



Pharmaceutical Medicine Deanery Quality Management Process

Version 1.0 April 2022

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Introduction

The Pharmaceutical Medicine Deanery ('the Deanery') is responsible for managing the quality of the Pharmaceutical Medicine Specialty Training (PMST) programme to make sure that it and the local education providers (LEPs), which are approved by the General Medical Council (GMC) to deliver the PMST programme, are meeting the standards and requirements in the GMC's 'Promoting excellence: standards for medical education and training'¹.

The purpose of this document is to describe how the Deanery:

- i) quality manages the PMST programme and
- ii) responds to concerns or issues raised by trainees, Educational Supervisors (ESs), Associate Educational Supervisors (AESs) and the Specialty Advisers (SAs) about the delivery of the PMST programme.

¹ <http://www.gmc-uk.org/education/standards.asp>

Quality managing the PMST programme

We will measure the performance of the programme and that of the LEPs against the GMC's 'Promoting excellence: standards for medical education and training' and Health Education England's (HEE) quality framework².

We will use the following sources of information and data to support our quality management activities:

- GMC/Conference of Postgraduate Medical Deans of the UK (COPMeD) national training survey
- GMC ARCP progression data reports
- GMC examinations data reports
- LEP's annual self-assessment
- Specialty Advisers' (SAs') LEP assessment forms
- ARCP feedback from lay representatives and trainees

We will triangulate these sources of information and data to identify:

- i) areas of our performance that can be improved to support trainees, ESs and AESs
- ii) LEPs that might need our support to improve their delivery of the PMST programme and
- iii) areas of good practice at LEPs that can be shared with key groups.

We will use our risk assessment matrix to decide the right action to take. We will make sure that any action we take is appropriate, realistic and achievable.

² <https://www.hee.nhs.uk/our-work/quality>

Our quality management timetable

We will carry out an annual cycle of quality management activities. We will receive and analyse information and data from several sources and use them to: 1) investigate issues of concern relating to the delivery of the PMST programme, 2) find areas of our performance that we can improve, 3) work with LEPs to help them support their trainees, ESs and AESs and 4) identify areas of good practice that can be shared with key groups.

Below is a timetable of our main annual quality management activities.

Jan - Jun	GMC national training survey (NTS) goes live and makes ARCP data reports available to the public. ³	Pharmaceutical Medicine Deanery (PMD) sends: 1) LEP annual assessment forms to Specialty Advisers (SAs) 2) annual self-assessment forms to LEPs.
Jun - Jul	GMC NTS closes.	- Deadline for LEPs to send in annual self-assessment forms and the SAs to send in their LEP annual reports - Specialty Training Manager (STM) analyses self-assessment forms and SAs' LEP annual reports and sends findings to the Deanery Executive Group (DEG).
Jul - Aug	GMC makes NTS reports available to the public.	- STM compiles survey results and ARCP data for pharmaceutical medicine from GMC's online reporting tool; prepares reports to DEG. - DEG analyses NTS results and ARCP progression data and triangulates it with information from the LEP self-assessment forms and SAs' annual LEP assessment forms. - DEG writes to LEPs that received results in the NTS that were below the national average. The SAs might have to conduct site visits to these LEPs. - Information is shared with SAs, Specialist Advisory Committee (SAC) and FPM's Education and Standards Committee and Trainees' Committee. - PMD updates GMC on any investigations on the Dean's Report (DR).
Aug - Nov	HEE local offices and deaneries send in ARCP progression data to the GMC.	- DEG updates SAC on investigations. - SAC discusses NTS results and ARCP progression data to find any trends and agree actions. - PMD updates DR if needed.

³ Based on earlier GMC schedules, but might vary each year.

Risk assessment and intervention

We will use the risk matrix detailed below when we analyse data and information. The matrix will support our quality management activities by determining the level of risk to the quality and delivery of the PMST programme and how we will respond.

Legend
Green
Green/Amber
Amber
Amber/Red
Red

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

Score	Likelihood	Impact
1	Very unlikely Rare - Will probably never happen - Could only imagine it happening in rare circumstances	Negligible - No impact on trainees' progression - No impact on ES's or AES's ability to perform role - No impact on LEP's delivery of curriculum - No unmet GMC standards
2	Unlikely - Do not expect it to happen - It is possible that it may occur	Minor - Minimal impact on trainees' progression - Minimal impact on ES's or AES's ability to perform role - Minimal impact on LEP's delivery of curriculum - A couple of GMC standards have not been met
3	Possible - Might occur - Could happen occasionally	Moderate - Moderate impact on trainees' progression Moderate impact on ES's or AES's ability to perform role - Moderate impact on LEP's ability to deliver the requirements of the curriculum - A few GMC standards have not been met

Score	Likelihood	Impact
4	Likely - Will probably happen in most circumstances - Not a continuing occurrence	Major - Major impact on trainees' progression - Major impact on ES's and AES's ability to perform role - Major impact on LEP's ability to deliver the requirements of the curriculum - Several GMC standards have not been met
5	Almost certain - Expected to happen - Likely to occur in most circumstances	Significant - Trainees cannot progress - ES or AES cannot perform role - LEP cannot deliver the requirements of the curriculum - None of the GMC's standards have been met

After we determine the level of risk using the matrix above, we will consider the appropriate level of intervention necessary to remove the risk. The table below includes examples of the types of intervention we could take in line with the assessed level of risk.

For example, if we assess that the level of risk to a trainee's progress towards completing the PMST programme is amber, we might decide that the appropriate response to remove that risk 'medium' and we might instruct the SA for the LEP where the trainee is based to visit the trainee to discuss their programme of training and propose solutions to help them.

Intervention		
Level of risk	Level of intervention	Examples of potential Deanery responses
Red	High	- Deanery visit. - Application to GMC to withdraw approval.
Amber; Amber/Red	Medium	- Paper-based review. - SA visit to investigate.
Green/Amber	Low	- No action, but monitor.
Green	None needed	- No action or monitoring needed.

Quality managing local education providers

Local education providers (LEPs) have a key role in supporting trainees to complete the PMST programme successfully and to make sure ESs and AESs have the time to perform and to keep up to date in their roles.

LEPs can achieve this by:

- ensuring that their trainees are provided with a trained and approved ES or AES;
- that their trainees have access within the organisation to gain the high-level outcomes (i.e. capabilities in practice) of the PMST curriculum;
- funding trainees to learn;
- providing their trainees with adequate study leave; and
- supporting their trainees' work/life balance.

LEPs can support their ESs and AESs by:

- including the roles in their job plan;
- giving them opportunities to supervise trainees or give them time to take part in FPM and Deanery activities such as contributing to the develop of the PMST curriculum, sitting on Annual Review of Competence Progression (ARCP) panels or joining education or training committees for example.

The Deanery will make sure that LEPs fulfil their responsibilities by:

- requesting the LEP complete and return an annual self-assessment form on how they are meeting the requirements and standards in 'Promoting excellence: standards for medical education and training' and the HEE quality framework;
- SAs visiting their LEPs periodically to meet with the trainees, ESs and AESs to discuss the support they are receiving from their LEP and to complete an LEP annual assessment; and
- reviewing the results from the GMC's national training survey for trainees and trainers and writing to LEPs that have received results that are under the national average.

LEP self-assessment

An LEP will self-assess their performance against the following four domains of HEE's quality improvement framework (which are the same as the four themes in the GMC's 'Promoting excellence: standards for medical education and training') annually:

1. Learning environment and culture
2. Educational governance and leadership
3. Supporting and empowering doctors in training
4. Supporting and empowering ESs and AESs

We will triangulate the information from the LEP's self-assessment with other sources of information and data, such as the SA's annual assessment of the LEP, to decide whether an LEP needs our support to meet the GMC's standards and requirements for medical education and training.

We will share our analysis with the LEP and their SA. We might take the following action because of our analysis:

1. Take no action because the LEP is meeting the GMC's standards.
2. Recommend the LEP address standards that they responded with a "No".
3. Consider a deanery visit if there are concerns the LEP is not meeting the standards.

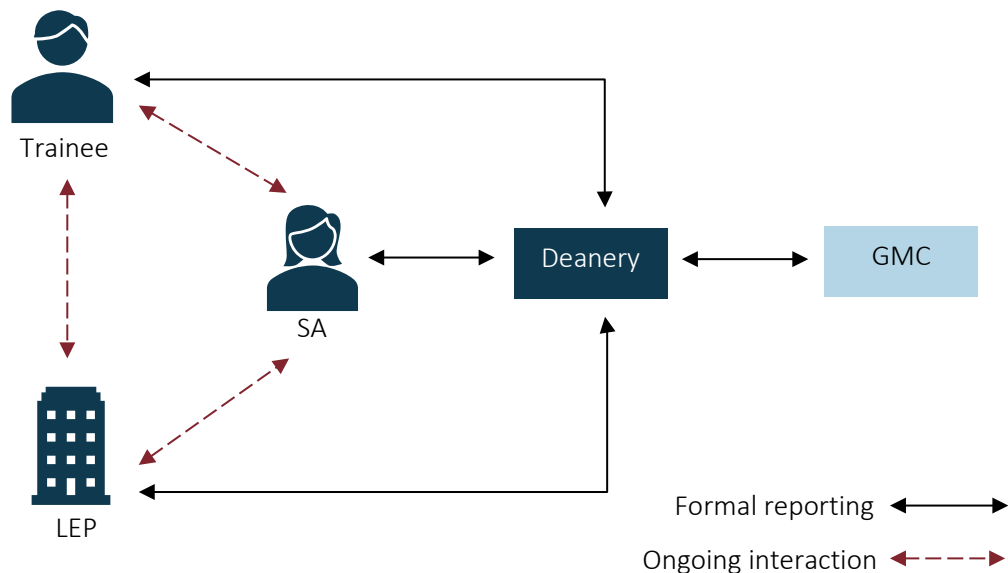
We will report all our LEP investigations to the GMC via GMC Connect. The GMC may make the contents of these reports publicly available on its website.

Specialty Adviser's LEP assessment form

The Specialty Adviser (SA) plays a vital role in the Deanery's management of the quality of the PMST programme.

The SA oversees the delivery of the PMST programme within a LEP and across several LEPs on behalf of the Deanery. The SA performs their role in collaboration with the LEP and its trainees and trainers and will be their first point of contact for advice and guidance on training-related matters at the LEP. It might be necessary for the SA to investigate a LEP's delivery of the PMST programme if the Deanery identifies issues about training at the LEP following its analysis of quality data.

The SA will provide important local intelligence to the Deanery on the delivery of the PMST programme through periodic meetings with the relevant personnel at the LEP, its trainees and trainers. This information will be reported in a structured LEP assessment form, which the SA will complete on an annual basis. The information recorded in the assessment form will complement the other sources of information and data that the Deanery will collect and analyse.



Some of the SA's functions include:

- assess the suitability of a pharmaceutical organisation to be approved by the GMC as a LEP
- advise and support the LEP and its trainees and trainers
- sit on ARCP panels.

Deanery review process

An LEP should make every effort to resolve concerns and issues at a local level, however there may be occasions when the Deanery must intervene to ensure: 1) patient safety is not at risk, 2) trainees are able to complete their programme of training and 3) ESs and AESs are given the support they need to perform their roles. In this section we describe our deanery visit process.

The Deanery's review process has two levels:

Level 1: paper-based review

Level 2: deanery visit

Level 1: Paper-based review

The Deanery Executive Group (DEG) will review information and data from several sources such as the LEP's annual self-assessment form, the results of the GMC's national training survey, ARCP progression data and any other information about the delivery of the PMST programme at the LEP.

If the DEG finds concerns or issues about the delivery of the PMST programme at an LEP, it will write to the LEP to comment; the DEG might also ask the LEP to send documentary evidence. The DEG will copy the SA for the LEP into the correspondence so that she or he is aware of the matter. On receipt of the LEP's response and documentary evidence, the DEG will consider whether the matter can be resolved locally.

If the DEG decides that the matter can be resolved locally, the Postgraduate Dean will write to the LEP and ask it to send the Deanery an action plan within 28 days. The LEP will need to update the Postgraduate Dean on its progress with completing the action plan. The DEG will review the action plan according to the timelines set out in the plan. The Postgraduate Dean will report the action plan in the Dean's Report (DR) to the GMC.

If the DEG decides that local resolution is not possible after reviewing the documentation, then it will move to level 2 and arrange a deanery visit to the LEP.

Level 2: Deanery visit

Stage one

The Deanery will write to SA for the LEP's point of contact (PoC), e.g. ES, medical director, general manager, or human resources, to tell them that it will be visiting the site. A deanery visit will normally take place within three months of the date of the Deanery's letter, but a visit may occur at the Deanery's request or more immediate if necessary.

The Deanery, in consultation with the SA and LEP, arranges a date for the visit.

The Deanery will give the LEP lists of documents and personnel that it will need before the visit.

The Deanery will check with the LEP that the list of trainees, ESs and AESs at the site is up to date.

The Deanery will produce a draft agenda for the visit, which is sent to the SA and the LEP. A more detailed agenda will be produced in liaison with the LEP and circulated nearer the date of the visit. The agenda will include timings and the members of the visit team. The visit team will be selected based on the issues being investigated.

The LEP will send the requested documents to the Deanery at least three weeks before the visit. The Deanery will send the documents to the visit team two weeks before the visit.

The visit team read documents, liaising with each other, when appropriate. The Deanery will decide who will be the visit team leader.

The visit team, consisting of at least two members, visit the LEP and meet the LEP personnel and trainees (if necessary).

Stage two – After the visit

The visit team will meet with the LEP personnel and feedback their findings.

A member of the visit team will write the final report after the visit. The report will include the visit team's findings.

The final report will be signed by a member of the visit team and sent to the Deanery no later than 14 days after the date of the visit. A copy of the final report will be sent to the LEP. The LEP should distribute copies of the final report to the LEP personnel.

The LEP must send a SMART⁴ action plan within 28 days from the date that the Deanery sends the final report to the LEP.

The Postgraduate Dean will report the visit and the action plan in his or her Dean's Report (DR), which is sent to the GMC and may be available to the public on its website.

Stage three – action plan

The LEP must send a SMART action plan arising from the visit within 28 days of the date that the Deanery sent the visit team's final report. The DEG will review the LEP's action plan and make comments, but the DEG's approval is not needed. If the LEP needs an extension of time to complete the action plan, then it must write to the Postgraduate Dean within 10 working days from the date that the Deanery sent the visit team's final report. If the Postgraduate Dean agrees to extend the completion date, she or her will normally extend the completion date by no more than 28 days.

⁴ Specific, Measurable, Achievable, Relevant, Time-bound.

The DEG will check the LEP's progress in completing its action plan. The Postgraduate Dean will report complete and incomplete actions in the DR to the GMC.

Reconsideration of visit team's findings

An LEP can ask the visit team to reconsider its findings. The LEP must send a written request to the visit team leader within 10 working days of the visit. The LEP must state the reason or reasons why they would like the visit team to reconsider its findings. The LEP can send more documentation to support its written request. The visit team will not meet with the LEP. The visit team will review the other documentation together with its report and decide whether to change its findings. If the visit team decides not to change its findings, then the original finding will stand and the matter is closed. There is no right of appeal.

Composition of deanery visit team

The visit team should be formed of at least two members from the following list; at least one from Block A and one from Block B:

Block A

- Postgraduate Dean
- SAC Chair
- Director of Education and Training
- One of the above from another specialty or deanery/Health Education England (HEE) local office

Block B

- SAC member
- SA (not associated with the LEP)
- Trainees' Committee Chair or member (not associated with the LEP)
- Lay representative
- Representative from another specialty or deanery/HEE local office

Outcomes of a deanery review

The outcomes of a deanery review are as follows:

Level	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Level 1: Paper-based review	No action required; investigation closed	Local resolution; request LEP submit an action plan	Upgrade to level 2, a deanery visit	Request GMC withdraw its approval of LEP as a training site
Level 2: Deanery visit	No action; investigation closed	Request action plan; monitor until actions completed	-	Request GMC withdraw its approval of LEP as a training site

Withdrawal of approval as an LEP

The Deanery will ask the GMC to withdraw its approval of an LEP status as a training site if its conduct could lead to or has led to serious risks to patient safety, it is incapable of delivering the PMST curriculum or it is incapable of meeting the GMC's standards and requirements in 'Promoting excellence: standards for medical education and training'.

We will consider all relevant information and data before we make a recommendation to the SAC to approve an application from the Deanery to the GMC to withdraw its approval of the LEP's status as a training site for the PMST programme. This action does not affect the Deanery's ability to ask the GMC to withdraw its approval of an LEP for administrative reasons, e.g. the LEP has closed.

Quality managing the ARCP process

We conduct the Annual Review of Competence Progression (ARCP) by following the requirements set out in 'A Reference Guide for Postgraduate Specialty Training in the UK'⁵ ('the Gold Guide').

Lay representatives

Our ARCP decisions are audited by a lay representative whose role is to make sure the ARCP panel's decisions are consistent and that they are following the requirements of the Gold Guide. The lay representatives complete evaluation forms for each ARCP session, which is sent to the Postgraduate Dean for the Pharmaceutical Medicine Deanery.

GMC ARCP progression data reports

We analyse the GMC's annual ARCP progression data reports, which provides reports on unsatisfactory outcomes. These data are considered by the Deanery Executive Group (DEG) and the Pharmaceutical Medicine Specialist Advisory Committee (SAC).

Trainees' feedback

We will invite trainees to provide feedback on their ARCP experience. The information will help us make sure that trainees understand the ARCP process and that ARCP panels' decision-making is consistent.

⁵ <https://www.copmed.org.uk/gold-guide-8th-edition/>

How we use data from the GMC national training survey

We will use the trainees' and Educational Supervisors' feedback from the GMC's national training survey to support our quality management of LEPs and to improve our support of trainees, Educational Supervisors and Associate Educational Supervisors.

We will review the GMC's national training survey reports especially its outlier reports. We will contact LEPs that have been flagged as a red or pink outlier in one or more of the nine indicators in the trainees' survey or 11 indicators in the trainers' survey.

We will investigate an LEP if we decide that the quality of training or the LEP's support for its Educational Supervisors and Associate Educational Supervisors is at risk.

We will report our investigations to the GMC via GMC Connect. The GMC might make the contents of the report publicly available on its website.

We will also make sure that we are providing trainees, Educational Supervisors and Associate Educational Supervisor will the right level of support.