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The Permanent Working Group of European Doctors (PWG) Policy on Visitations

Quality assurance in post graduate training (PGT) is crucial for both the doctors in training and for patient safety. Site visits are one of the tools for quality assurance and these contribute to assessing, strengthening and raising the quality of PGT for junior doctors. Quality assurance should apply to all phases of postgraduate medical training (including internships and specialist training programs) and also be used as a quality mark for the training unit.

Today, site visits are carried out in some European countries (PWG 2006/070).

Quality Assurance Model

The structure and process of training provided at a medical department, health care centre or hospital (PGT training unit) can be assessed during a personal visit by reviewers (a minimum of two), combined with data collected prior to the visit by means of a questionnaire¹. This pre-visitation self-assessment questionnaire contributes to the preparation of the site visit and should be answered by the relevant head of department, director of studies, educational supervisors and the doctors undergoing PGT.

In this context **structure** addresses factors such as the size and composition of the medical staff, the existence of a director of studies, premises, access to library, technical equipment, access to medical services, such as radiology and laboratory, and opportunities for research and development.

Process refers to how the *curricula* are used, whether training programs are formulated and applied and whether guidelines for the specialist training are used appropriately. Process also refers to how professional guidance or tutoring is organized and whether senior doctors take an active interest in the training of younger colleagues.

The evaluation of site visits in view of the quality of training then depends on criteria which need to be defined in advance and which should be independent from the site visits themselves.

Questionnaire

The PWG believes that the site visit should address and score the following questions:

- a) Is the clinical operation sufficiently comprehensive to meet the goals of the curriculum, particularly in terms of case mix and services offered?
- b) Are the medical staffing levels comprehensive enough and do they possess the necessary expertise and time to fulfil the requirement of the curriculum?

- c) Are the facilities in terms of general and specific equipment adequate to meet curriculum requirements?
- d) Does the training unit have a suitable clinical organization?
- e) Does the department offer a favourable educational environment so that the goals of the curriculum can be achieved?
- f) Does the department offer a satisfactory theoretical education?
- g) Does the unit offer access to relevant medical literature (books, journals) as well as internet facilities for online investigation?
- h) If part of the curriculum: does the department offer research opportunities?

Each question should be assessed based on specific scoring criteria to ensure consistency. The questionnaire should preferably be answered by the head of department, the director of studies, by the supervisors as well as all doctors in PGT. It is important that information obtained during interviews with trainees remains confidential.

The visiting committee should be appointed by a professional authority. The reviewers should be experienced doctors with a specialist interest in educational matters. A junior doctor – appointed by an organization representing junior doctors – should be a member of the group of reviewers.

The professional authority provides the visiting committee with reports of previous visitations, the current requirements for certification and other relevant correspondence.

Site visits should be initiated by the national/regional professional authority or by the training centre itself. Junior doctors should be adequately involved in the process and should have the ability to trigger site visits were concerns have been raised.

The report of the visiting committee

The visiting committee should formulate its conclusions and recommendations in a fully agreed and dated report clearly stating the identity of the training centre. The centre that has been visited should be granted inspection of the draft of the report to correct any factual errors.

Prior to the submission of the report the visiting committee should discuss any adverse conclusion with representatives of the professional authority that is responsible for the certification of trainers and training centers.

The report should be accompanied by the training unit's training program and the data from the questionnaire filled in by the chief of training prior to the visitation. The head of the visiting committee should sign the report and the identity of the members of the visiting committee should be stated in the report.

In its report the visiting committee gives its advice to the professional authority.

This body has the final responsibility and makes its decision according to national rules in the field of certification and possible recertification. On this level implementation of national rules concerning sanctions has to take place when these rules exist. A copy of the report should be available for the junior doctors of the visited training centre.

The PWG believes that:

1. Site visits are a valid and valuable tool to provide the clinical departments, health care centers and hospitals (training units) with the incentive to improve the quality of post graduate training (PGT) for junior doctors.
2. Regular site visits can contribute to the quality assurance of PGT for junior doctors. They must be under the supervision of the responsible body for PGT in each country.
3. Units that fail to fulfill the set requirements for quality training should be unauthorized to train junior doctors until the set standards are acquired. This should not be to the detriment of juniors currently training in failing institutions.
4. Site visits can provide useful information to junior doctors on where to find the highest quality in post graduate medical training.

References:

- 1) Donabedian A. *Explorations in quality assessment and monitoring. Vol I. The definition of quality and approaches to its assessment, 1980; Vol II. The criteria and standards of quality, 1982; Vol III. The methods and findings of quality assessment and monitoring: an illustrated analysis.* Ann Arbor, Health Administration Press, 1985

PWG Documents for information:

PWG 2005/061 UEMS Charter on visitation of training centres

PWG 2006/022 Site Visit – Quality Assurance in Postgraduate Training Sweden