

Quality Management of Postgraduate Medical Education and Training in Scotland : Consultation Questions

This document is intended to focus responses on key areas of the framework document.

Respondent Details	
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1. Introduction 2. Background : Drivers for Change 3. Legacy Quality Assurance Arrangements	These sections of the document provide background context, and as such no response is required.
4. PMETB Quality Framework 5. PMETB Standards and Principles	The PMETB Quality Framework, Standards and Principles are key drivers for Quality Management and Control, but are not the subject of consultation by NES.
6. NES Educational Governance Arrangements	These internal NES arrangements are not the subject of this consultation.
7. Medical ACT Performance Management Framework	
What opportunities exist	
8. NES Medical Quality Management Framework	
Overview (p30). Do you have any comments on the overall approach?	RCPE is supportive of the overall approach to the proposed framework and welcomes the clear referencing to working in partnership with the Royal Colleges and others. However, the length and complexity of the document itself sometimes mitigates against a clear understanding of how the framework will operate in practice. This is partly due to the need to cross reference to the document on educational governance arrangements. When both documents are finalised, some rationalisation would be helpful.
Medical quality management group (p34). Is the composition and remit of this group appropriate?	The remit is appropriate. The membership is generally appropriate but, with only 2 Academy nominations, it may be difficult to ensure adequate input and representation across the breadth of

	<p>specialties. While clearly not all can be represented directly, for such a key group, it is essential to ensure the right balance of individuals and experience, as well as an appropriate number of members. The other way to ensure appropriate specialty input to the QMG will be to establish strong links with the Specialty Training Boards, which will also have the benefit of supporting the role of the Boards themselves in QM.</p>
<p>Deanery quality management groups (p35). Is the composition and remit of these groups appropriate ?</p>	<p>The remit is appropriate. As with the national QMG, the challenge will be to achieve adequate specialty input. Specific College representation would be one option. However, as long as the College role in appointing Training Programme Directors (as specified under the NES arrangements for educational governance) is implemented, College input to the QMGs can be covered by the Specialty Training Committee chair, or by selected TPDs.</p>
<p>Medical Royal Colleges (p38). Have we identified the correct areas in which College input / externality is required ?</p>	<p>Yes. RCPE is strongly committed to supporting both the principle and the process of externality.</p>
<p>Medical Royal Colleges (p39). What are your views on the routes through which College externality should be provided in each of these areas ?</p>	<p>The general principle of the three levels of input is appropriate. There are particular challenges with Core Medical Training given the number and size of programmes. It may be that an element of devolution to RCPE and RCPSG, rather than via the SAC at UK level, will be required (as in the past with inspection of SHO posts). This will be discussed further with NES and JRCPTB</p>
<p>NHS Service (p42). Do you have any comments on the overall responsibilities of the service (quality control, annual reporting)?</p>	<p>No particular comments - these seem appropriate.</p>
<p>Directors of Medical Education (p42). Do you have any views on the role of DMEs ?</p>	<p>No particular comments, but see 9 below.</p>
<p>9. NES Medical Quality Management Infrastructure</p>	
<p>Specialty Training Boards (p44). The STBs continue to have a key role in workforce, selection and recruitment. As they evolve, should they have a role in quality management, and if so, what should this role be ?</p>	<p>To achieve an integrated approach to Quality Management and, importantly, to foster good practice and quality improvement, it is essential for all components of the infrastructure to have defined, but complementary roles. This needs further development but we would suggest, in outline, that the Specialty Boards should receive all annual reports and visit reports on their specialties from the Deaneries for comment and feedback via the Deanery to the TPDs and STCs. The STCs and TPDs should then have responsibility for</p>

	responding to and addressing any problems in collaboration with the Directors of Medical Education at NHS Board level
Training Programme Directors (p45). The responsibilities of these key individuals are set out in the UK and Scottish Governance Documents. What should be their role in Quality Management ?	See response to Specialty Boards question above.
The Educational Environment (p49). Have we identified the key areas of the educational environment on which information is required to be provided?	Yes
Specialty Training Committees (p53). Should these committees have a role in QM ? If so, what ?	See response to Specialty Boards question above.
Foundation Programmes (p54). In what ways should these arrangements be modified for foundation programmes ?	
Joint Deanery/College visiting (p56). Do you have any comments on the proposed arrangements for this process ?	RCPE is supportive of the principles and purposes of visiting as outlined. In terms of process, there will need to be further development of the operational details, and, given their past experience of visiting, the Colleges are well placed to contribute. In terms of the visit teams (para 9.64 d), given that it is made clear elsewhere in the document that visits are undertaken with Colleges, it should also be made clear here that external "Specialty Representation" means College representation.
10. Annexes	
PMETB Generic Standards (p70). Do you have any views on the appropriate evidence to demonstrate compliance?	Seems appropriate and comprehensive.
PMETB /GMC Foundation Standards (p100). Do you have any views on the appropriate evidence to demonstrate compliance?	
PMETB Standards for trainers (p141). Do you have any views on the appropriate evidence to demonstrate compliance?	Seems appropriate and comprehensive.

<p>PMETB Principles for Deaneries (p146). Do you have any views on the appropriate evidence to demonstrate compliance?</p>	<p>Seems appropriate and comprehensive.</p>
<p>Annual Reports (p165). Do you have any comments on the proposed annual reports from training programmes or local providers ?</p>	<p>No particular comments.</p>
<p>NES Trainee Questionnaire (p194). Is such a questionnaire required? Are the questions proposed appropriate?</p>	<p>The College would agree that there is probably a place for such a questionnaire, particularly to inform and support Deanery/College visiting and to provide triangulation with the PMETB survey. The questions are appropriate. However, the intermixing of questions on clinical supervision and educational supervision is slightly confusing - we would suggest grouping them as two distinct sets of questions.</p>
<p>Do you have any other comments :</p>	