|  |  |  |
| --- | --- | --- |
| **1****QM-QI through action plan, without need for re-visit** | **2****QM-QI through action plan PLUS re-visit** | **3****QM-QI through action plan PLUS escalation to enhanced monitoring** **[Policy for escalation in the Enhanced Monitoring policy MUST be followed]** |
| **All of the following must apply:**1. If not all, most requirements for meeting GMC standards are being met.
2. Culture around PGMET including engagement of local trainers and education leads such as the DME, suggest commitment to address remaining concerns. Also – the training environment is ‘supportive’
3. Doctors in training are working within their competence and confidence, and that ‘clinical supervision’ is robust at all times.
4. The post enables them to meet curricular requirements and progress acquisition of competencies, that is, scores at least ‘reasonably well’ for ‘adequate experience’.
5. ‘Overall satisfaction’ with training is at least ‘satisfactory’ (this may be reflected in scores of >5/10, if scoring is used) for all cohorts of trainees.
 | 1. **If any of the criteria listed in column 1 (1a – 1e, inclusive) is NOT being met.**

OR **if any of the following are substantiated at a QM-QI visit:**1. Persisting issues such as GMC National Trainee Survey 'triple reds' or 'quadruple reds' linked to any GMC NTS indicator.
2. Recurrence of red flags for indicators indicating that improvements have not been sustained, substantiated at visit.
3. Further deterioration in indicators of quality of training.
4. Any circumstance where doctors in training are exposed to risk: for example - undermining or concerns about safety of the training environment (for doctors in training and for their patients).
 | 1. Existence of significant concerns (column 2) about training or about the training environment **despite Deanery QM processes.**

AND1. Where the local context or circumstances suggest that resolution is unlikely without escalation to enhanced monitoring.

OR1. Where there has been an external scrutiny process eg by HIS or by a College that either explicitly highlights significant concerns about the training environment, or that in the context of known Deanery QM data or information suggests that there are likely to be significant implications for the training environment.
 |
| **Notes regarding feedback at the end of a visit:*** Where clear-cut, the need for a re-visit can be shared during the feedback session at the end of a visit.
* Where less so, but the possibility of a re-visit exists, it is appropriate to indicate that the need for a re-visit will be determined when the report has been written, and if a revisit is deemed to be necessary, this will be reflected in the report. It is appropriate to seek the advice of the LDD for the sQMG.
* If some issues have been identified during a visit, but these are not perceived to necessitate a re-visit, this can be shared at the feedback session.
 |