**Quality Panel Report Process: Foundation, GP and Specialty**

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|  | Quality Panel template reports will be circulated for use at panels from July onwards once 2016 GMC data is available |  | Reports will be circulated in priority order therefore it’s important that the Quality Team knows, with notice, when panels are taking place please |
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|  | Quality Panel takes place |  |  |
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|  | Draft report populated and agreed at Quality Panel meeting |  | Including Overall Grade for each post and SMART actions  Specify what is a ***Recommendation*** and what is a ***Requirement*** |
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|  | Report spell checked and tidied up by specialty administrator/manager following Quality Panel |  | For GP and Foundation this will be the patch administrator  For Specialty this will be completed by the HEE administrator/manager |
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|  | Once agreed with TPD/Panel Chair, draft report sent to educationalists within the LEP for comment. This is likely to be the College Tutor or  nominated alternative |  | Responsibility for this as above |
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|  |  |  | A 3-week deadline (to account for holidays) to be given for comments. If no comments received it will be assumed there are none - department must be notified of this when contacted |
|  | If significant comments received (if any), the TPD /Panel Chair has the opportunity at this point to change the agreed Overall Grade should this be justifiable |  |  |
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|  | Draft report sent to the Quality Team by patch/LEP postgraduate administrators (GP and Foundation) or HEE Specialty Administrator/Manager (Specialty)  *Where possible report to be returned to the Quality Team within 4 – 5 weeks of panel taking place* |  | **Report follow-up**:  2 weeks after the educationalists within the LEP/College Tutor/nominated alternative was sent the Quality Panel Outcome Report for comment, HoS/TPDs/GP ADs may start the process of following up concerns  Reports should not be circulated more widely until signed off and distributed by the Quality Team |
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|  | Quality Team conduct a final review of the Quality Panel Report |  | Where possible report to be returned to the Quality Team within 4 – 5 weeks of panel taking place |
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|  | Quality Team circulate the final Quality Report  All requirements placed on Quality Register by Quality Team with date to review action |  | Reports circulated where possible **within 2-3 weeks** to:   1. DME, HoS, TPD/Panel Chair. Cc MEMs, HEE Specialty Manager, HEE Quality Team |
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|  | Quality Team places report on the local HEE website |  | 1. Relevant trainees |
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|  | **Report follow up**:  It is expected that TPDs/FPDs will take forward **Requirements** included in report and where deemed appropriate and feasible will action **Recommendations**.  Where necessary, the Head of School should be involved. |  |  |
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|  | For GP, the Local Education team will pick up on any post issues identified and discuss with the appropriate clinical leads in the trust/quality lead/Head of School as appropriate. |  | Local education team to feedback to Quality lead in GP School posts that are of concern and actions initiated |
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|  | In all cases the local HEE Quality Team must be appraised of actions taken/progress achieved in order to track on the local Quality Register and report on progress to the GMC |  |  |

Where issues are deemed significant a School may wish to conduct a Triggered Review the guidelines for which are included within the Quality Framework available here: <http://www.peninsuladeanery.nhs.uk/about-us/quality-management/hesw-quality-framework/>

For additional advice please contact [jane.bunce@southwest.hee.nhs.uk](mailto:jane.bunce@southwest.hee.nhs.uk)