GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)

Health Education and Improvement Wales (HEIW)

Lay Representatives

Handbook

This document is also available in Welsh

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SECTION 1: TRAINING AND SPECIALTIES

Health Education and Improvement Wales (HEIW)

Sitting alongside Health Boards and Trusts, HEIW are the only Special Health Authority within NHS Wales. It has a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales.

Established on 1 October 2018, HEIW brings together three key organisations for health: the Wales Deanery; NHS Wales's Workforce Education and Development Services (WEDS); and the Wales Centre for Pharmacy Professional Education (WCPPE).

Specialties & Schools

There are more than 40 specialties within Health Education and Improvement Wales (HEIW) which are each managed within a Specialty School. As a Lay Representative most of your work will be related to activities in one of the specialty Schools and the School Manager will be able to provide you with specific information relating to that Speciality and field and answer any questions you may have as they arise. You may also be asked to undertake work for the Pharmacy department, Quality unit or other departments within HEIW and further information will be provided as activities arise.

Each School is responsible for overseeing the recruitment, placement and training of trainees within their specialism at hospitals across Wales. The Specialty Schools are listed below:

Medicine (including sub-specialities such as Acute Medicine, Cardiology, Clinical Oncology, Core Medical Training, Dermatology, Diabetes and Endocrinology, Gastroenterology, General Internal Medicine, Geriatric medicine, Haematology, Infectious Diseases, Nephrology, Neurology and Rheumatology)

Anaesthetics

Emergency Medicine

Pathology

Psychiatry

Paediatrics & Child Health

Obstetrics & Gynaecology

Public Health/Medical Microbiology

Radiology

Surgery (including sub specialties such as Cardio-thoracic, Neurosurgery, Ophthalmology, Oral & Maxillofacial, Otolaryngology, Paediatric surgery, Trauma and Orthopaedics and Urology)

In addition to the above there are two further areas which are managed separately but overlap with the above specialties:

General Practice

Foundation School which oversees the recruitment and training of Foundation trainees.

Dentistry

The Dental Postgraduate Section supports postgraduate education and training for the whole dental workforce (Dentists and Dental Care Professionals) in Wales. This includes dental foundation and dental specialty training for dentists and continuing professional development (CPD) for dentists and DCPs. These activities are underpinned by appropriate educational research and quality assurance to ensure that they are of a high standard to meet the needs of dental professionals in support of their care for their patients.

Pharmacy

The Wales Centre for Pharmacy Professional Education is an operational unit and has three main areas of activity: 1. The main programme – live events, a range of distance learning packs and e-Learning resources. This is funded by the Welsh Government, under the guidance of the Training and Education Sub Committee (TESC) of the Welsh Pharmaceutical Committee (WPhC). 2. The pre-registration programme – delivering the residential training element for trainees across secondary care sites in Wales and support for tutor development. This is funded under contract from the Workforce Education and Developments Services (WEDS). 3. Work based competency training – as a City and Guilds Approved Centre, delivering Pharmacy Service Skills programmes (via modern apprenticeships) and Training Assessment Quality Assurance qualifications.

Run Through and Uncoupled Training

Medical Training differs depending on the specialty a trainee is following. A number of specialities offer ‘run-through’ training. Trainees who successfully gain a place on a run-through training programme will start as an ST1 (Specialty Training year 1) and continue their training until they achieve their Certificate of Completion of Training (CCT) and are eligible to apply for consultant posts. A number of specialties have ‘uncoupled’ (Core) training. This means that trainees have to undertake generic ‘core’ training for 2 or 3 years before they can apply for specialty ‘higher’ training. The diagram and table below show the options available to a trainee.

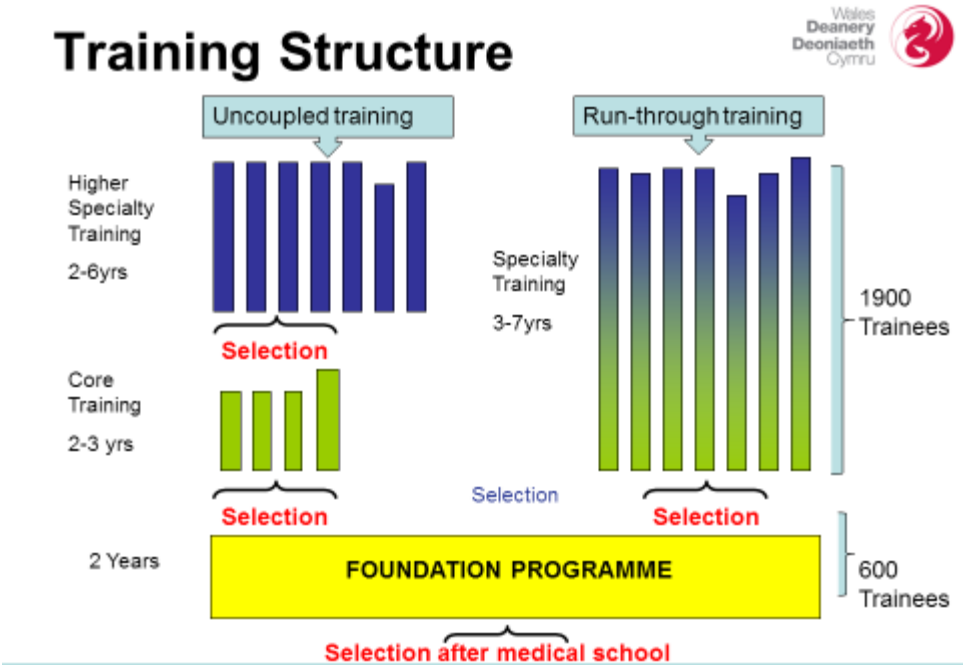
Uncoupled training

- Surgery (9 higher surgical specialties)
- Medicine (28 higher medical specialties)
- Anaesthesia
- Psychiatry

Run-through training

- General Practice
- Obstetrics and Gynaecology
- Paediatrics
- Radiology
- Ophthalmology
- Public Health Medicine
- Pathology
- Emergency Medicine

Training Structure



Local Education Providers

There are six Health Boards and one Trust in Wales which have training programmes; these are identified in the table below.

Betsi Cadwaladr University LHB • Ysbyty Gwynedd , Bangor • Ysbyty Glan Clwyd, Rhyl • Wrexham Maelor Hospital, Wrexham **Hywel Dda University LHB** • Bronglais Hospital, Aberystwyth • Withybush Hospital, Haverfordwest • Glangwilli Hospital, Carmarthen • Prince Philip Hospital, Llanelli • Hafan Derwen • **Cwm Taf Morgannwg University LHB** • Prince Charles Hospital, Merthyr • Royal Glamorgan Hospital, Llantrisant • Princess of Wales Hospital, Bridgend	**Swansea Bay University LHB** • Singleton Hospital, Swansea, • Morriston Hospital, Swansea • Neath Port Talbot Hospital, Neath • Cefn Coed Hospital **Cardiff & Vale University LHB** • University Hospital Llandough, Penarth • University Hospital of Wales, Cardiff **Aneurin Bevan University LHB** • Royal Gwent Hospital, Newport • Nevill Hall Hospital, Abergavenny • Ysbyty Ystrad Fawr • St Cadoc's Hospital **Velindre Trust** • Velindre Cancer Centre • Holme Tower Marie Curie Hospice

Table 1 – Key Hospital Training Sites within Wales

SECTION 2: GENERAL MEDICAL COUNCIL (GMC) STANDARDS

HEIW reports to the General Medical Council which is an independent organisation who are responsible for setting the standards for UK doctors, overseeing doctor's education and training, managing the UK medical register, investigating and acting on concerns and helping to raise standards though revalidation.

Further information about the GMC and regulations governing training can be found on their website at:

http://www.gmc-uk.org/index.asp

The GMC standards are laid out in the document "Promoting excellence: standards for medical education and training" which came into effect as of 1st January 2016.

The ten standards that the GMC expects organisations responsible for educating and training of medical students and doctors in the UK to meet are presented across five main themes: *Learning Environment and Culture, Educational Governance and Leadership, Supporting Learners, Supporting Educators and Developing and Implementing Curricula and assessments".* The standards are there to promote excellence in medical education and training. Where standards are not being met the GMC can set requirements and recommendations to ensure improvement. The standards can be reviewed at the following web link: http://www.gmc-uk.org/education/standards.asp.

SECTION 3: EQUALITY AND DIVERSITY

You will be required to undertake Equality and Diversity Training before undertaking your role as Lay Representative. You will be provided with Log-in details to be able to access either the on-line Equality and Diversity NHS 'Treat Me Fairly' course. Once you have completed this module on-line you will be able to print your Equality and Diversity Certificate.

Should you have any queries about this process please contact the Quality Unit on HIEW.QA@wales.nhs.uk

SECTION 4: FINANCE

Remuneration for Lay Representatives of HEIW

Lay Representative activities are remunerated at the standard rate of £40.25 per half day and £80.50 per whole day.

Lay Representatives are also entitled to claim travel and subsistence expenses incurred in undertaking activity for HEIW. Travel is claimable at the rate of 45p per mile up to 100 miles; 13p for each mile thereafter.

Please be aware that –

- this does not guarantee work and that you remain free to accept or turn down offers of opportunities to act in Lay Representative capacity for HEIW activity
- if you choose to do so, you can waive the payment and act as an unpaid volunteer
- reasonable notice should be given to HEIW if you are no longer able to participate in an activity you were scheduled to take part in; under these circumstances no payment will be made.

Submitting a Claim for Payment

Claims for payment must be made using the **Casual Workers Timesheet/Payment Request Form**.

The form is available from HEIW.QA@wales.nhs.uk on request.

Please ensure all relevant sections of the form are completed as below. **The form must be submitted either in hard copy to Nicola Ridley, HEIW, Quality Unit, Ty Dysgu, Cefn Coed, Nantgarw, Cardiff CF15 7QQ or scanned and sent to HEIW.qa@wales.nhs.uk.**

Step 1.

Complete the **Personal and Work Details** section –

Personal & Work Details											
Title:	*Your title*	Assignment Number: *Not required*									
Surname:	*Your last name*										
Forename(s)	*Your first name*										
Directorate:	*HEIW*	Department/Team:	*Quality Unit*								
Job Title:	*Lay Representative*										
Pay Band	*Lay Representative*	Pay Scale Point:	*Half day 3.5 Hours (£40.25), Full day 7 hours (£80.50)*								

Step 2.

Complete the **Hours of Work Completed (please note that this does not include travel time)** and **Casual Plain Time Hours** table. For each event **please include the date of the actual event, event type, specialty/department this was for and length of the event** – e.g.

Hours of Work Completed	Casual Plain Time Hours
Week commencing DD/MM/YYYY	Total Weekly Hours Worked
*28/01/2019: (The date for the **Week commencing** field should be a Monday)* *29/01/2019 – ARCP – Anaesthetics (full day)* *01/02/2019 – Commissioning visit – Quality Unit (half day)*	*10.5 (1 x full day event, 1x half day)*
11/02/2019: *11/02/2019 – Recruitment interview – Medicine (half day)*	*3.5 (1 x half day event)*
Total:	*14.00*

You may add several events to one form or claim separately if you have already submitted a recent form.

Please keep a record of the events you have claimed for and only submit one claim for each event. It is good practice to claim once per month where possible.

All claims will be checked and confirmed with the relevant department and paid during the next available pay run. Where the claim is unclear claimants will be contacted to clarify the details.

Payments will be made on the 21st of every month but the payroll cut-off date is the end of the month prior - if you wish to confirm when your payment will be made please contact HEIW.qa@wales.nhs.uk.

Participation in each activity can be claimed as –

3.5 hours - for activities lasting up to 3.5 hours (half day)

7 hours – for activities lasting between 3.5 and 7 hours (full day)

10.5 hours – for activities lasting between 7 and 10.5 hours (full day and a half)

A tariff to support your completion of the timesheet is available in the Lay Rep Handbook.

Step 3.

Expenses should be claimed separately on the Non-Staff claim form as below.

Step 4.

Please sign and date the form against **WORKER SIGNATURE**.

Claims must be submitted within three months of hours being worked.

Submitting a Claim for Expenses

If you require train travel or accommodation in order to participate in HEIW activity, we would prefer to book this on your behalf in advance of the activity. This will be prepaid and not incur any cost to yourself. (Dinner, bed and breakfast rates will be arranged where possible). HEIW staff will liaise with you over arrangements. However, where you need to claim travel and subsistence expenses outside of this arrangement, please submit a claim as below.

Should you need to book your own accommodation (in agreement with HEIW staff) the agreed rates are: up to a maximum of £55 for accommodation and up to £20 meal allowance in a 24 hour period.

Claims for reimbursement of expenses must be made using the HEIW UK and Overseas visitor Claim form

The form is available from HEIW.QA@wales.nhs.uk on request.

Please ensure all relevant sections of the form are completed as follows –

Step 1.

CLAIMANT DETAILS -

All fields in this section should be completed. Full name and address is required and bank details so that payment can be made directly to you.

Step 2.

TRAVEL: MILEAGE CLAIMS -

All columns in this section should be completed including the date of the activity you participated in, a description of the activity and which HEIW department it was for. Departure and destination **postcodes** are required as well as mileage details (as calculated by the AA route planner - www.theaa.com/route-planner). Once submitted all mileage claims are checked against the route planner and will be amended if they differ from what has been claimed unless there are exceptional circumstances cited on the form.

Travel is claimable at the rate of 45p per mile up to 100 miles; 13p for each mile thereafter.

Step 3. (if applicable)

SUBSISTENCE/OTHER EXPENSES –

This would typically only include car parking costs as refreshments are usually provided at HEIW events. **Original itemised receipts/invoices must be provided or payment is not guaranteed.**

Step 4. (if applicable)

Additional Notes –

Use this box to stipulate if you-

- Deviate for any reason from the suggested AA route, for example due to roadworks or a need to stick to major roads;
- Have lost a receipt/invoice/train ticket to accompany a claim (it can be helpful to take a photograph or photocopy of train tickets before use as they can sometimes be retained by machines at train stations);
- Have any exceptional circumstances you need to tell us about.

Step 5.

Sign and date the form against **Claimant Signature**.

Claims must be submitted within three months of expenses being incurred.

Completed Casual Worker Timesheets and completed Expense claim forms should be submitted to Nicola Ridley, HEIW, Quality Unit, Ty Dysgu, Cefn Coed, Nantgarw, Cardiff CF15 7QQ or signed and scanned and sent to HEIW.qa@wales.nhs.uk.

We can provide further support for completion of Casual Worker Timesheets and Expense forms following your participation in HEIW activity if required. Please do not hesitate to contact us at HEIW.qa@wales.nhs.uk or 01443 846309.

TARIFF OF ACTIVITY FOR FEE PAYMENT CLAIMS

Activity	Time Tariff	Hours Equivalent	Notes	Responsibility
Activity pertaining to the Lay Representative role e.g. attendance at Induction, annual forum etc.	Half Day or Full Day	3.5 or 7	Approximately 1 or 2 days per year	Quality Unit
Recruitment interview	Half Day or Full Day	3.5 or 7	Approximately 8 days of interviews held per year	Postgraduate Secondary Care Training Section/Section of Dental Practice
ARCP/IRCP/RCP Panel	Half Day or Full Day	3.5 or 7	Approximately 140 ARCPs held per year, across two main rounds	Postgraduate Secondary Care Training Section/ Section of Dental Practice
Meeting of group, committee or boards	Half Day	3.5	This includes, but is not limited to – Reconfiguration Training Board – 2 meetings per year	Postgraduate Secondary Care Training Section
	Half Day	3.5	CMT Royal College Tutors' meetings – 2 meetings per year	Postgraduate Secondary Care Training Section
	Half Day	3.5	Internal Medicine Implementation Group – 6 meetings per year	Postgraduate Secondary Care Training Section
	Half Day	3.5	Trainer Recognition Group – 4 meetings per year	Quality Unit
	Half Day	3.5	Quality Committee – 2 meetings per year	Quality Unit
	Full Day	7	STC Chairs and TPD Medicine meetings – 4 meetings per year	Postgraduate Secondary Care Training Section
	Half Day	3.5	Trainee Progression Governance Steering Group – three meetings per year	Trainee Progression Governance Unit
	Half Day	3.5	Annual STC Chairs and TPD meeting	Section of Dental Practice
	Half Day (preparation where required) and a half day or Full Day	3.5 or 7 or 10.5	Pharmacy Advisory Boards – approximately 20 meetings per year	Pharmacy
Review Panel	Full Day	7	Estimation is 5 panels held per year	Trainee Progression Governance Unit/Section of Dental Practice
Appeal Hearing	Half Day (Preparation) and a Full Day	10.5	Estimation is 3 hearings held per year	Trainee Progression Governance Unit/Section of Dental Practice
Targeted Visit	Half Day	3.5	Approximately 20 Visits held per year	Quality Unit
Commissioning Visit	Half Day	3.5	8 Visits held per year	Quality Unit
Faculty Team Appraisal	Half Day	3.5	7 Appraisals held per year	Quality Unit
Revalidation Quality Review	Full Day or Full Day and a Half	7 or 10.5	Maximum of 7 Reviews held per year	Revalidation Support Unit

SECTION 5: USEFUL CONTACTS WITHIN HEIW

Key Contact information

Below is a list of contacts that you might find useful in your Lay Representative capacity.

Name	***Title***	***Email Address***	***Telephone number***	
Wisby, Lee	Associate Dean (Quality)	lee.wisby@wales.nhs.uk	01745 534155	
Ridley, Nicola	Executive Officer (Evidence and Monitoring)	nicola.ridley@wales.nhs.uk	01443846 309	**Main contact for all Lay Rep administrative queries**
Groves, Caroline	Quality and Postgraduate Education Support Manager	caroline.groves@wales.nhs.uk	01443824 212	
Martin, Mandy	Quality Manager	mandy.martin@wales.nhs.uk	01443824 294	
Babbage, Liz	Specialty Manager - **Paediatrics, ACCS, Emergency Medicine and PHEM**	liz.babbage@wales.nhs.uk	01443846 364	
Zoe Dummett	Specialty Manager **(Obstetrics & Gynaecology, Anaesthetics & ICM)**	Zoe.dummett@wales.nhs.uk	01443846 350	
Sarah Holmes	Specialty Manager **(Psychiatry & WCAT)**	sarah.holmes3@wales.nhs.uk	01443824 231	
Williams, Elenor	Specialty Manager **(Radiology, Surgery, Pathology and Public Health)**	elenor.williams@wales.nhs.uk	01443824 229	
Williams, Hilary	Specialty Manager **(Medicine)**	hilary.williams9@wales.nhs.uk	01443824 247	
Davies, Sian	**GP** Specialty and Further Training Manager	sian.davies41@wales.nhs.uk	01443846 335	

Frances Yeun-Lee	Specialty Training Administrator **(Dental)**	frances.yuen-lee@wales.nhs.uk	01443824 233	
Katie Leighton	Senior Team Manager Revalidation & Quality	Katie.leighton@wales.nhs.uk	01443 824276	

HEIW Postal Address

Health Education and Improvement Wales
Ty Dysgu
Cefn Coed
Nantgarw
Cardiff
CF15 7QQ

SECTION 6: USEFUL FORMS

ARCP Panel Lay Representative Report

Date:	Venue:	Specialty considered:							
This information can be provided by HEIW if required	Trainee's Year / Phase of training programme:	1	2	3	4	5	6	7	8
	Number of Trainees considered at each level:								
	- Total number of trainees considered -								
	Paper / e-portfolio Only		Trainee present after outcome						

.	Outcomes						
		ARCP 1	ARCP 2	ARCP 3	ARCP 4	ARCP 5	Other
	Number of trainees						

(Please score between 1-4 by ticking the appropriate box opposite where 1 is very poor and 4 is very good)

1.	How satisfied were you with the standard and consistency of the reviews carried out by the panel?	1 2 3 4 ☐☐☐☐

Please provide any further comments as appropriate:

2.	Were any decisions made without review of the complete set of documentation?	Yes ☐ No ☐

Please provide any further comments as appropriate:

3.	Where there were concerns over the progress of a trainee	
	a. How appropriate did you consider the Panel's decisions to be?	1 2 3 4 ☐☐☐☐
	b. How appropriate did you consider the Panel's recommendations to be?	1 2 3 4 ☐☐☐☐
	c. How effectively was the review carried out i.e. did the conversation cover mitigating circumstances etc?	1 2 3 4 ☐☐☐☐
	d. Was the decision communicated appropriately to the trainee?	1 2 3 4 ☐☐☐☐
Please provide any further comments as appropriate:		
4.	a) Were you given the opportunity to comment and/or raise any concerns with the process? b) Are they any further comments you wish to make concerning the whole process?	
Signature:		Date:

Name (capitals):

Lay Representative Recruitment Summary Form

Lay Representative Report

one form to be completed for each interview day, on behalf of all lay representatives present

Specialty and Level	
Interview Date	
Interview Day (e.g. 1 of 1, 1 of 2 etc.)	
Interview Venue	
Clinical Lead Name	
Recruitment Lead Name	
Lay Representative Name	
HEE Local Office/Deanery (where applicable)	

Number of circuits/panels		**Number of Lay Representatives**	
Lay Representative names	1		
	2		
	3		
	4		
	5		
	6		

1. Pre Interview Day:	
Communications from recruiter to lay representative were clear, concise and received in a timely manner	Yes/No
Lay representative/s and Clinical Lead were both provided with copies of the *Lay Representative Interview Guide* and understood their responsibilities as part of this	Yes/No
2. Briefing	
Clinical Lead, Recruitment Lead and Lay Representative/s all introduced	Yes/No
Roles of Clinical Lead, Recruitment Lead and Lay Representative/s all defined, including where to find each during the day	Yes/No
2.1 Opportunity was given for input from:	
Clinical Lead	Yes/No
Recruitment Lead	Yes/No
Lay Representative/s	Yes/No
2.2 Interview briefing included the following:	
Assessors should declare if they know any of the applicants being interviewed	Yes/No
Any changes to the selection process	Yes/No
Mobile phones not to be on view or heard during any interview	Yes/No
Interview timings must be adhered to	Yes/No
How to deal with probity or fitness to practise issues	Yes/No
Details of scoring system for each station	Yes/No
Digital scoring presentation delivered	Yes/No
Ensuring panellists have confirmed completion of required training	Yes/No
Reminding assessors not to make inappropriate comments about applicants on scoresheets	Yes/No
Reminding assessors about the language that they should use when interviewing applicants e.g. no positive reinforcement	Yes/No

Reminder that applicants will always be nearby awaiting their next station and that any conversation between assessors during breaks in interviewing should be kept to a minimum and at a low volume	Yes/No
When the interview time is up, assessors should ensure that interview concludes, regardless of whether or not they have more questions to ask the applicant	Yes/No
2.3 Wash up session included:	
Guidance on purpose of wash up	Yes/No
Opportunity for feedback	Yes/No
Discussion of borderline candidates ensuring robust evidence	Yes/No
Discussion of candidates with poor scores in any station ensuring robust evidence	Yes/No
Only assessors who had personally interviewed the candidates being reviewed	Yes/No
Selection outcomes	
Selection outcomes were consistent, robust and transparent with supporting evidence	Yes/No

Detail any variances from time schedule, changes to interview schedule, such as DNAs *(names not required, only impact on schedule)*

How was consistency assured across multiple circuits/panels?

Please detail any areas of exceptionally good or poor practice with ideas for improvement

Anonymised details of applicants on this circuit/panel where serious concerns were raised during the day and how these were dealt with *Include probity, fitness to practise, concerns regarding clinical safety etc.*

Were there any major incidents or notable issues to report?

This document is also available in Welsh

Were there any other issues to report?

Lay Representative Name		**Lay Representative Signature**	
Clinical Lead Name		**Clinical Lead Signature**	
Recruitment Lead Name		**Recruitment Lead Signature**	

Completed forms should be forwarded to the HEE local office/Deanery Quality Department **and** the lead recruiter.

Areas of concern that need to be shared directly with the national Medical and Dental Recruitment and Selection (MDRS) team should be sent to: mdrs.nationalrecruitment@hee.nhs.uk

GIG CYMRU NHS WALES

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

Targeted Visit Lay Representative Report

Section One: Visit Details			
TP Reference:	Programme:		
Date:	Site:		
Section Two: Visit Evaluation			
Were you satisfied that there was sufficient evidence to justify a visit?		Yes ☐	No ☐
Please provide any further comments as appropriate:			
Was there appropriate Health Board representation to facilitate discussion of the issues and ensure that an effective action plan could be developed? (i.e. Did the Health Board representatives have sufficient seniority to be able to take the concerns forward?)		Yes ☐	No ☐
Please provide any further comments as appropriate:			
Was the discussion with the Health Board effective?		Yes ☐	No ☐
Please provide any further comments as appropriate:			

Were any patient safety concerns given sufficient emphasis?		Yes ☐	No ☐
Please provide any further comments as appropriate:			
In the event that trainee interviews were held as part of the meeting, were the trainees free to provide open feedback on their training experience?	N/A ☐	Yes ☐	No ☐
Please provide any further comments as appropriate:			
Were the recommendations proportionate given the concerns raised?		Yes ☐	No ☐
Please provide any further comments as appropriate:			
Did the feedback provided on the day provide a fair reflection of the issues?		Yes ☐	No ☐
Please provide any further comments as appropriate:			
Please confirm whether you were given the opportunity to comment and/or raise any concerns during the process?			

Are there any other general comments that you would like to make regarding the visit or visit process?	
Name:	Date:

SECTION 7: GLOSSARY OF TERMS

Glossary of Useful Terms School of Postgraduate Medical and Dental Education

ARCP

The Annual Review of Competence Progression is a process which assesses a trainee's ability either to complete training or to progress to the next level of their training programme. The ARCP process is underpinned by appraisal, assessment and annual planning which precede it. ARCP logs that the trainee has attained all required competencies and is progressing through a training programme.

CCT

A trainee is recommended to be awarded a Certificate of Completion of Training by the relevant Royal College upon completion of their specialist training and receipt of an outcome 6. A copy of the Outcome 6 together with other supporting documentation is forwarded to the relevant Royal College by the trainee. Once this has been received the Royal College can recommend that the trainee be awarded a CCT and is eligible for entry to the GMC Specialist Register. The GMC are responsible for issuing the CCT to the trainee.

EPEF

End of Placement Evaluation Forms are a local tool which facilitates the routine collection of trainee feedback regarding individual posts within specialities. The trainees are required to fill in such a form at the end of each training placement. The information may also be used by HEIW in order to obtain trainee feedback on a particular area of concern.

EWTD

The European Working Time Directive is a piece of health and safety legislation which was introduced in 2004. The legislation applies to all staff including doctors in training who have traditionally worked long hours and provided out of hours cover.

FP

The Foundation Programme is a two-year training programme which bridges the gap between medical school and specialty training and was introduced under the Modernising Medical Careers (MMC) Framework. Trainees on the Foundation Programme are required to undertake a series of placements within a variety of specialties and healthcare settings giving them the opportunity to gain a wide range of experiences. Trainees will have specific learning objectives which are focussed upon the demonstration of clinical competencies.

FPD

The chief role of Foundation Programme Directors is to work in conjunction with local educators, HEIW personnel and others to ensure the provision of a high quality Foundation training programme which will meet nationally agreed standards. The Foundation Programme Directors' responsibilities include the identification of appropriate HEIW -approved training placements for Foundation

trainees, ensuring that programmes offer an appropriate range of experiences which enable trainees to gain the necessary competencies required for GMC registration and managing the application process for the Foundation programme.

GPPD
General Practice Programme Directors have similar responsibility for GP trainees and for their education.

IMG
In the UK, the term International Medical Graduate refers to overseas doctors and refugee doctors whose primary medical qualification is from a medical school outside the UK and EU. This term also includes UK citizens who have trained in medical schools outside the UK and EU, and overseas doctors who have trained in a UK medical school but do not have rights of residence.

GMC
The General Medical Council is responsible for setting and monitoring standards in medical education for undergraduate, Foundation and Specialty training, including GP. They run quality assurance programmes for UK medical schools and postgraduate deaneries to ensure that standards are achieved.

LTFT
Less Than Full Time Training is an option offered when full time working is impossible or undesirable, rather than having to give up training altogether. It provides the same range of experience and education as full time posts, though it takes longer to fulfil the educational requirements set by the Royal College or Faculty.

LFL's
Local Faculty Leads work as part of the Faculty Team within their Local Education Provider (LEP) in partnership with HEIW to support, deliver and manage postgraduate medical training in Wales. A number of variations to the Faculty model exist across Local Education Providers (LEP), determined by local need and governance structures, but generally each Faculty Lead has a specific area of responsibility ('Trainer Support', 'Trainee Support' and 'Quality and Educational Governance').

QA/QC
Quality Assurance is a system of planned and systematic management activities which are necessary to provide sufficient confidence that a product or service will fulfil quality requirements. The terms Quality Assurance and Quality Control are often incorrectly used interchangeably. Essentially, Quality Assurance is process-orientated, enabling you to ensure you are doing the right things in the right way and Quality Control is product-orientated and concerned with ensuring that the results of what you have done meet expectation. Within postgraduate medical training the GMC is accountable to Parliament for quality assurance. The GMC's approach to quality assurance is to review HEIW processes for quality assurance and they will expect to see evidence of both Deaneries and Colleges collaborating in order to implement approved curricula.

Quality and PGES Committee
The Quality and Post Graduate Education Support Services Committee advises the Dean on all matters relating to the quality of postgraduate medical education and training across Wales. The Committee reports directly to the HEIW's Management Executive and is chaired by an Associate Dean (Quality).

QM/QMF
Quality Management is used to refer to all aspects of the management function that determine and implement the organisation's direction on quality issues and may be represented as a Quality Management Framework. Quality management involves managing for continuous improvement and is centred on an overall quality mission, objective setting and review.

QMS
Quality Management Systems is the term which is often used to encompass the three key quality initiatives i.e. Quality Control, Quality Assurance and Quality Improvement.

Risk Reports
Risk Reports are produced on a quarterly basis and are disseminated to Health Boards/Trusts and relevant specialty leads. They provide information on all of the areas of concern that are being monitored by HEIW's Quality Unit at any given time and include a risk rating for each issue which is based on the severity of the issue and the probability of it affecting the quality of training.

SAC
Specialist Advisory Committees are intercollegiate bodies which advise on higher specialist training in medical/surgical and dental specialties.

SLA
The School of Postgraduate Medical and Dental Education commissions the training of junior doctors through healthcare providers such as Health Boards/Trusts. The Service Level Agreement is put in place as a means of formalising the arrangement between the training commissioner and the provider. The agreement stipulates a number of obligations which it expects the training provider to fulfil in return for an allocated sum of money.

SSL/HoS
Specialty School Leads (known variably as Heads of Schools), as the title indicates, have overall responsibility for the Specialty School. All of the medical specialties are allocated to a Specialty School. Within Wales there are the following eleven Speciality Schools:

- The School of Anaesthetics
- The School of Emergency Medicine
- The School of General Practice
- The School of Medicine
- The School of Obstetrics & Gynaecology
- The School of Paediatrics
- The School of Pathology

- The School of Psychiatry
- The School of Public Health Medicine
- The School of Radiology
- The School of Surgery

STC

Specialist Training Committees exist to ensure that higher specialist training programmes are well structured and supervised and that the training provided is related to the relevant Royal College curriculum.

Trainee/Training Titles

CMT	Core Medical Training
CPT	Core Psychiatry Training
CST	Core Surgical Training
FY1 & FY2	Foundation Year 1 & 2
SpR 1-6	Specialist Registrar (Years 1-6)
ST 1-8	Specialty Trainee (Years 1-8)

Trainer Titles

CS	Clinical Supervisor
CT	College Tutor/Clinical Tutor
FPD	Foundation Programme Director
ES	Educational Supervisor
HOS	Head of School
RA	Regional Advisor
SAS	Staff Associate Specialist
TPD	Training Programme Director

Welsh Government

The Welsh Government provides HEIW with funding to train junior doctors and dentists. The number of trained medical and dental professionals required in future years is forecasted by the Welsh Government.

Useful Website Links

General Medical Council
http://www.gmc-uk.org/

British Medical Association
http://www.bma.org.uk/

Becoming a Doctor
http://www.bma.org.uk/ap.nsf/Content/HubBecomingaDoctor?OpenDocument&Highlight=2,becoming,doctor

Medical Education A to Z
http://www.bma.org.uk/ap.nsf/Content/MedEdAtoZcontent

Specialty doctors and related royal colleges and faculties
http://www.bma.org.uk/ap.nsf/Content/glossdoctors#specialties

Glossary of allied healthcare professionals
http://www.bma.org.uk/ap.nsf/Content/glossallied?OpenDocument&Highlight=2,clinical,oncology

Good Medical Practice
http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Workplace Based Assessments (from Royal College of Psychiatrists)
http://www.rcpsych.ac.uk

http://www.rcpsych.ac.uk/training/trainees/wpbafaq.aspx?theme=print

Acronym Corner (Nottingham University) and other information sites
http://www.acronymfinder.com/

http://www.rcgp.org.uk/default.aspx?page=510 acronym finder from RC of GPs

NHSacronym = App for iPhones with 600+ NHS (mainly organisational) acronyms

Department of Health / National Health Service

Medical Careers	http://www.specialtytraining.hee.nhs.uk
NHS Direct	http://www.nhsdirect.nhs.uk/
Gold Guide	http://specialtytraining.hee.nhs.uk/news/the-gold-guide/

Intercollegiate Surgical Curriculum Project
http://www.iscp.ac.uk/

APPENDIX

PROCESSES

Please note that new Lay Representatives are not expected to have a detailed knowledge of all HEIW processes, however, the below information will assist you as background information before attending an event for us.

Targeted Process Methodology

'A Proportionate Response to Training Quality Concerns'

Context:

Heath Education and Improvement Wales, (HEIW) is accountable to the GMC/GDC as the regulator for the quality of postgraduate medical and dental education and training in Wales. This responsibility is discharged through the application of HEIW's Quality Management Framework which has been implemented to ensure that training and education meets national standards.

The Targeted Process is the responsive component of HEIW's Quality Management Framework and provides a mechanism for the HEIW to quality manage concerns pertaining to the quality of education and training as and when they arise, as opposed to confining action to routine processes which inevitably has the potential to adversely impact patient or trainee safety. The process is evidence based and has been specifically designed to ensure that a proportionate response to concerns is adopted.

The Targeted Process is closely related to the Quality Unit's Risk Process which ensures transparency with local education providers and training programme leads around the type and severity of quality concerns being managed. This risk based approach also maximises the opportunities for local quality control enabling issues to be addressed at an early stage. Given that the HEIW is ultimately accountable to the relevant regulator for the quality of postgraduate medical and dental education the process also has a clear link with regulatory processes and this is outlined in the detail of the methodology, a visual representation of which can be seen in figure 2, 'Targeted Process Overview'.

In addition to having responsibility to the relevant regulator of postgraduate medical and dental education, HEIW also has explicit links with other regulators which are maintained through the following mechanisms:

- The Wales Concordat which was established to provide a platform for collaboration between audit, inspection, regulation and improvement bodies.

- HEIW 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.

Process Scope

The scope of this process is confined to the management of concerns regarding the quality of postgraduate medical and dental education and training in line with regulatory standards. This process 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. Complimentary documentation is available outlining how to raise concerns together with a brief summary for those wishing to gain an overview of the process is available from HEIW's Quality Unit.

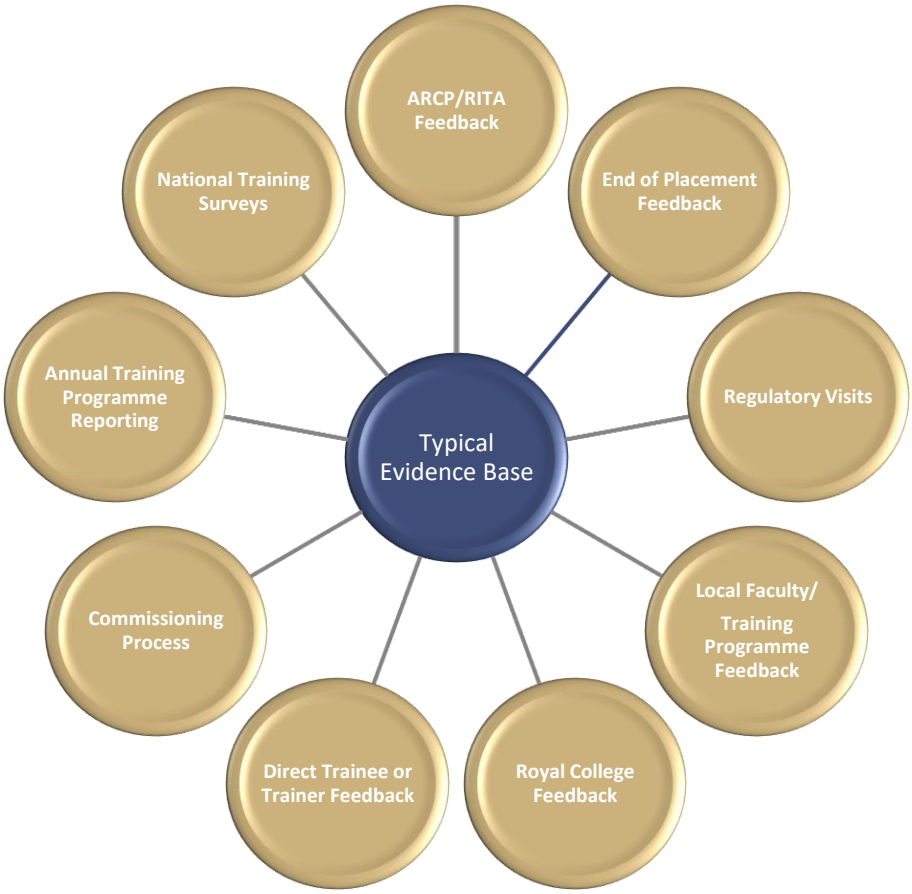
Methodology

The Targeted Process achieves the aim of ensuring a proportionate response to concerns through adopting a staged approach to the management of training issues. There are four stages within the process the details of which are provided within the following paragraphs. Whilst concerns frequently escalate and de-escalate through the various stages of the process, it is not always necessary for this to be undertaken sequentially. The stage at which a concern is managed will be based upon the risk rating which is derived from considering the nature of the concern and the associated evidence base. This ensures that the HEIW is responsive to the severity of the concern thereby putting patient safety at the core of the process. At all stages communication should include both local faculty and training programme structures to ensure that all available evidence is considered and to prevent parallel action planning processes.

Evidence Management:

Concerns pertaining to the quality of postgraduate medical and dental education and training may be identified through a variety of sources. The radial diagram in figure 1 below provides details of the typical sources of evidence that are utilised to identify training concerns. Whilst the evidence sources in the diagram represent the typical evidence base it is important to note that the Quality Unit within HEIW will consider all available sources of evidence in the management of training concerns.

Figure 1: Typical Evidence Sources



Stage I: Initial Enquiry

A Stage I 'Enquiry' is appropriate where a concern has been identified but the evidence presented is not triangulated. In such circumstances there is a need to initiate an initial enquiry which may originate from a range of sources including the trainees, trainers, local faculty, training programme structures, external stakeholders or regulatory processes. The primary aim of this stage is to establish whether or not a concern can be substantiated based upon the evidence and if so to take action to resolve the issue at the earliest opportunity. This would typically involve obtaining further information on the nature of the concern and any contextual information which may have contributed towards the concern being raised. In addition, details of any action which may have already been undertaken in order to resolve the issue in a prompt manner would also be sought.

Stage 1 may also be applied where a concern from a higher stage in the process has de-escalated and monitoring is required for a period of time prior to closure to ensure that improvements are sustained.

Potential Stage Outcomes:

The conclusion of an enquiry will result in one of the following three possible outcomes:

1. That no further action is necessary in which case details of the initial concern and findings should be logged with the Quality Unit and the case will be closed. However, the information will be retained in order to support future trend analysis.

2. That there is a need to take action in order to address the concerns raised and that once this is taken it is unlikely that the concerns will recur. Monitoring arrangements should be agreed and the findings should be logged with the Quality Unit so that progress can be regularly reviewed.

3. That the enquiry has identified further evidence which indicates that the concerns are of a sufficient severity to require a wider investigation/action planning process to ensure that a sustained improvement is achieved. A decision around the most appropriate stage to manage the concern would be made by the Quality Unit who would also provide guidance and where appropriate support in taking the next steps.

Stage II: Local Faculty/Training Programme Intervention

Concerns are managed under stage II either where there is evidence that the action planning undertaken at stage I has not fully resolved the concerns or where the initial evidence received is triangulated. In addition, stage II may also be appropriate where a higher level concern has de-escalated and there is a need for some residual action planning or specific monitoring to ensure sustained change prior to considering closure.

The primary objective of stage II is to investigate the concern through local faculty and training programme collaboration and this may include a visit from the relevant training programme. Action under this stage would typically include, but not be confined to the following:

- Consideration of evidence from all available sources such as the detailed reports arising from GMC National Survey Results and End of placement feedback, or logbook analysis for example.

- Meetings with trainees, trainers and any other relevant personnel in order to further understand the reason behind the concerns and to consider potential solutions. A visit to the site by the relevant training programme may be

undertaken at this stage and should include representation from or at least engagement with local faculty structures.

- The establishment of a working group to plan for any significant changes which may be necessary to address the concerns. Such action would be particularly relevant where the management of a quality concern has implications for programme management.

- Development of clear action plans which should include clear monitoring arrangements together with associated timeframes and responsible officers.

Whilst the responsibility for the resolution of concerns at this stage rests with local faculty and training programme structures, it is essential that there is regular communication with the Quality Unit. This ensures that where appropriate indirect support from the Quality Unit can be provided to support the investigation and action planning process and also enables HEIW to fulfil its responsibility to the regulator.

Potential Stage Outcomes:

The following outcomes are anticipated at this stage:

1. That no further action is necessary in which case details of the investigation and findings should be logged with the Quality Unit and the case will be closed. However, the information will be retained in order to support future trend analysis.

2. That there is a need to take action in order to address the concerns raised but that this can be undertaken effectively through local faculty and training programme structures. Monitoring arrangements should be agreed and the findings should be logged with the Quality Unit.

3. That the enquiry has identified further evidence which indicates that the concerns are of a sufficient severity to require a wider investigation/action planning process to ensure that a sustained improvement is achieved. A decision around the most appropriate stage to manage the concern would be made by the Quality Unit who would also provide guidance and where appropriate support in taking the next steps.

Stage III: Direct Quality Unit Intervention

Concerns managed under Stage III of the Targeted Process are usually of a more serious nature either because there are implications for patient safety or because progress from previous action planning processes is not apparent. In these

circumstances the primary objective of this stage is to ensure the development of a clear action plan with associated timeframes and explicit monitoring arrangements. Additionally, there are also occasions where Quality Unit intervention may be appropriate due to the need to contextualise an existing evidence base from a lower stage in the process. Where such intervention is required the objective will be to understand the context within which the concerns are raised with a view to establishing whether or not action or closer monitoring is necessary.

Concerns at this level may have escalated or de-escalated through other stages or in those instances where there are significant implications for patient safety the issue may be managed at this level in the first instance. The management of concerns at this level will be led by the Quality Unit in close collaboration with the relevant training programme lead. Engagement with senior LEP, (Local Education Provider) management as well as local faculty structures is a key feature of this stage and may be achieved by one of the following mechanisms:

- A HEIW Targeted Visit which will typically include meetings with trainees, lead trainers and senior LEP management. 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 trainees and lead trainers is common in a visit particularly where the aim is to contextualise the concern or to review progress. However, there may be occasions where the currency of the evidence base is deemed to be sufficient and in order to minimise the burden of inspection the visit will focus upon meeting with key representatives without the need for interviewing trainees. The HEIW panel composition for the visit will typically include but not be confined to the following representatives:

  Typical HEIW Panel Composition:
  - Chair, (Postgraduate Dean or alternate)
  - Quality Unit representative
  - Training Programme lead, (Where concerns are likely to impact upon trainees from multiple programmes, it would be appropriate to have a lead from each programme).
  - Faculty Lead
  - Lay Representative
  - Royal College Representative; (This will usually apply where there are specific concerns around exposure to the curriculum, where the College have also raised concerns or there is a particular need for specialty externality).

  The panel chair will be responsible for deciding whether the short-notice absence of any key panel member constitutes grounds to postpone the visit.

Where trainee interviews are required as part of the process the Quality Unit will liaise with the relevant Postgraduate Centre to ask for their support in co-ordinating this locally reminding trainees that they have a professional responsibility to attend wherever possible.

The list below provides an overview of the LEP, (Local Education Provider), representatives that the HEIW panel will typically ask to meet with as part of the visit process. However, the LEP may also directly invite other LEP employees whom they consider to be relevant to the process. In the event that the LEP would like to include representatives from outside of the organisation this will only be permissible with prior agreement of the Postgraduate Dean or his alternate.

Typical LEP Representatives:

- Assistant Medical Director, (Education & Training)
- Clinical Director
- Lead trainers
- College Tutor or equivalent
- Directorate Manager

HEIW will have the responsibility of ensuring that the Medical Director is notified that a new issue is being managed through a Quality Unit led visit process. The visit panel chair will provide a verbal summary of the key findings to the LEP on the day of the visit and this will be followed by a formal report which will provide more detailed information on the findings together with the recommendations. In the event that particularly urgent action points are identified at the visit then a summary of these will be emailed to the LEP whilst the report is being prepared in order to prevent any delay to the action planning process. In addition following the visit process the Quality Unit will ensure that the Chief Executive Officer and the Medical Director of the relevant LEP receives a copy of all visit reports.

- There are occasions where the timeframes associated with the logistics of a full visit process mean that a swifter alternative approach to the management of a training concern may be necessary. This is particularly pertinent where there are significant implications for patient safety which require urgent escalation. In such cases direct engagement between the Quality Unit and senior LEP management would be considered to be the most appropriate course of action. This may be verbal in the first instance with written follow up. In such circumstances there will be regular contact between HEIW and the LEP throughout the action planning process.

Action plans submitted by LEPs in response to training concerns at this level will be reviewed by the Quality Unit usually in collaboration with the relevant training programme lead. In the event that further clarification is required then this will be communicated to the LEP in writing with a deadline for response. Action planning around the concerns may require additional meetings in the form of a task and finish group or local planning meetings.

Regardless of whether or not a formal Targeted Visit is undertaken at this stage planned monitoring of progress will be a key feature at this stage. This may be undertaken through a formal route such as a repeat visit or it may be deemed appropriate for trainee interviews to be arranged separately and should include representation from the faculty team; this should normally be in liaison with the relevant training programme lead. In addition, paper based evidence sources may also be considered as part of a monitoring process.

Potential Stage Outcomes:

One of the following two outcomes is anticipated at this level:

1. That the action planning process has delivered improvements but there is a need to ensure that the improvements are sustained. In such cases specific monitoring arrangements would be identified and the issue could be de-escalated to Stage II. Closure would not be considered to be an appropriate option for a stage III concern.

2. That there are ongoing challenges in ensuring the delivery of a sustainable solution and specific regulatory input is required. In such circumstances concerns will be escalated to stage IV of the process.

Stage IV: Enhanced Monitoring

Escalation to Enhanced Monitoring would usually be deemed to be necessary for those training concerns which are particularly complex in nature or where there have been challenges in delivering a sustainable solution. The key feature of this stage is that whilst the concern is still being managed under the HEIW's Targeted Process, there is explicit regulatory input. Regulatory input can be beneficial for complex concerns as there is the ability to draw on experience from similar challenges in other parts of the UK. In addition, regulatory input will also inevitably enhance the level of scrutiny both around the concern itself and the management of that concern. Enhanced Monitoring concerns may be published on the relevant regulator's website in order to enhance transparency but the wording reported on the website would be agreed between the regulator, HEIW and LEP.

Concerns may be escalated to this level directly by HEIW or the relevant regulator may deem enhanced monitoring to be necessary where sufficient assurance around the management of a concern cannot be provided. Regulatory involvement may include a physical presence at visits or may be undertaken remotely.

Typical activity at this stage would be similar to stage III but with the added input of the relevant regulator.

Potential Stage Outcomes:

One of the following potential outcomes is anticipated at this stage:

1. Action planning and progress monitoring.

2. Escalation to regulatory processes - this may be done on the request of the HEIW or the regulator may deem it necessary to invoke their own processes if they are sufficiently concerned about progress.

3. De-escalation to another stage in the process for ongoing monitoring to ensure improvements are sustained. As with stage III of the process direct closure from a concern at this level would never be deemed to be appropriate.

Undermining:

There may be occasions where concerns relating to bullying or undermining behaviour are identified within the evidence base. In such circumstances HEIW will seek to understand whether there are wider factors which have directly contributed towards the concern being raised e.g. a heavy workload combined with significant staffing pressures can generate a pressurised working environment. In those cases the issue will be managed in accordance with the process described above. If there is felt to be potential for the reported or perceived behaviours to merit further local action through the All-Wales Dignity at work policy, then HEIW will liaise with the office of the medical director to ensure that appropriate local action is taken. HEIW will not necessarily be directly involved in the local processes any further but will monitor the situation closely via further feedback obtained from the targeted process.

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 quality management may be necessary. In such cases the following principles will apply:

- Where the 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 scrutiny HEIW will seek to include appropriate representation from the relevant Consortium or wider stakeholder group.

- HEIW will liaise with the relevant quality department and where appropriate Postgraduate Dean of the Education Organiser which owns the NTN regarding the nature of the concern, action planning process and monitoring arrangements at key points throughout the process.

- 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.

Conflict of Interests:

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. In order 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. In the event that 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.

Closing Concerns:

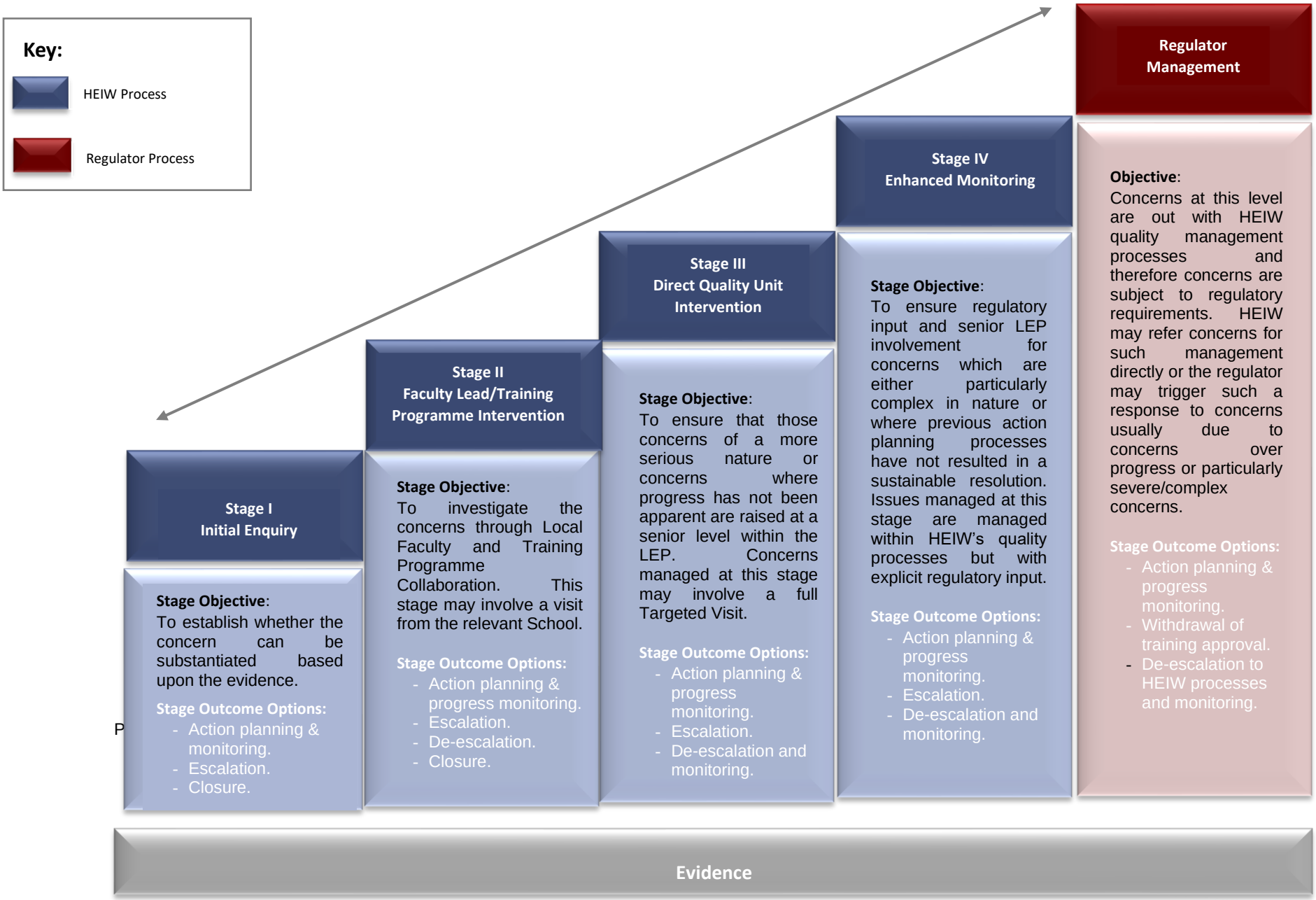
HEIW routinely reviews all training concerns to establish whether further escalation or de-escalation is necessary. Decisions around the closure of a training concern may be undertaken directly by the Associate Dean (Quality) or Quality Manager. Alternatively, an issue may be recommended for closure and in these cases the following points will used to inform the overall decision around closure:

- Where an issue has been recommended for closure there should be evidence of an agreement between local faculty and training programme structures.

- Closure will only be considered for low risk concerns which are under Stage I or II of the Targeted Process.

- The extent to which there is sufficient evidence that the concerns have been addressed in a sustainable manner and are therefore unlikely to recur. Copies of any relevant documentation such as trainee interview reports, logbook extracts etc. will be considered in the decision making process.

Figure 2: HEIW Targeted Process Overview



Appendix One

Glossary of Terms

ARCP

The Annual Review of Competence Progression (ARCP) is a formal assessment process which, informed by evidence gathered by the trainee and an Educational Supervisor's Structured Report, assesses a trainee's ability to either complete training or to progress to the next level of the training programme. The ARCP process is underpinned by appraisal, assessment and annual planning which precede it. An ARCP panel considers the evidence presented to it to make a judgement as to whether a trainee has attained all required competencies and has made adequate progress. In instances of an unsatisfactory outcome, the panel may make recommendations for additional or focused training required.

College Tutor

The College Tutor has responsibilities for conduction and overseeing training and education within the Local Education Provider. Their main responsibility is to foster and develop the availability of quality training experiences with the support of other colleagues involved in medical education and training.

Local Education Provider, (LEP)

Local Education Providers, (LEPs) is the term that is used to refer to training organisations. Within Wales this would mean the relevant Local Health Board or NHS Trust.

Faculty Lead

Faculty Leads (FLs) are appointed by, and work in partnership with, HEIW to support and deliver high quality medical postgraduate education and training within Health Boards/Trusts. Faculty Leads have varying areas of responsibility:

Faculty Lead for Quality/Educational Governance:
Have specific responsibility for systems of quality control and implementation of the General Medical Council's standards across the LEP. They work with departments where there are concerns regarding the quality of training and are responsible for promoting and sharing good practice.

Faculty Lead for Trainer Support:
Their role is to ensure systems for identifying and supporting all Clinical and Educational Supervisors across the Health Board, including helping to support and organise training events for trainers.

Faculty Lead for Trainee Support:

This document is also available in Welsh

They have specific responsibility for ensuring the provision of appropriate support mechanisms for trainees and the promotion of the 'trainee voice' and trainee engagement with quality improvement initiatives.

Regulatory Organisations

- **The General Medical Council (GMC)**
  The GMC have sole statutory responsibility for the quality assurance of postgraduate medical education and training. In discharging this responsibility the GMC has authorised Deaneries/LETBs as the organisations who have accountability for the quality management of postgraduate medical educational and training. Therefore all quality management activity for postgraduate medical education and training is undertaken within the context of the GMC's regulatory framework. In undertaking its quality assurance activity the GMC has endorsed HEIW's approach to quality management.

- **The General Dental Council (GDC)**
  The GDC has responsibility for the regulation of dentistry within the UK although comprehensive standards have yet to be finalised. Whilst the GDC's approach to the regulation of education and training is less well developed than in medicine it is anticipated that this will increase in the future and this will be supported by a single HEIW quality framework.

- **Healthcare Inspectorate Wales (HIW)**
  Healthcare Inspectorate Wales is the independent regulator of healthcare in Wales and its inspection activity therefore includes the service within which medical training takes place. Whilst HEIW is not accountable to HIW, given the clear interrelationship between service and training a link has been formulated. This link which is underpinned by a memorandum of understanding provides HEIW with a mechanism to share appropriate information in recognition of the need for a patient-centred approach to quality management.

Risk

Risk is concerned with unknown events that may impact upon the ability of an organisation to meet its objectives. The Institute of Risk Management defines risk as, 'the combination of the probability of an event and its consequences'. Within the context of managing the quality of postgraduate medical and dental education and training a risk is considered to be the extent to which there is or is likely to be a deviation from national standards.

Risk Management

HEIW utilises a risk based approach to managing training concerns. This enables us to prioritise our activity and assures that our quality activity is focussed where it is needed the most. Risks are identified where evidence sources indicate that a training post or programme may not be meeting national training standards and there is a risk to patient safety. Risks may be raised by anyone either inside or outside of the postgraduate medical and dental education and training community. Risk reports are produced to ensure transparency and these can be used as a tool for local quality control and ratings are regularly reviewed based upon evidence that has been obtained through monitoring. Risk reports are formally disseminated to training programme leads and Local Education Providers three times a year. The reports provide information on all of the areas of concern that are being monitored by the HEIW's Quality Unit at any given time and include a risk rating for each issue which is based upon the severity of the issues and the probability of it affecting the quality of training. Further information is available within the HEIW's Risk Management Process.

Quality Management Framework

- ### Routine Component
  HEIW undertakes annual commissioning visits to LEPs. This process facilitates a strategic discussion around the commissioning and de-commissioning of training posts as well as providing a mechanism to consider the educational environment. In addition, HEIW also has an Annual Training Programme Reporting Process which is based upon a self-assessment against the regulator standards. The process includes a feedback process in order to enhance the governance arrangements within training programmes.

- ### Responsive Component
  The responsive component of the quality management framework is the mechanism by which concerns around the quality of training are managed as and when they arise rather than waiting for routine processes.

Quality Assurance

Quality assurance is the principal activity which both quality management and quality control feed into. Quality assurance is process orientated and comprises all of the policies, standards, systems and processes which have been implemented to ensure confidence that outcomes will meet quality criteria. Within the context of postgraduate medical and dental education and training in the UK quality assurance activity is the responsibility of the relevant regulatory organisation.

The term quality management refers to the arrangements that an organisation utilises to ensure that postgraduate medical education and training are meeting national standards. The arrangements are usually conveyed in a quality management framework which provides an overview of all of the structures which have been implemented to enable an organisation to discharge its quality management responsibilities. Quality management is the responsibility of the HEIW.

Quality Control

Quality control activity is outcome focused and is therefore primarily concerned with the evaluation of whether or not the product meets a set of predefined criteria. Within the context of postgraduate medical education and training quality control is the responsibility of the Local Education Provider and Training Programme Leads to consider quality against national standards.

Commissioning Visits

Commissioning Process – 2018/19

Background

Health Education and Improvement Wales (HEIW) commissions circa 2,800 postgraduate medical and dental training posts per annum. The posts are allocated to the Local Education Providers across NHS Wales where applicable, for the clinical placement of postgraduate medical and dental trainees. This includes Foundation Years 1 and 2 into core and run through training, including GP trainees within both secondary care (for the first element of their curriculum) and GP training practices (for the second element). Dental Foundation and Core programmes are also commissioned, but via a separate process.

As the regulatory body for Postgraduate Medical Education and Training (PMET), the General Medical Council (GMC) expects its 'Principles for Commissioning' *(as stated in 'The Trainee Doctor – Foundation and specialty, including GP training, 2011)* to be adopted by any organisation responsible for the commissioning of foundation and specialty training, including GP training, in the UK. The commissioning organisation or 'Education Organiser' must:

1. have a commissioner, identified to the GMC, responsible for foundation and specialty including GP training;
2. have the quality of delivery of foundation and specialty including GP training as their prime priority;
3. have the authority to manage the quality of delivery of the training and to decommission a provider when the required standards are not met;
4. be accountable to the regulator for the quality management of the approved programmes in the GMC Quality Improvement Framework.

Overview

HEIW's 'Expectations Agreement' with Local Education Providers for the provision of postgraduate medical and dental education and training (PGMDE) forms the basis for commissioning, in conjunction with the annual financial allocations to LEPs. In setting out expectations of Local Education Providers this Agreement supports HEIW in discharging its responsibility for the quality management of postgraduate medical and dental education and training, its commissioning of education and training, and sets the context for Local Education Provider engagement with HEIW via regular and collaborative interaction.

The main remit of the Commissioning Process is:

- To undertake an annual review of activity in each Local Education Provider across Wales. The review considers compliance with the required national standards for medical education and training (as set out in the GMC's *'Promoting Excellence: Standards for medical education and training'; July 2015*) over the previous year. These standards place a greater emphasis on the characteristics of a good learning environment and culture as well as a need to align educational and clinical governance processes, and they apply to both undergraduate and postgraduate education and training.
- To check that organisations have been able to, and can continue to, deliver against the Expectations Agreement.
- To provide an opportunity to acknowledge and share good practice.

Key principles of the GMC's standards for medical education and training in relation to Commissioning include:

  - Patient safety runs through the standards and requirements and is inseparable from a good learning environment and culture that values and supports learners. The standards will make sure that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued.
  - Education and training should be a valued part of the culture, so that learners have a good experience and trainers are valued.
  - Postgraduate deaneries make sure that education and training takes place in an environment and culture that meets these standards through their quality management of, or agreements with, LEPs.
  - Postgraduate deaneries make sure that LEPs are meeting the requirements for delivering postgraduate curricula and assessments, and that training programmes and placements enable the doctor in training to gain the knowledge, skills and behaviour required by their curriculum.
  - LEPs, specifically the leadership at board level or equivalent, provide the learning environment and culture. They are accountable for how they use the resources they receive to support medical education and training.
- Postgraduate deaneries must have agreements with LEPs to provide education and training to meet GMC standards.

The Commissioning Model

The processes underpinning commissioning are continuous and ongoing but a Commissioning meeting is undertaken with each LEP on an annual basis.

October 2018	**Circulation of LEP Self-Reporting Templates** LEP self-reporting templates, which are mapped to the GMC's standards for education and training, are pre-populated with information known to HEIW and circulated to LEPs. The template is usually completed by the Assistant Medical Director (Education

	and Training) in conjunction with the LEP's Faculty Team and is signed off by the Medical Director. The template is designed to explore an LEP's ability to meet the standards for medical education and training and provide assurance of the suitability of the educational environment for any current and proposed training posts that are commissioned from the LEP. In addition, it enables demonstration of processes supporting compliance and areas of best practice in addition to challenges to compliance and areas of developmental need. The focus is on *educational governance as reflected in the educational processes and structures to support and deliver high quality training across the whole organisation rather than specific training quality issues.*

December 2018	**Return of LEP Self Reporting Templates** Completed LEP self-reporting templates are returned to HEIW and responses are reviewed to inform discussions at the Commissioning meeting.

January – March 2019	**Commissioning Meetings** A Commissioning meeting is held at each LEP. The meeting process comprises three parts: A one-to-one meeting between the Postgraduate Dean and the LEP Chief Executive *(approx. 30 mins)*: To provide an opportunity for the Postgraduate Dean to ensure that the Chief Executive is aware of any significant issues or developments in relation to education and training and to provide an opportunity to focus on sensitive issues that cannot necessarily be raised at the wider Commissioning meeting. A pre meeting of the HEIW Team *(approx. 30 mins):* To ensure that all HEIW team members are aware of the significant areas requiring discussion and to provide an opportunity for the Postgraduate Dean to brief members of the HEIW team on anything significant arising from the one-to-one meeting with the Chief Executive. The Commissioning meeting *(approx. 2 hours 30 mins)* The Commissioning meeting is between the senior LEP executive team (usually comprising the Chief Executive Officer, Medical Director, Director of Finance and Director of Workforce and Organisational Development along with the Assistant Medical Director (Education and Training)) and a HEIW team (usually comprising the Postgraduate Dean, Associate Dean for Quality, Director of Finance (or their representative), Quality and Postgraduate Education Support (PGES) Manager, Executive Officer (Quality and PGES), GP Associate Dean and a Lay Representative. This meeting comprises a strategic discussion around the commissioning (and de-commissioning) of training posts as well as providing a mechanism to consider the educational environment including LEP governance and support structures relating to management and provision of training. It considers the key areas of Educational Governance, Exception Reporting and Financial Accountability and is informed by evidence from a range of sources triangulated and managed through HEIW's quality management framework, the Faculty Team Appraisal process and LEP expenditure reporting.

Spring/ Summer 2019	**Commissioning Reports** Commissioning Reports are produced for, and circulated to, each LEP following a meeting. The reports capture discussion and detail issues raised, best practice identified and actions agreed throughout the Commissioning Process.

Summer 2019	**Evaluation**

	A review of the process is undertaken to inform planning of the model for the 2019/20 process.

For further information on the Commissioning process please email heiw.qa@wales.nhs.uk

Annual Review of Competence Progression (ARCP)

All doctors occupying the following positions are required to undertake an annual assessment (usually around May - July) of their progress (Annual Review of Competence Progression (ARCP)):

- Specialty Training Programme i.e. run-through (including part-time training)
- Core Training Programme
- One-year Core Training or FTSTA position
- LAT
- Combined academic/clinical programmes

This annual assessment is carried out by a small specialty-based panel (including a Lay Representative) It provides the trainee with an opportunity to provide comments on their training to date, as well as reviewing their progress/competences and identifying specific training needs.

Trainees will be provided with at least 6 weeks notification of their ARCP date and informed of the evidence required by the panel. Examples of evidence include:

- Workplace-based assessments
- Educational supervisors Structured Report
- Portfolio/Logbook
- Audit Reports
- Certificate of completion of the GMC survey

If you require further information on this process please visit the web site at:

https://www.walesdeanery.org/gp-trainees/arcp-panels

Recruitment

You may also be required to sit on interview panels for recruitment of trainees.

Interview last for a minimum of 30 minutes and the structure may vary depending upon the grade.

The interview panel's aim is to assess whether candidates meet the requirements of the person specification for the post and to make sure that only the best candidates are selected for this highly competitive process.

The interview panel will comprise a mix of individuals, examples include:

- Chair or Lay representative

- Royal College adviser or nominated deputy
- Training programme director or chair of the specialty training committee
- Consultant representation from the training programme
- A senior management representative
- Representation from human resources and or HEIW

A score sheet will be completed for each candidate and the total score given by all panel members will be the final score of the interview.

Pharmacy Boards

In pharmacy there are leads for each of 5 work streams: Pharmacy Workforce, Pharmacy Technicians, Pre-foundation Pharmacists, Foundation Pharmacists and Advanced Practice Pharmacists. Each Lead chairs a strategic group which shapes the work programme for that area of pharmacy practice and keeps the Pharmacy Dean and Medical Director informed through the HEIW Pharmacy Advisory Board. All pharmacy groups mentioned include lay representation so the voice of the citizen is present at every level. The groups put forward the priorities for education, training and development of the pharmacy workforce which will support citizens and health care professionals to get the best therapeutic outcomes from medicines to improve health in Wales.

Lay members are also recruited for quality assurance purposes to ensure that all pharmacy students are given a fair chance at the national selection centres for pre-registration trainee pharmacists that run in Cardiff annually.

The ‘purpose’ of each pharmacy workstream is listed below for information.

Name of Group	Purpose
Pharmacy Advisory Board	To provide a source of information and intelligence to HEIW (Pharmacy Dean) to inform the educational development and delivery, commissioning and planning of the pharmacy workforce in Wales.
Pharmacy Technician Workstream	To determine, develop and maintain an all Wales approach to pre and post registration quality assured training and development for all pharmacy technicians.
Undergraduate and Pre-Foundation	To develop and maintain a centralised multi-sectorial quality assured pre-foundation training programme that aligns to the initial education and training standards for pharmacists.
Foundation Programme	To provide a competency development programme that aligns to a UK recognised foundation-training framework for all new pharmacy registrants working within Wales
Advanced Practice	To determine advanced practice roles within Wales for the pharmacy team and develop appropriate development programmes for all pharmacy registrants.

Pharmacy Workforce	To provide strategic oversight of pharmacy workforce information and planning activity in Wales for a sustainable pharmacy workforce, integrated within multidisciplinary teams, delivering on public health and social care outcomes across all care settings.

Revalidation Quality Reviews

Purpose

The purpose of the Revalidation Quality Reviews is to enable discussions to take place between the key members of a designated body i.e. Responsible Officer and team, and a review team representing the Higher Level RO in Wales (Chief Medical Officer).
The discussions are to be focussed on gaining assurances regarding revalidation processes within the designated body and ultimately Wales as a whole.
Development of the process has been guided by the following **principles**:

- That the reviews must be **proportionate** and **manageable** for all involved parties
- The reviews are to be **supportive** and to **add value** for designated bodies
- Mechanisms will be put in place to **promote consistency** and to ensure the **sharing of best practice**

Key Objectives

The review process draws on a set of quality standards and criteria derived from a range of existing sources including: the *All Wales Appraisal Policy and Operating Standards*[1], the GMC's *Effective clinical governance for the medical profession* [2], *NHS Wales Peer Review Framework*[3] and QA visiting processes developed by NHS England. The review process will also inform and will be informed by the annual Revalidation Progress Reporting process.

The **aims** of the review process are:

- To enhance the level of assurance for the Higher Level Responsible Officer about revalidation processes
- To support the drive for continuous quality improvement by disseminating good practice, maintaining and improving standards of quality and performance
- To consider the consistency of processes across designated bodies in Wales both in terms of how information from appraisal and local governance processes is used, and the consistency with which thresholds for revalidation recommendations are applied
- To secure lay representation in QA of revalidation
- To explore opportunities for reciprocal QA of revalidation across the UK

Membership

The reviews are managed by the Revalidation Support Unit (RSU) on behalf of the Higher Level RO in Wales.

The review team, which will have a quorum of 4 members, is likely to include the following representation:

- RSU
- Lay Representative

- Responsible Officer/Assistant Medical Director from a different designated body
- Revalidation Manager from a different designated body

Appropriate external representation will attend when reviewing HEIW to minimise any potential conflict of interest.

Representatives from the designated body to participate in the review are likely to include, but are not limited to:

- Chief Executive (to attend the feedback session at the end of the day as a minimum)
- Responsible Officer
- Revalidation Team including a governance representative
- HR/Medical Workforce Representative
- Appraisal Co-ordinators/Appraisal Leads
- Appraisers and Doctors

Attendance by designated body members will be noted in the review report to be sent to the Higher Level RO and the Employer Liaison Adviser at GMC Wales. If there is insufficient representation available then a further re-visit may need to be undertaken.

Process

The designated body to be reviewed will be given a minimum of two months' notice and the date will be mutually arranged between the designated body and RSU. A pre review information briefing will be sent to each designated body ahead of a review outlining responsibilities and information required prior to the review.

The designated body will be provided with question areas prior to the review which will highlight areas of interest to the review team and enable preparation of responses.

All discussions between the review team and the designated body will be treated confidentially and not discussed further outside the group except with the express permission of the group. Agreement will be sought for sharing of examples of good practice.

Each designated body will be reviewed a minimum of once every 2 years.

Outcome

The review team will provide feedback in two ways, the designated bodies will be given initial feedback from the team in a wrap up session at the end of the visit. Following this a focussed report will be produced outlining the highlights of the review, examples of good practice and any future recommended actions.

The designated body will get the opportunity to view the report and make further comments before the report is provided to the Higher Level RO and the Employer Liaison Adviser at GMC Wales. It is expected that any follow up action required by the designated body will be assessed via appropriate reporting within the next Revalidation Progress Report return or a separate follow up may be arranged as appropriate. The designated body should share the review report and any associated action plan with their Executive Board.

Significant concerns will be escalated to the Higher Level RO.

All Wales themes will be reported on to the WRDB and RAIG.

It remains the responsibility of individual designated bodies and Responsible Officers to ensure they maintain compliance with the RO Regulations and the requirements of revalidation as set out by the GMC.

The table outlines possible outcomes from a review and the associated further actions.

Outcome Description	**Action/s**
• Few core standards met • Little or no commitment to improve	Obtain action plan Revisit within 6 months Escalate immediately to Higher Level RO for further action
• Few core standards met • Plans in place to achieve improvement	Obtain action plan Revisit within 12 months Escalate immediately to Higher Level RO for consideration
• Most core standards met • Some quality assurance in place	Obtain action plan Review next RPR return, revisit if necessary
• Most core standards met • Quality assurance in all areas	Obtain action plan Review next RPR return, request further detail if necessary
• All core standards met • Quality assurance in all areas and some quality improvement	Obtain action plan No revisit Share good practice
• All core standards met • Committed to continuous improvement • Significant areas of good practice	Obtain action plan No revisit Share good practice