TPD Action Plan to Specialty Review Report

This report will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

Local Education Provider (LEP) Visited	All Trusts	**Factual Accuracy Report** (15 working days to respond)	**Date Issued:** 21 December 2015 **Date TPD Response Received:** 22 December 2015
Specialty Visited	Intensive Care Medicine	**Interim Report and Action Plan Timeline**	**Date Issued:** 12 January 2016 **For Response by:** 26 February 2016 (point 2 only) **Date TPD Response Received:** 26 January 2016 **Date Reviewed at QM:** 08 February 2016 **Date QM Updated Action Plan Issued:** 11 February 2016 **Action Plan Update Deadlines:** **31 August 2016** (via TPD Quality Report) **Date Trust Response Received:** **Date Reviewed at QM:**
Type of Visit	Programme Review		
Training Programme Director	Dr X		
Date of Visit	02 December 2015		
QMG Grading Decision & Date	A2 : Good 08 February 2016	**Final Report & Action Plan**	**Date Final Action Plan Issued:** **Date Final Report Uploaded to Website:** **Final Report Sent to:** Dr X **Date Final Report Sent:** 11 February 2016

	Grading Outcome	Description	Deanery Action
A1	Excellent	Exceeds expectations for a significant number of GMC domains.	Cyclical.
A2	Good	Meets expectations under all GMC domains.	Cyclical.
B1	Satisfactory	Areas for improvement identified, but no significant areas of concern.	No automatic re-visit / Cyclical.
B2	Satisfactory (with conditions)	Areas for improvement identified. Amber concern(s) to be addressed.	No automatic re-visit / Cyclical / Follow Up report required.
C	Borderline	Areas of concern to be addressed (may include one red or multiple amber RAG ratings).	A Deanery review within 12 months (unless all concerns adequately addressed by Trust within 6 months of rated action plan being issued). The review may include a re-visit.
D	Unsatisfactory - Not able to assess	Unable to assess due to lack of trainee and/or trainer engagement with visit.	
E	Unsatisfactory - Urgent action	Urgent action required on significant areas of concern (multiple red RAG ratings).	Deanery review within 6 months of rated action plan being issued. This is expected to include a re-visit unless all areas have been adequately addressed within 6 months.
F	Unsatisfactory - Unsafe Training Environment - Immediate Action	Will apply if a red* RAG rating is identified or may occur if multiple red RAG ratings. Immediate action to be taken by notification to nominated Trust representative. Possible withdrawal of trainees (single or multiple red*).	Automatic review within 3 months. If no improvement is apparent within 3 months, the GMC Withdrawal of Approval process may be initiated.

Visit Team Findings against GMC Standards for Training							
	Educational and/or Clinical Governance	**Area for Improvement / Area of Concern / Area of Significant Concern**	**Areas Identified by Visit Team:**	**Action Plan:** Please consider the following questions when providing an action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	**QMG Comment**	**Risk Rating**	**Status**
1	Educational Governance	Area of Significant Concern	Allocation to PICU has required supernumerary funding to be identified for 6 months for Dual trainees from a medical background. This is expected to be required in future years. Funding for a flexible ICM training post would be required to facilitate the individual requirements for trainees allocated into the ICM training programme. NIMDTA will take this forward with the Department of Health.	See QMG comment.	The Deanery QM group noted that NIMDTA will take this forward with the Department of Health.	N/A	N/A
2	Educational Governance	Area for Improvement	Dual ICM trainees are required to have 2 ARCP outcomes for ICM and their parent specialty. In anaesthetics a joint ARCP with ICM takes place but there have been some difficulties in co-ordinating ARCPs with medical specialties. Trainees who have been training in ICM only are included with the anaesthetic trainees ARCPs.	Dual Anaesthetic / ICM trainees will have ARCP at same time as Anaesthetic ARCPs, date already secured. There will be 2 outcomes. This was discussed at Anaesthetic school board on 22nd January. Single and dual AM & RM / ICM trainees may have ACRP in same manner if date suits, not yet scheduled. If not, they will have 2 separate processes. This was topic at recent FICM RAs meeting in London, both methods are acceptable and other regions seem to have similar challenges.	The Deanery QM group requests an update on progress in the TPD Quality Report due on **31 August 2016.**	Low Impact / Low Likelihood	Stage 2

Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

High Impact: patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

Medium Impact: trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

Low Impact: issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

'Likelihood'

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

High Likelihood: the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

Medium Likelihood: the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

Low Likelihood: the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

'Risk'

Risk if then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

Risk Rating

LIKELIHOOD ↓ **IMPACT →**	LOW	MEDIUM	HIGH
LOW	GREEN	GREEN	AMBER
MEDIUM	GREEN	AMBER	RED
HIGH	AMBER	RED	RED*

Status Ratings

Stage 1: **INVESTIGATION** - Verification of concern is being undertaken and action plan is not yet in place.
Stage 2: **IMPLEMENTING SOLUTIONS -** Action plan(s) for improvement are in place, but are yet to be fully implemented and evaluated.
Stage 3a: **PROGRESS NOT YET APPARENT** - There is no change as of yet, but there is continuing monitoring and evaluation of actions.
Stage 3b: **MONITORING PROGRESS** - Actions are being implemented, and there is evidence of improvement through monitoring.
Stage 3c: **CONCERNS OVER PROGRESS** - The action plan has fallen behind or is likely to fall behind.
Stage 4: **CLOSED** - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.

New GMC Standards for Medical Education and Training [Jan 2016]

Theme 1: Learning Environment & Culture	**Theme 2:** Educational Governance & Leadership	**Theme 3:** Supporting Learners	**Theme 4:** Supporting Educators	**Theme 5:** Developing and Implementing Curricula and Assessments
S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	**S2.1:** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.	**S3.1:** Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.	**S4.1:** Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities. **S4.2:** Educators receive the support, resources and time to meet their education and training responsibilities.	**S5.2:** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.	**S2.2:** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety. **S2.3:** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.			

QMG Comment:

Additional Comments from the TPD:
The Deanery have been very supportive in the implementation of the new challenges associated with the FICM curriculum updates, but lack of clearly identified funding has been the main barrier to ensuring smooth delivery.
Signature: X
Date: 26th January 2016