

**Scotland Deanery Policy on Enhanced Monitoring**

**Authors**

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**When enhanced monitoring should be considered**

An issue can be escalated to enhanced monitoring as a result of recommendation from the Deanery or because of the GMC’s own evidence.

Escalation to enhanced monitoring by the Deanery should be considered in response to issues falling into at least one the following scenarios:

* Persistent and/or serious patient safety concerns
* Persistent and/or serious concerns for the safety or well-being of doctors in training
* Evidence indicates that the quality of the training environment is seriously and/or persistently below GMC standards
* Concerns with persistent and serious risks to the safety of patient and/or doctors in training

At least one of two additional factors must also apply:

* Local quality management processes alone are insufficient to address the issue
* Safety concerns are so serious as to warrant enhanced monitoring, irrespective of local actions

**How to escalate to enhanced monitoring**

* The LDD of the sQMG that determined that the issue has met the above criteria should discuss potential escalation with the GMC’s QA programme manager for Scotland (Robin Benstead). The following information will facilitate the discussion:
* Date the issue was identified
* The Health Board and the site
* The curriculum/specialty affected
* The group/s of doctors affected (e.g. Foundation, Core, GPST and/or Higher)
* Whether there are both medical students and doctors in training in the department
* Contextual information about the issue including: how it was identified, actions taken hitherto – with dates / timelines and outcomes, why escalation is necessary
* Which specific requirements listed within the GMC standards are not being met and that need to be addressed through enhanced monitoring
* The GMC will process the request, subjecting it to a ‘risk rating’ process and review by an internal committee. The GMC will advise us of the outcome within 10 days. The GMC will confirm next steps and when they will expect updates.
* After confirming escalation to enhanced monitoring, the GMC may request further information to plug any gaps in their record, and will ask for key contact details eg of the Medical Director, Director of Medical Education and Chair of the Health Board concerned. The GMC will then write to the Health Board (copying in the NES Medical Director and the regional Postgraduate Dean) to confirm the issue has been escalated to enhanced monitoring.
* Escalation to enhanced monitoring needs to be documented in the Online Dean’s Report (ODR) by the QIM of the sQMG taking ownership. If the item is already on the ODR with an existing QA code the entry should be updated to reflect escalation to enhanced monitoring. If this is a new item it should be entered on the ODR and a unique code will be assigned later.
* The GMC will expect us to confirm our intentions around action planning, monitoring and visit scheduling. This will enable the GMC to determine the support they can provide. The GMC will also discuss their expectations around the timing of updates on the ODR (updates on enhanced monitoring concerns are expected after any significant local quality management activity). If the GMC has agreed with us that we will share a specific piece of information (e.g. action plan update), this would usually be expected within 5 working days of the Deanery receiving it. The maximum interval between updates is 6 months but for higher risk cases the GMC will expect updates more frequently.
* **The need to remove doctors in training, having identified the need for enhanced monitoring.** It may be necessary for the Dean (LDD) to remove doctors in training from training environments that are subject to, or will be subject to enhanced monitoring, in some circumstances eg concerns around safety of patient care or of doctors in training within a training environment because of lack of robust arrangements around clinical supervision. **The GMC’s processes can be tardy and inflexible, and the GMC expects LDDs to take swift action to remove trainees from situations of immediate risk where necessary, and placing them in alternative and more suitable training environments.** The LDD must let the GMC know this, along with plans for remediation and monitoring if there is an expectation that doctors in training will be sent to this LEP in future, after resolution of the concerns. The case will stay on enhanced monitoring in the meantime. The LDD must also inform the GMC if and when training is to be re-instated at a LEP, and must provide the evidence that was used to make the decision.

**Responsibility for managing enhanced monitoring cases**

Issues subject to enhanced monitoring remain the responsibility of the Deanery given our responsibility for the quality management and safety of medical education and training. The Deanery will plan and manage actions to drive improvement so the GMC’s standards are met, but we do so with additional support and oversight from the GMC.

**The process for managing cases that have been escalated to enhanced monitoring**

* The QIM/s of the sQMG responsible for managing this enhanced monitoring case will manage visits according to our visit SoP. LDD of the sQMG will usually act as the visit Chair or Lead. The GMC may provide a GMC staff member and an Enhanced Monitoring Associate to support the visits, depending on the GMC’s risk rating of the case. It is no longer a mandatory part of the process that the GMC will provide personnel to support all visits, and discussion should clarify the GMC’s and our expectations of their involvement. When GMC personnel are involved they should be invited to take part in the PVTC as well as the visit itself and should participate as full members of the visit team. It is not essential that the GMC is represented on visits whose purpose is to confirm that a case can be closed. The conduct of visits under enhanced monitoring will conform to our usual processes including those relating to the generation and publication of the report. Final reports will be shared, as usual with panel members, but also with the GMC whether or not they have been represented on the visit itself.
* **Updating GMC website content**. Publication of cases and updates on the GMC’s website (<https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/enhanced-monitoring>). The GMC will publish enhanced monitoring cases, and updates on progress, quarterly. All enhanced monitoring cases will be published unless there is a reason they should not e.g. if by publishing individuals are identified or if confidential information would be put into the public domain. Prior to publication the LDD will be contacted by the GMC to make sure the information for website publication is accurate and up to date.
* **Monthly updates around enhanced monitoring cases to Scottish Government.** A Quality Workstream lead provides a monthly update (for the first Friday of every month) on the status of all Scotland’s enhanced monitoring cases. To facilitate this task each sQMG, through its QIM/s must update the log of our cases that is held on Sharepoint after any activity (visits, issuing of visit reports, action plans being agreed, and when the dates of further visits have been agreed)

QIMs should also ensure that copies of the visit report, action plan, full response report and the sQMGs assessment of updates are embedded in the EM log. This will ensure easy access for workstream leads in the case of any Scottish Government or media enquiries.

QIMs should also add a note to the second tab of the EM log to indicate cases where escalation to EM is likely. This would be where a revisit had taken place and a site/ programme were advised that escalation was being considered. These cases should then either progress onto the EM log following escalation or should include an explanation as to why escalation was not ultimately deemed necessary.

**Enhanced monitoring – possible outcomes**

**A. What happens if, despite enhanced monitoring, the quality of the training environment does not improve?**

1. **GMC can invoke its statutory powers by either a) setting conditions on approval**

**or by b) withdrawing approval.**

When Deanery processes plus enhanced monitoring fail to address serious concerns, the GMC may decide to use its legal powers to place conditions on the approval of postgraduate training posts. The GMC may attach conditions to any approval that it has already given. If it becomes clear that it is unlikely the conditions will be met, the GMC may decide to withdraw its approval.

The GMC’s conditions fall into 2 categories: **supportive conditions and prescriptive conditions. Supportive conditions** reinforce the GMC’s standards, without changing how a programme is delivered. **Prescriptive conditions** outline more specifically what must be put in place to ensure our standards are met. These conditions usually require change/action in order to be met. The GMC’s QA programme manager for Scotland will liaise with the LDD for the sQMG that is managing the enhanced monitoring case to agree the wording of any conditions that are set. The wording will a) reflect the current understanding of what issues still require to be resolved and b) will be consistent with the wording of the requirements used within the GMCs’ standards document.

If the GMC pursues setting conditions, a consultation will occur with all interested parties before a decision is made and any further action is taken. Such parties could include the LEP, NES / Deanery, other healthcare regulators, doctors in training, and potentially patients and the public. The consultation period may be adjusted depending on the urgency with which the issues need to be addressed

**2. Removal of trainees**.

Where conditions fail to address the serious concerns the GMC may consider that removal of trainees is necessary to ensure patient safety. Where the GMC considers this may be appropriate they would discuss this with the LDD and plan an approach to remove approval safely.

The GMC can withdraw GMC approval solely at the level at which they approve- which is at

programme level. This means that they must withdraw approval from an entire programme at an organisation rather than a specific cohort of trainees from a department or a training site.

If the GMC pursues withdrawal of approval, a consultation will occur with all interested parties before a decision is made and any further action is taken. Such parties could include the LEP, NES / Deanery, other healthcare regulators, doctors in training, and potentially patients and the public. The consultation period may be adjusted depending on the urgency with which the issues need to be addressed.

**3. The GMC may trigger its own visit.**

Where serious concerns persist despite the Deanery’s efforts to improve the quality of training or of the training environment through enhanced monitoring, the GMC can instigate a **GMC triggered visit**. A GMC triggered visit is planned, organised, managed and led by the GMC. The format of a GMC triggered visit will vary according to the nature of the concern. Following the visit, the GMC will provide the Deanery with details of further actions and monitoring requirements.

**B. What happens when the quality of the training environment has improved and the concerns necessitating enhanced monitoring have been addressed?**

There are two exit routes from enhanced monitoring:

* **De-escalation to routine monitoring by the Deanery, and**
* **Resolution of the concern**

**1. De-escalation to routine monitoring by the Deanery**

* + Applies when a case on enhanced monitoring no longer meets the thresholds for enhanced monitoring, but the concern is still not fully resolved and requires ongoing routine Deanery quality management and improvement processes.
  + The issue continues to be reported and followed through the ODR.
  + The LDD should agree this proposal with the GMC’s QA programme manager for Scotland.
  + The status of the item on the ODR will be ‘request for closure’ by the QIM for the sQMG when a case is being considered for de-escalation.
  + Once agreed, the GMC will write to the Deanery and the LEP to confirm the de-escalation within 5 working days of the decision outcome.
  + The GMC will reassign the status of the case on the ODR. The GMC will assign a new QA code after the de-escalation reflecting the opening of a new routine monitoring case on the ODR.

**2. Resolution of the concern**

* Applies when the GMC and the Deanery are assured that the original issue has been fully addressed and the solution in place is sustainable.
* In this circumstance there is no need for ongoing reporting through the ODR.
* The LDD should agree this proposal with the GMC’s QA programme manager for Scotland.
* The status of the item on the ODR will be ‘request for closure’ by the QIM for the sQMG.
* Once agreed that the case has been resolved, the GMC will write to the Deanery and the LEP to confirm the closure within 5 working days of the decision outcome.

**C. What happens if, despite enhanced monitoring, the quality of the training environment does not improve, but training posts have been disestablished or discontinued?**

The GMC may close a case when enhanced monitoring ceases to apply e.g. removal of doctors in training from a training environment with no plans for reinstatement. If the removal of trainees is for the longer term then the concern will be closed on the shared system, with the status of the case will be set to ‘closed’.