

MEDICAL INDICATORS – EDUCATION COMMISSIONING FOR QUALITY

ACADEMY OF MEDICAL ROYAL COLLEGES RESPONSE

Introduction

The Academy welcomes this initiative and strongly supports the principles underpinning it.

Comments are primarily in respect of post-graduate medical education, although the principles of developing indicators for undergraduate education are also supported. Many of the Academy's general points are equally applicable to both post and undergraduate education.

The Academy believes that seeking quality indicators of educational environments and the outcomes for learners is correct but acknowledges the difficulty of creating simple robust measures which provide a definitive account of quality in education.

The Academy also believes that the quality of the training environment and outcomes are linked to the quality of service provision although, again, the metrics will be complex. This raises the issue whether there should be confirmation that service standards are being met (through CQC, accreditation etc.) prior to approval to undertake training.

The Academy fully endorses the need to link the funding paid, or indeed not paid, for training with the quality and delivery of that training and would support the use of some form of CQUIN scheme as part of a graduated system of sanctions which should still include the withdrawal of some or all training posts. To date there has not been a proper graded system to put pressure on education providers. The only deterrent was the nuclear deterrent of removing posts, which was so rarely used as to make it ineffectual. These indicators, possibly used in conjunction with service quality indicators, give commissioners the opportunity for refined judgements and differentiated interventions.

We support the principles set out in paragraph 3.8.

The areas in which the Academy has questions and/or concerns are:

- How the indicators are to be used
- The relationship to other indicators
- The practicality and robustness of some measures
- The balance and weighting of environmental and education outcome measures
- The choice of national priorities
- The application of the indicators in different geographical and sectoral contexts

How the indicators are to be used

The indicators are intended to assist those commissioning education and training. It is recognised that it is still not entirely clear who this will be but, by definition, they must be at a remove from the education provider.

Most of the information will need to come from education providers themselves. It is unclear how a commissioner will access and then verify all this information. Lengthy questionnaires to providers coupled with considerable investigative resources would be required but would be impractical. It is highly unlikely that commissioners will be resourced in such a way as to allow them to do this. In many ways, the paper highlights the need for independent review of a small number of quality indicators to assure the quality of training. There are a number of ways this could be done including College involvement in the quality assurance process. This needs to be considered in discussions on the implementation of the proposals in “Developing the Healthcare Workforce” as opposed to this consultation on indicators.

The Academy has also made it clear that in terms of post-graduate medical education it would not be appropriate for a Local NHS Education and Training Board to quality assure trusts if it comprises solely, or mainly local employers themselves.

The measures would seem to be helpful to a responsible provider to use internally as a checklist to ensure that they were providing a high standard of, and environment for, education and training.

As it would seem impractical for a commissioner to gather all this information (or indeed for a provider to supply it) presumably the commissioner should select a small number of areas on which to seek information. It should be made clear to providers that these are the areas in which commissioners might seek information or assurance.

The Academy fully recognises that the educational environment has a very important impact on the quality of education. Having indicators in this area is therefore right. However, they need to be recognised for what they are – that is purely indicators which should provoke further questions and investigation rather than objective metrics which provide an empirical assessment of the quality of training.

There is some concern around the risk of unintended consequences from adopting any set of indicators. Whilst it is obviously not the intention, commissioners and providers working to any agreed set of indicators should not stifle innovation and excellence and lead to a risk-averse approach which makes meeting the measures the end in itself.

The relationship to other indicators

As the report recognises, the Joint Academy/COPMeD Training Advisory Group (JACTAG) Quality Metrics Group has devised a set of metrics and the GMC has established an information set which they collect. It is clearly crucial that there is congruence between indicators. Commissioners and providers cannot be expected to use differing sets of indicators/metrics which may have slightly different data requirements.

The JACTAG Quality Metrics Group is submitting the latest iteration of its work to MEE so it can be considered alongside the responses to this document.

The practicality and robustness of some measures

It is not the intention of this response to provide a detailed critique of each and every measure. However, there are concerns in some cases that the measures are not robust or that clear conclusions cannot be drawn from them, such as team working, clinical leadership and board engagement. The metrics proposed by the JACTAG Quality Metrics Group tend to be more quantifiable and set targets and “red flags” for acceptability.

Performance in College examinations was felt strongly to be an important measure. The Academy recognises the difficulty of simply using pass rates as a metric. A better measure might be how long (in whole time equivalent months) candidates take from starting training in a particular specialty to achieving the standard defined by the College examinations. If a candidate has spent less than the whole of that period at a given institution, (say 50%), then the impact of that candidate’s performance on the rating of that institution could be adjusted and apportioned accordingly. Whilst some staff will start training with relevant prior experience, with a sufficiently large pool of candidates those discrepancies will even themselves out. This approach will generate numbers and statistically significant differences which can be calculated.

An additional indicator for the educational environment would be the degree of support given by a provider to staff participation in wider training-related activities beyond the local employer that benefit the wider NHS. Such activities would include curriculum development, externality for ARCPs; support for doctors in difficulty; and departmental reviews as part of the support for quality management and trainee monitoring as carried out by Royal Colleges.

Other suggested indicators included the incidence of trainees ‘dropping out’ of a programme and ARCP problems due to failure to gain adequate clinical exposure.

The Academy considers that measures need to be tested before they are categorically approved for general use to see how easy to use and helpful they are in practice. This testing should incorporate some detailed academic analysis on the rigour of the measures themselves.

The balance and weighting of environmental and education outcome measures

We are also unclear as to how the indicators will come together and the relative weight that should be given to the different information areas.

Because of the softer nature of some of the learning environment measures some members of the Academy were keen to see greater weight and emphasis given to tangible education outcome measures.

The choice of national priorities

The need for a small number of national priorities is recognised although, unsurprisingly, individual Academy members have differing views as to what those should be.

It was agreed that national priority indicators should be a mix of environmental and outcome measures rather than simply environmental measures as at present. Safe trainee supervision was generally endorsed.

Measures suggested as national priorities included:

- ARCP/RITA 'success' rates. This would have the advantage that it would also cover national exam performance success
- Time for trainers which should link with the work currently being carried out by the GMC on accreditation of trainers
- GMC survey trainees' satisfaction ratings.

The application of the indicators in differing geographic and sectoral context

The Academy considers that there needs to be a UK wide approach to this issue. The Academy understands that MEE is an England-only body but if measures are being devised to assess what constitutes high quality education and training these will and should apply equally across the four countries.

The document appears to be written very much in the context of training in NHS secondary care settings. Whilst this is the setting for most post-graduate medical training it is not the only setting. It was stressed that a number of the indicators, particularly around the educational environment are not directly applicable in a primary care GP setting. Thought needs to be given as to how they can be applicable. Similarly, the Faculty of Occupational Medicine indicated that, whilst the principles were supported, a number of the indicators will not be appropriate or practical to small specialties with training posts outside the NHS. This would apply in specialties such as Pharmaceutical Medicine, Sport and Exercise Medicine or Public Health.

Conclusion

The Academy reiterates its support for the principle of developing robust indicators to assess the quality of education and training and welcomes the work commissioned by MEE.

There appears to be general recognition that indicators/metrics still need to be refined and tested and the Academy is enthusiastic to be involved in further work to develop this initiative.

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