinned by two interrelated elements which inform decisions regarding the escalation status and corresponding approach to managing training concerns. These two elements are described in the sub sections below.

2.1 Evidence

The Targeted Process is underpinned by the utilisation of multiple sources to monitor training quality. The radial diagram in Figure one provides an illustration of the typical sources of evidence that are utilised to understand the extent to which postgraduate medical education and training is meeting national standards. Whilst the evidence sources in the diagram represent the typical evidence base, all available sources of evidence are considered.

Figure One: Sources of Evidence



Evidence is triangulated within the Quality Unit and where the information suggests that there may be a deviation from national standards, then a risk rating should be applied in line with the descriptors and associated scores detailed within HEIW's Quality Management Risk Approach.

Consideration would be given as to whether the evidence relates to the quality of education and training and whether there is a need to link in with one or more other HEIW processes such as those detailed below. Where this is the case, there should be internal discussion to establish the most effective route to managing the issue and agree lines of communication:

- HEIW's Complaints Policy.
- Speaking Up Safely.

In addition to Promoting Excellence, the categories below provide a broad indication of the types of concern that are typically managed within the Targeted Process.

- **Patient or Resident Safety**
  Relating to those concerns which directly impact on or have the potential to impact on the safety of patients or resident doctors. This includes clinical harm or the psychological safety of resident doctors which may be compromised due to challenging interactions or a fear of raising concerns.

- **Education and Training Delivery**
  These concerns are typically associated with access to training opportunities, education and training delivery or difficulties in providing a specific learning experience. Persistent concerns of this nature may impact on resident progression through a training programme.

- **Learning Environment**
  This relates to Educational Supervision, facilities or multiprofessional teamworking.

2.2 Risk Scores

Where the evidence base indicates that there is likely to be a training concern, risk scores are assigned to aid transparency around the severity of a particular issue and support a proportionate approach to resolution. The risk score range is from one to sixteen and is sub-divided into three distinct categories, i.e. Low, Medium and High. The scoring system incorporates an additional level of granularity with **odd numbers** applied to those **training concerns which are de-escalating** in risk and **even numbers** are allocated to those **concerns which are increasing** in risk. This is intended to provide an indication of the overall trajectory of a training concern. Risk scores are subject to routine review to ensure they remain appropriate with scores evaluated in line with HEIW's Quality Management Risk Approach which provides detailed information on the descriptors used to aid score allocation and support transparency with Local Education Providers.

2.3 Risk Reporting

Given the close interrelationship between postgraduate medical and education delivery and NHS service provision, it is essential that there is transparency around the training concerns being managed. Therefore, regular risk reporting to key stakeholders is undertaken to support local quality control and improvement. Additionally, risk management meetings support regular review of each concern and the associated improvement process. The operational arrangements surrounding this approach are detailed within HEIW's Risk Reporting Pathway.

3.0 Concerns Management Approach

3.1 Key Quality Management Activities

This section provides an overview of the typical management approach for concerns at different levels i.e. Low, Medium and High Risk. The typical characteristics of the score range at each level are described in HEIW's Quality Management Risk Approach.

Whilst there are different levels of escalation, the approach to managing training concerns is often cyclical and centred around four key activities as illustrated within Figure two.

Figure Two: Quality Management Cycle

In considering Figure two above it should be noted that all steps in the cycle have feedback incorporated. This is to emphasise the need for effective collaboration between HEIW, Local Education Providers and the GMC. It is essential that all parties meet their responsibilities as summarised in the points below to support transparency and ensure the prompt identification and management of concerns.

- **Local Education Provider Responsibilities:**
  - Outcomes of evidence gathering to ensure that there is clarity around the area of concern being managed, their impact on the training experience and whether action plans are having the desired effect. This applies to new concerns which have been identified locally and those which are already included on the relevant risk register.

  - Action plans to address concerns should be forwarded to the Quality Unit; these should contain details of what action has been taken or is planned, timeframes for implementation and how impact will be assessed.

  - Updates as required by the risk process. These updates should be sufficient to support the assessment of a concerns and the processes in place to address and monitor.

- **HEIW Responsibilities**

  a) Responsibilities to the Local Education Provider

  - HEIW should be transparent with the Local Education Provider on all training concerns that are being managed and their associated risk scores. This may be undertaken through routine risk reporting processes or on an ad hoc basis where new concerns are identified outside of these processes.

  - The Local Education Provider should be provided with feedback on action plans where there a need for additional clarification or where there is concern that it may not deliver the improvement required. This is essential to ensure mutual understanding of what is required thereby facilitating the improvement process.

  - Where Targeted Visits are undertaken, verbal feedback together with requirements and recommendations will be provided on the day of the visit to facilitate prompt action planning. Additionally, HEIW will produce a visit report for the Local Education Provider who will be given an opportunity to provide feedback on its factual accuracy prior to the final report being issued.

  - HEIW will communicate with the Local Education Provider where there are concerns over progress which may require additional scrutiny or intervention from the GMC.

  b) HEIW Responsibilities to the GMC

  It should be noted that HEIW has a wide range of responsibilities to the GMC as the regulator. However, in the context of this document, responsibilities are confined to the management of training concerns.

  - HEIW will report progress on addressing training concerns in line with the agreed reporting thresholds specified in HEIW's Quality Management Risk Approach.

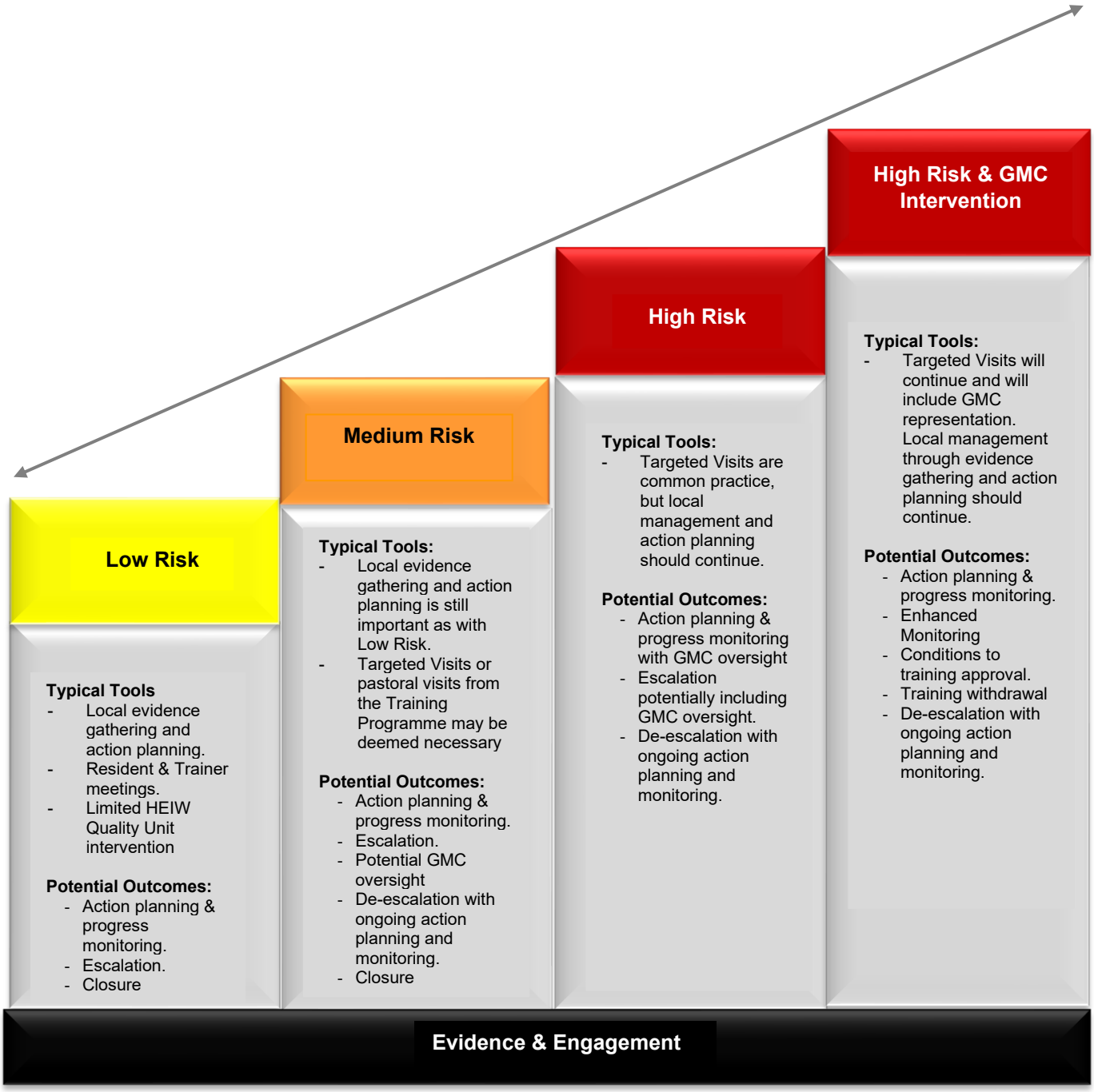
  - HEIW will escalate concerns over progress to the GMC to facilitate discussion on the most appropriate course of action.

  - HEIW will utilise and report on evidence generated by GMC quality processes including but not confined to GMC National Training Surveys and ad hoc requests.

3.2 Quality Management Tools

Whilst quality management activities are often replicated regardless of the level of risk, it is necessary to have a variety of tools that align with the risk score to support a proportionate response to managing concerns. Figure three provides an illustration of the typical approach to managing a concern and possible outcomes depending upon the risk score.

Figure Three: Typical Management Approach & Potential Outcomes by Concern Severity



3.3 Approaches to Evidence Gathering.

Evidence is gathered from several sources, and each provides a different emphasis. Surveys remain useful for widespread collection of data and often provide longitudinal data. However, specificity is less good than may appear and where surveys highlight broad areas of concern, face to face interviews or focus groups should provide more specificity and detail, while repeat surveys will simply provide confirmation that concerns exist. Triangulation of information is key to fully understanding concerns and providing a robust evidence base.

3.4 Visit Processes

3.4.1 Visit Purpose

Targeted Visits are usually organised and led by the Quality Unit within HEIW in liaison with the relevant Local Education Provider. Given HEIW's is a multiprofessional organisation, should relevant intelligence from wider professional groups become available, including those in the Medical and Nursing Directorates, this will be utilised to inform the visit.

The nature and focus of a visit will be dependent upon the rationale for triggering a more formal review. Gathering additional evidence through meetings with resident doctors and lead trainers is the typical approach to a visit particularly where the aim is to contextualise the concern, support action planning or to review progress. However, there may be occasions where the currency of the evidence base is deemed to be sufficient, and it is necessary to meet with key representatives to focus upon action planning or it is possible that a specific feedback meeting with resident doctors outside of the formal visit process is necessary. In such cases meeting representatives will be established in accordance with the need of the particular visit.

3.4.2 Visit Panel Composition

The typical representation at a Targeted Visit is outlined within Table One together with quoracy arrangements. It is essential to ensure that availability does not unduly delay the ability of a visit to be scheduled in a timely manner. Therefore, the HEIW Chair will decide whether the short-notice absence of a key panel representative constitutes grounds to postpone the visit.

There may be occasions where the relevant training programme undertakes a pastoral visit to explore resident feedback or as part of a routine approach. Whilst the format may be similar i.e. meetings with resident doctors and trainers, the representation may be different. However, there should be engagement with the relevant Faculty Lead and findings should be communicated to the Quality Unit.

Specialty programme visits should not normally take place for a department undergoing a Targeted Visit process.

Where visit processes have been instigated, they will continue until such time as solutions to the concerns have been verified and are considered sustainable. Additionally, following de-escalation from visit processes, monitoring through risk processes will normally continue for a period of time.

Panel Composition

The visit will comprise a HEIW panel as well as Local Education Provider representation. Table one provides details of the key representatives from each organisation including quoracy.

Table One: Targeted Visit Panel Composition.

HEIW Representation	LEP Representation	Evidence Critical Representatives
Quoracy: • Chair, (Director of Quality Management/Associate Dean Quality or Postgraduate Medical Dean) • Quality Unit Representative • Training Programme Lead(s) (e.g., Head of School, Training Programme, Foundation Director, GP Director/Associate Dean)	**Quoracy:** • Assistant Medical Director (Education) (See point 1 below) • Clinical Director • College Tutor/Lead Trainer	• Resident Doctors • Trainers

• Lay Representative **Additional Representatives:** • Faculty Lead • Royal College Representative (Where there are particular challenges around curriculum delivery) • Resident Doctor Representative • Specialty Manger • GMC Representation, (Depending on escalation status). • *Postgraduate Medical Dean (Exceptional attendance).*	**Additional Representatives:** • Directorate Management Representative • Medical Director (Feedback Session) • The LEP may also directly invite other appropriate Health Board representatives.	

1) In the event that it is not possible for the AMD (Education) to be present, a discussion will be offered outside of the visit process.

3.4.3 Conflicts of Interest

Visits will be arranged in collaboration with stakeholders and to ensure appropriate representation. Local Education Providers will be given at least six weeks' notice of the final visit date to allow activity to be adjusted to accommodate resident doctor and trainer attendance.

HEIW recognises that those involved in postgraduate medical and dental education and training often hold multiple roles which may be related to service and training. To enhance transparency within the Targeted Process, HEIW will take all reasonable steps to identify any potential conflicts when composing visit panels, considering evidence or decision making and on the day of the visit. In addition, HEIW would expect that anyone who is aware of a potential conflict and is involved in the Targeted Process would declare this to the Quality Unit. Where conflicts are identified HEIW will take steps to ensure that there is appropriate externality within the process specifically to provide additional scrutiny and the visit report will contain details of any conflicts identified during a visit. Specifically, panel members working in the Local Education Provider department subject to the visit would be recused from the resident evidence gathering sessions.

3.4.4 Visit Reporting

A verbal summary of the key findings of the visit process will be provided by the Chair on the day of the visit. This will include a set of requirements and recommendations as appropriate. These provide the Local Education Provide with a focus for action planning activity, the difference between the two are detailed below.

- **Requirements**
  Requirements are issued to outline those areas which must be addressed. They relate to areas which must be improved in order to meet the GMC standards.

- **Recommendations**
  Recommendations are issued for those areas which are causing an adverse impact on education and training quality and it is therefore advisable for the Local Education Provider to implement to ensure that GMC Standards are met in a sustainable manner. Should the provider choose not to meet the recommendations then they must provide assurance on how the impact on education and training will be mitigated.

The requirements and recommendations will be circulated to the Local Education Provider in writing usually within three working days of the visit. This will allow the Local Education Provider to commence action planning activity at the earliest opportunity and will include a deadline for submitting an action plan to HEIW outlining how the requirements and recommendations will be met. Given the volume of evidence considered in the visit process, it is possible that additional requirements and recommendations will be identified post visit. In such cases the Local Education Provider will be notified of these at the earliest opportunity.

A summary visit report will be also prepared to provide an overview of the key visit findings together with the final requirements and recommendations. The Visit Reporting Standard Operating Procedure outlines the arrangements for ensuring the factual accuracy of the report and approach to dissemination.

3.5 GMC Intervention

Whilst the GMC have oversight of all training concerns in line with agreed reporting thresholds, persistent concerns may be identified as requiring additional intervention from the GMC. This may be directly requested by HEIW or imposed by the GMC. The first stage of such intervention is usually escalation to Enhanced Monitoring status where the concern is still managed under the HEIW's Targeted Process, with explicit regulatory input. Regulatory input includes attendance at visits, and direct correspondence with the provider on what is required to support de-escalation. Additional escalation may include conditions to training approval or ultimately withdrawal of training approval.

4.0 Cross Border Quality Concerns Management:

Whilst the majority of training programmes quality managed by HEIW are exclusively based in Wales, there are occasions where a cross-border approach to concerns management may be necessary. In such cases the following principles will apply:

- Where the Quality Unit is made aware that a training concern relates to a site in Wales, but which has NTN, (National Training Number) holders from outside of Wales, the application of the HEIW Targeted Process will apply. However, in recognition of the additional external interest, HEIW will liaise with the relevant Education Organiser as appropriate.
- Where the concern is identified at a site outside of Wales but has the potential to impact upon a HEIW NTN holder, the HEIW will work with the relevant Quality Unit.