

## **JRCPTB guidelines for the provision of specialist external advice to specialty training programmes**

## Background

The GMC's quality assurance framework (QAF) requires Deanery/LETB/HEE regions to ensure external scrutiny of the quality management (QM) process. At specialty levels, such advice will normally come from the Medical Royal Colleges and Faculties. The QAF acknowledges that as part of their quality management (QM) activity Deans "in conjunction with the Medical Royal Colleges and the Faculties may need to carry out a form of local visiting with the guide of providing educational training opportunities". Indeed, visits "should include expertise external to the programme being reviewed."

These guidelines have been developed by the JRCPTB and are based on the Academy of Medical Royal Colleges JACTAG QM Working Group which looked at College involvement in Deanery/LETB visits and the role of College External Advisors. They have been produced in consultation with the Heads of Schools of postgraduate medicine as the basis for the delivery of externality for ARCPs and deanery/LETB - led visits in the 16 large and medium-sized medical specialties (Appendix 1), together with Core Medical Training programmes.

Externality arrangements have also been agreed for a further 11 small specialties and the sub specialty of Metabolic Medicine. As the smaller specialties do not have training programmes in all regions bespoke externality arrangements have been agreed with each of the small specialties. The provision of lay advice is not covered by this document.

## 1. When is specialist external advice required?

The main activities requiring specialist external advice are ARCPs, programme reviews and Deanery/LETB Local Education Provider (LEP) and specialty visits.

In addition, external assessors also provide external advice on Penultimate Year Assessments (PYAs) by advising on the progress of individual trainees against the curriculum to identify and set PYA targets to ensure the curriculum requirements are met in full.

### ARCP

It is a Gold Guide requirement that an External Advisor (EA) reviews 10% of all ARCP outcomes and the evidence supporting these and any recommendations from the panel about concerns over progress (ARCP outcomes 2, 3 and 4).

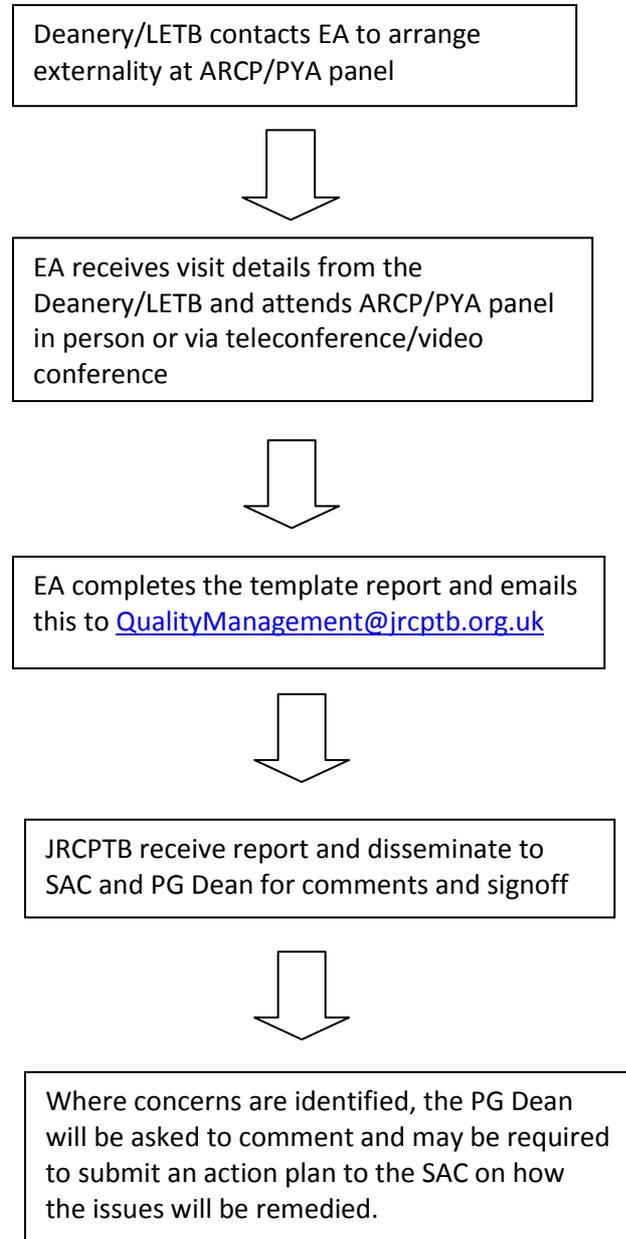
### Routine LEP visits

Deaneries/LETBs are responsible for specialty visits to their LEPs and may invite EAs to accompany them to a sample of routine Deanery/LETB visits to LEPs. The deanery/LETB will determine which specialty and/or CMT programmes will be the focus of their visit, and then invite appropriate advisors. It is not expected that an EA will attend every deanery/LETB led visit or that an individual EA will be invited to join a specialty LEP visit every year.

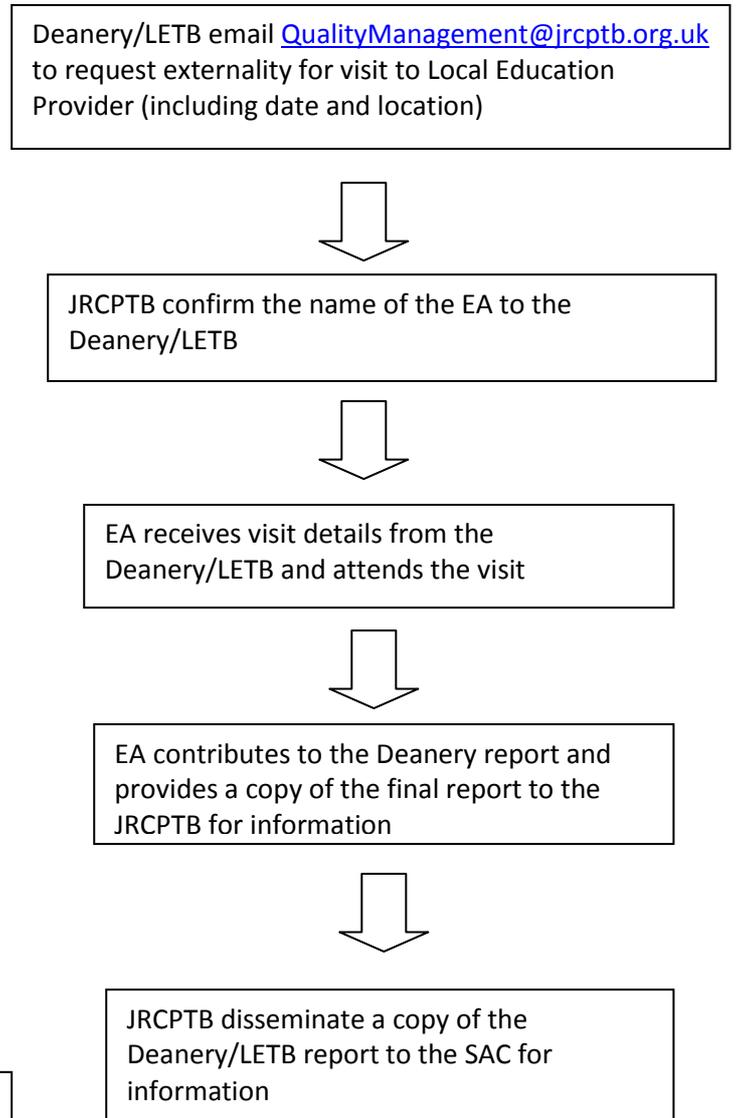
### Targeted LEP Visits

When serious training problems have been identified or are suspected, specialist external input is mandatory. If the deanery/LETB does not feel that the usual EA allocated to the programme is appropriate for the visit they may seek an alternative and SAC Chairs would be pleased to advise. **All requests for External Advisor participation in specialty LEP visits MUST be recorded centrally by the JRCPTB's Quality Management Team. RCP Regional Offices, External Advisors or SAC representatives who receive LEP visit requests directly from deaneries / LETBs must notify the JRCPTB at [QualityManagement@jrcptb.org.uk](mailto:QualityManagement@jrcptb.org.uk) to ensure the request is recorded and that there is appropriate representation agreed for the visit.**

## EXTERNALITY FOR ARCP/PYA PANELS



## EXTERNALITY FOR LEP/SPECIALTY VISITS



## 2. The role of the external advisor

The role of the EA is to provide expert impartial advice and scrutiny of all processes of delivery, assessment and evaluation of specialty training according to the GMC Quality Assurance Framework (QAF). The QAF advises that the host deanery/LETB must be able to confirm the independence of EAs.

### ARCP

EAs should participate in the ARCP process but they are not expected to attend every ARCP. It may be possible to undertake some of the outcome reviews remotely but this should be combined with sufficient direct contact to enable the EA to comment authoritatively on the processes of delivery, assessment and evaluation of the specialty training.

The EA should ensure that the ARCP process is consistent and appropriate for the specialty.

The EA may provide advice to the ARCP panel on decision outcomes when unsatisfactory outcomes are discussed, and contribute to the advice given to individual trainees.

EAs would not be expected to report on individual trainees, although following their discussions with trainees they may report back on specific issues relevant to the programme.

EAs should not use their position to undermine deanery/LETB processes in an open forum. They need to be aware also that reports will be widely circulated, and that the JRCPTB and its parent Colleges may be held responsible for the consequences of the report. Any perceived sensitive issue should always first be shared with the Postgraduate Dean and Head of School. If the issue remains of concern, it should be discussed with the Medical Director of the JRCPTB.

## 3. Reporting

### ARCPs and PYAs

The EA will produce a short report on the ARCP and or PYA process within two weeks of attending an ARCP panel. Ideally they should have discussed any concerns to be raised within the report with the TPD at the time of the ARCP or PYA panel date. The EA should send the report to the JRCPTB and may choose to send a copy to the TPD or Head of School at the same time. Learning points from the ARCP/PYA process may be incorporated into the EA report.

The JRCPTB will send the report to the Postgraduate Dean, SAC Chair and Quality Lead for their comments and sign off by the SAC. If the SAC wishes to seek further information on the visit, they will advise the JRCPTB who will seek further information from the most appropriate person, either the EA or the Postgraduate Dean.

### LEP visits

For specialty LEP visits the EA will contribute to the Deanery/LETB or GMC specialty Visit Team report, and **will not** produce a separate JRCPTB report. The visit should be regarded as an opportunity to share best practice and innovation and the report should detail good practice and areas of concern or improvement with appropriate action plans. The agreed LEP visit report and action plan **MUST** be submitted to the JRCPTB by the EA when completed for reference.

### Managing serious concerns

If an external advisor identifies a serious issue (for example pertaining to patient safety), this should be referred promptly and directly to the responsible postgraduate dean outside of the normal reporting mechanisms.

If the issue has been inadequately addressed at the local level and cannot be taken up via the postgraduate dean for whatever reason, the issue can be raised with the Medical Director of the JRCPTB. The JRCPTB can also report it to the GMC via the published "Response to Concerns" process or the Annual Specialty Report.

Although Colleges and Faculties are not empowered to take direct action, they are key to dealing successfully with issues, as they reflect the context of the specialty and provide a valuable national and specialty perspective.

## 4. Deanery/LETB responsibilities

The deanery/LETB ARCP co-ordinator will liaise with the EA or Deputy EA to agree mutually convenient dates for ARCPs, PYAs and routine visits, preferably with 12 months' notice, but as a minimum with 4 months' notice.

### Indemnity

The GMC and or deanery/LETB should provide EAs participating in any properly organised and led GMC or deanery / LETB visit, as part of the visiting team, with a copy of its indemnity policy and procedures in advance of any visit.

As additional reassurance, the JRCPTB will indemnify the EA for actions undertaken on behalf of, and under the management of, JRCPTB, which include the following circumstances:

- The appointment of junior doctors
- The conduct of ARCP panels particularly as JRCPTB appointed externals
- Assessment of CESRs, Reviews and Appeals
- Undertaking PYAs on behalf of JRCPTB
- Providing externality on behalf of JRCPTB to visits properly organised and led by Deanery/LETBs or the GMC

in the event that any decisions made in the above circumstances are challenged at a later date.

### Coordination of PYA and ARCP dates

EAs should attend all PYAs and 10% of ARCPs in accordance with Gold Guide requirements. Although not mandatory, it is recommended that EAs attend potential unsatisfactory outcome ARCPs, as well as a number of anticipated satisfactory ARCPs. PYA dates are reasonably flexible and for most specialties it should be possible to schedule these on the same day as ARCPs.

EAs unable to attend in person may participate by dialing into the panel by telephone or video conference after reviewing the evidence remotely, although attendance in person is preferred.

For the few specialties or programmes which would require the EA to be present for more than one day dates will need to be agreed by the EA and deanery/LETB, although attendance may be split between the lead and deputy EAs.

### Deanery/LETB or GMC led visits

If the visit has been triggered as a result of a serious issue, the host deanery/LETB or GMC should provide details of the issues identified. As much notice as possible should be given bearing in mind the 8-week notice period required for cancelling clinical commitments.

The EA should contribute to the planning of the targeted visit, for instance by suggesting key personnel for the team to meet. Any concerns the EA may have about the organisation of the visit should be raised with the Postgraduate Dean and highlighted in the team's visit report.

The EA may be nominated by the visiting team to take the lead on matters relating to curricula or specialty training.

Deanery/LETB visiting processes may differ in different regions and the EA will be expected to adjust to local arrangements.

## 5. Person Specification for External Advisors

Heads of School will be asked to nominate External Advisors. The SAC will approve External Advisors based on the following criteria:

### Experience & Training

An EA should be registered with the GMC and be in active clinical practice within healthcare or retired within the previous three years and have experience of managing trainees beyond departmental level. They must have a licence to practise at the time of the visit. Ideally, they should have experience of managing training programmes. They should be familiar with all aspects of training in the specialty and have a detailed knowledge of the following:

- The JRCPTB curriculum for the relevant specialty
- Each type of assessment process for the relevant specialty
- The Gold Guide
- ARCP guidance and procedures
- The GMC QAF
- [GMC's Promoting Excellence: standards for medical education and training](#)
- GMC standards for Curricula and Assessment
- Revalidation for trainees

An EA should have also received formal training in:

- Appraisal and assessment
- Selection methods / interview skills
- The Educational Supervisor role
- Equality & Diversity within the last 3 years

An EA should also be able to provide evidence of quality management leadership. For example:

- Experience of Quality Management at Deanery/LETB level
- Attended Deanery/LETB visits
- Experience of chairing ARCP/PYA panels in their own region
- Having been or currently a member of the Deanery/LETB/School Board

Personal characteristics should include:

- Ability to provide constructive feedback
- Excellent communication skills to gather and evaluate information from sensitively conducted interviews and ensure informative feedback
- Good interpersonal skills
- Good chairing, listening and team working skills
- Ability to remain impartial, non-judgmental and objective
- Assimilate large amounts of information and weigh evidence from more than one source to substantiate or refute criticisms or complaints made
- Demonstration of empathy, tact, discretion and maintaining confidentiality
- Fairness
- Probity
- Leadership, with the ability to motivate and co-ordinate a group of professionals

The EA should be a current or recently demitted TPD but could also be a Regional Specialty Advisor or SAC member. Experience as a College or Clinical Tutor (Director of Postgraduate Medical Education) would be valuable, as would any experience of managing trainee problems at deanery/LETB level. For CMT, Heads of School would also be suitable candidates.

The EA will be expected to demonstrate continuing professional development and competencies in educational supervision and managing trainees with difficulties.

## **Availability**

For most specialties the role will require at least one day out of the office per year to attend PYAs and ARCPs. For much larger specialties such as General Internal Medicine and CMT this time commitment may be larger, and it may be necessary for the lead and deputy to split the ARCP / PYA work between them or in some instances to recruit more than two EAs for a particular programme. It is expected that additional time will be required throughout the year to review programme data and complete the annual report.

Time may also be required to attend a LEP visit although it is not expected that this will be required every year.

## **Selection of EAs**

Heads of School are responsible for nominating one lead external and one deputy per training programme. SACs can also nominate potential EAs, such as current or recently-demitted SAC members or other experienced members of training committees. For specialties, that have large numbers of ARCP/PYA panels, additional deputy EAs can be recruited to assist where required.

A brief outline showing how the nominee meets the person specification and required competencies should be submitted to JRCPTB. If the nominated individual is a TPD or already sits on the SAC it will not be necessary to submit an outline of their competencies to the SAC.

The SAC Chair or Quality Lead will review nominations and confirm the lead and deputy EA. Once confirmed by the SAC, the JRCPTB will share the names and contact details of the EA for each specialty with relevant parties.

## **Tenure**

EAs will usually serve a maximum five-year term before demitting the role but may offer to continue the role for a different deanery/LETB. The deanery/LETB partnerings are reviewed and reshuffled periodically to ensure overfamiliarity with a training programme does not take place.

## **Conflict of Interest**

The EA must declare any conflicts of interest before undertaking any activity.

## **Expenses**

Expenses for travel and overnight accommodation whilst attending ARCP or combined ARCP/PYA or LEP visits should be reimbursed by the host deanery/LETB in accordance with their local policy. The policy will be issued to the EA on appointment.

## **The JRCPTB will reimburse expenses for external advisor visits for PYAs only.**

The EA will need to liaise with the host deanery/LETB to organise the reimbursement of expenses. Deaneries should nominate a responsible officer to act as the point of contact for EA expenses.

It is understood that deaneries may not reimburse expenses until the ARCP panel report has been received.

## **6. Deanery/LETB feedback**

The Heads of School or Postgraduate Dean may raise any concerns they may have with the conduct or decision-making of the EA or the process with the SAC Chair. Any concerns should be addressed to the JRCPTB directly who will then communicate these to the SAC Chair, who should discuss them with the Medical Director of the JRCPTB.

# Appendix 1: Specialties by size

## Large & Medium sized specialties

- Acute (Internal) Medicine
- Cardiology
- Dermatology
- Endocrinology & Diabetes Mellitus
- Gastroenterology
- General (Internal) Medicine
- Genito-urinary medicine
- Geriatric Medicine
- Haematology
- Infectious Diseases / Tropical Medicine
- Medical Oncology
- Neurology
- Palliative Medicine
- Renal Medicine
- Rheumatology
- Respiratory Medicine
- Core Medical Training

## Small specialties

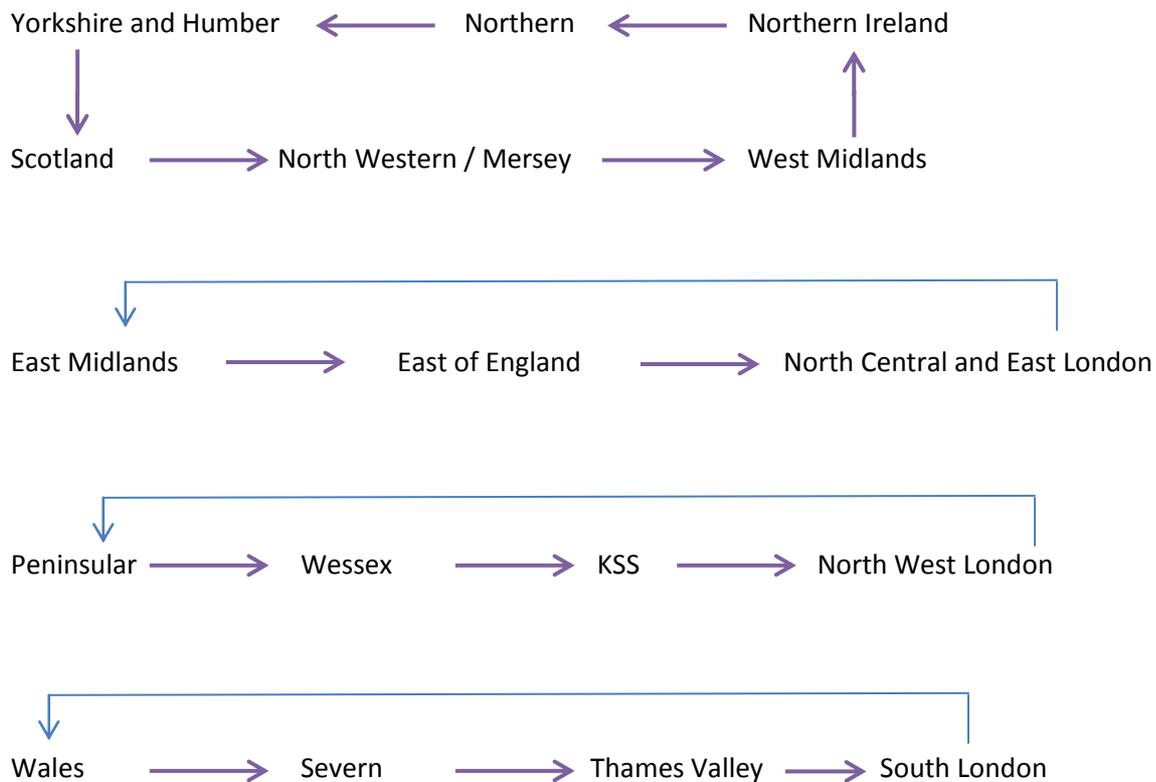
- Allergy
- Audio vestibular Medicine
- Clinical Genetics
- Clinical Neurophysiology
- Clinical Pharmacology & Therapeutics
- Immunology
- Medical Ophthalmology
- Nuclear Medicine
- Paediatric Cardiology
- Pharmaceutical Medicine
- Rehabilitation Medicine
- Sport & Exercise Medicine

## Sub-specialties

- Stroke Medicine
- Metabolic Medicine
- Hepatology

## Appendix 2: Rotational Model

The rotational model below is for large and medium sized specialties only, and there may be variations depending on individual specialties . Bespoke externality arrangements apply for the smaller specialties and sub specialties as most smaller specialties, do not have training programmes in all regions. For advice on the rotational arrangements for the small specialties as listed above, please contact [QualityManagement@jrcptb.org.uk](mailto:QualityManagement@jrcptb.org.uk)



## Appendix 3: JRCPTB Indemnity

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**DATE 19 January 2016**

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Dear Colleague

### **Persons acting as Agents for, or on behalf of, the JRCPTB**

Direct employees of JRCPTB benefit from the indemnity and liability arrangements established by the Royal College of Physicians as the formal employer. Colleagues who act for JRCPTB, but who have no contract of employment with JRCPTB, may also benefit from these arrangements. The arrangements extend in all circumstances only to actions undertaken on behalf of, and under the management of, JRCPTB. This will include, for example persons acting for JRCPTB in respect of:

- The appointment of junior doctors
- The conduct of Annual Review of Competency Progression panels particularly as JRCPTB appointed externals
- Assessment of CESRs, Reviews and Appeals
- Undertaking penultimate year assessments on behalf of JRCPTB
- Providing externality on behalf of JRCPTB to visits properly organised and led by Deanery/LETBs or the GMC

Furthermore liability will not be accepted for actions which, although they may not be unlawful, do not accord with the policies with JRCPTB or the Royal College of Physicians or exceed the remit of the role being carried out

Yours sincerely



**Professor David Black**  
**Medical Director**