

**Quality assurance in training: how is
quality in training assessed?**

**Role of GMC, College, Schools and Local
Education Providers (DME)**

Debasis Das

General
Medical
Council



Workforce,
Training &
Education
Directorate



General Medical Council



[Curricula and guidance | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)



Promoting excellence:

standards for medical education and training

[Working with doctors Working for patients](https://www.gmc-uk.org)

General Medical Council

[Promoting excellence: standards for medical education and training \(gmc-uk.org\)](https://www.gmc-uk.org)



Excellence by design:

standards for postgraduate curricula

[Working with doctors Working for patients](https://www.gmc-uk.org)

General Medical Council

[Excellence by design: standards for postgraduate curricula \(gmc-uk.org\)](https://www.gmc-uk.org)



Psychiatry curricula ending in July 2024



New Psychiatry curricula from August 2022



Specialty training guides and documents



Assessment Strategy Review

Poll 1

- GMC approved postgraduate curricula in the UK have a greater focus on the following framework: (*Choose one answer*)
 - Competencies based
 - Capabilities based
 - Entrustability based
 - Examination based
 - None of the above

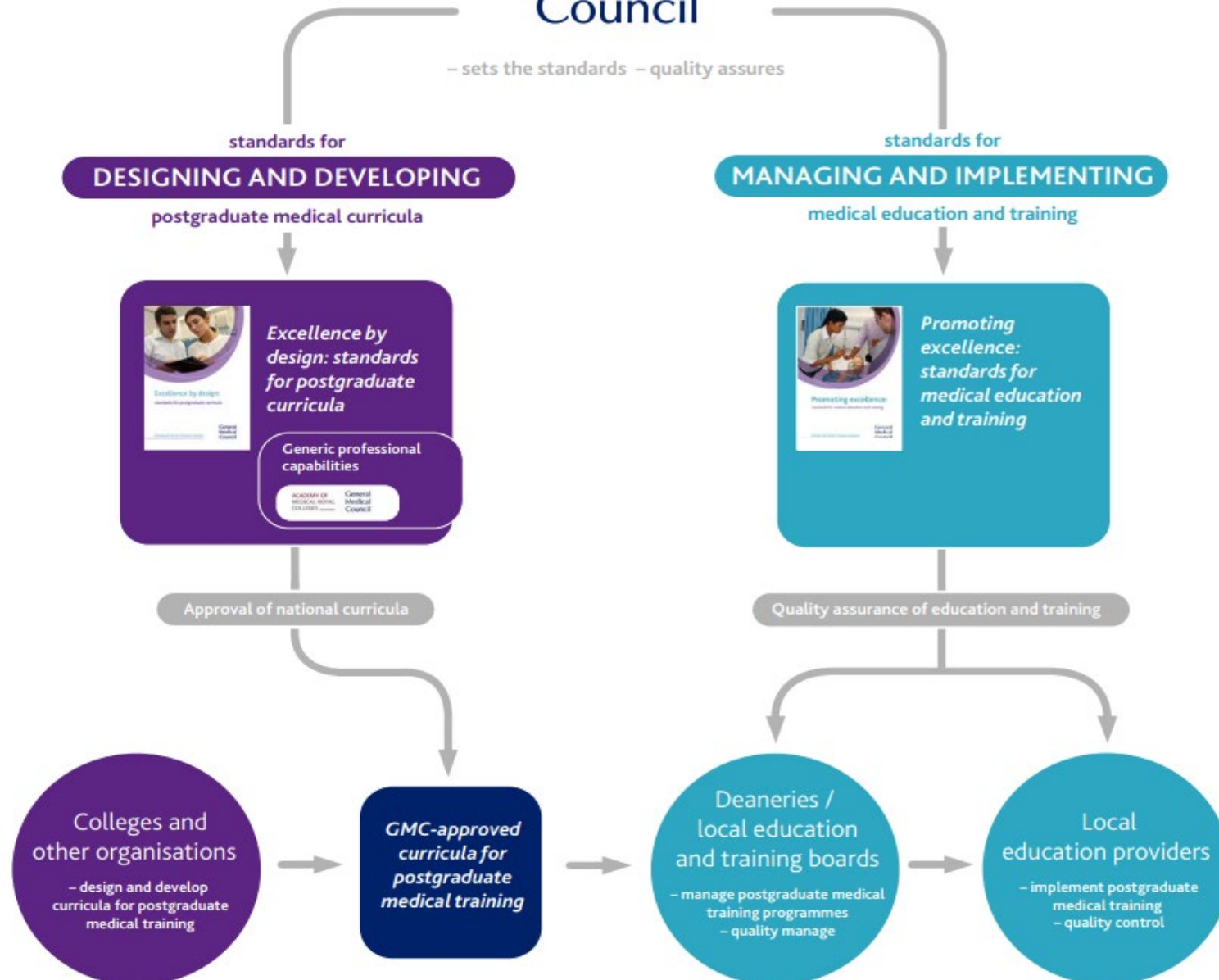
General Medical Council



Figure 1 - The nine domains of generic professional capabilities

General Medical Council

– sets the standards – quality assures



GMC's Promoting Excellence Standards

- Deaneries/LETBs
- External Advisors
- Regional Advisors
- Heads of Schools
- MRCPsych Course Organisers
- Training Programme Directors
- Directors of Medical Education
- Supervisors
- Doctors in Training

Theme 1 Learning environment and culture

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.

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* to achieve the learning outcomes required by their curriculum*.

Theme 2 Educational governance and leadership

S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Theme 3 Supporting learners

S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected into *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

Theme 4 Supporting educators

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 & training responsibilities.

Theme 5 Developing and implementing curricula & assessments

S5.1: Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

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.

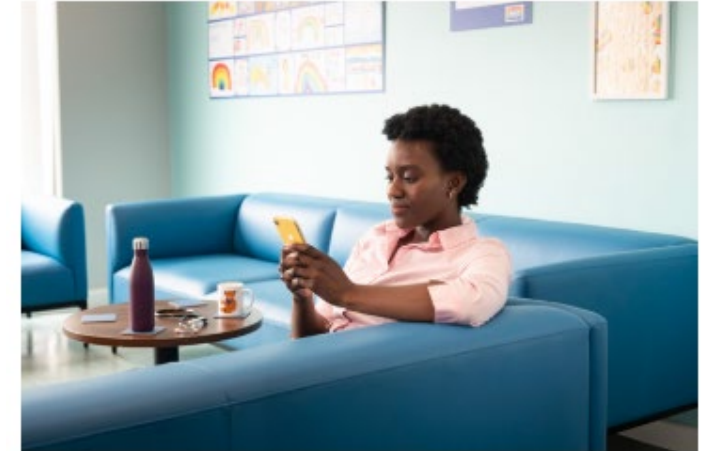
* For undergraduate education, the learning outcomes for graduates (*Tomorrow's Doctors*) and for postgraduate training, the curriculum approved by the General Medical Council.

Poll 2

- I am a trainer and I have submitted my 2025 GMC National Training Survey: (*Choose one answer*)
 - Yes
 - No
 - Can't be bothered
 - Don't know about the survey

National Training Survey (NTS)

- Annual GMC survey of **trainees** and **trainers**
- College has responsibility of:
 - Setting programme specific questions
 - Reviewing results for Psychiatry
 - Highlighting where there are outliers



Doctors in training survey guide

 **NATIONAL TRAINING SURVEY**

Every voice counts. The GMC's survey for trainees and trainers is now live. Please take part before **Tuesday 29 April**.

Visit gmc-uk.org/nts

General Medical Council



Trainer survey guide



NATIONAL TRAINING SURVEY

2024 results

General
Medical
Council

[National Training Survey 2024 Results](#) (accessed 08 Apr 2025)

Key findings

Doctors in training

- **Quality of training** – Despite the many pressures on the health services, the quality of training across the UK remains high. As in 2023, 86% of trainees were positive about their clinical supervision and 83% said the quality of experience in their post was good or very good.
- **Wellbeing** – Although there was a slight improvement in the responses to our questions about wellbeing, the survey results remain very concerning. Over a fifth (21% ↓2pp compared to 2023) of trainees measured to be at high risk of burnout and over half (52% ↓3pp) described their work as emotionally exhausting to a very high or high degree.
- **Rota design** – Over a quarter (26% ↓3pp) of trainees in secondary care posts said their training is adversely affected because rota gaps aren't dealt with appropriately.
- **Developing leadership skills** – Since 2022, there's been a decline of six percentage points (69% to 63%) in the proportion of trainees agreeing that their posts gave them opportunities to develop their leadership skills. Given the many systemic pressures affecting the health services, it's likely this vital aspect of training isn't being given the necessary focus and attention.
- **Discriminatory behaviours** – The majority of trainees continue to say that they work in supportive workplaces. However, findings from the demographic breakdowns of our questions about discriminatory behaviours provide insight into the extent to which unprofessional behaviours are taking place in some healthcare environments. The analysis shows that factors, including gender, ethnicity, religion, sexual orientation, and disability status affect a trainee's experience.

Trainers

- **Time for training** – Although the majority (90% ↑1pp) of trainers enjoy their role, they continue to voice concerns about the level of time and support they receive for training. Over a quarter (27% ↓1pp) don't think their job plan contains enough designated time for their role as a trainer. And less than half (48% ↑2pp) said they were always able to use the time allocated for training, specifically for that purpose.
- **Wellbeing** – Half (50% ↓2pp) of all trainers are measured to be at high or moderate risk of burnout. As in 2022 and 2023, a third (32%) said their work frustrates them to a high or very high degree.
- **Rota design** – Nearly a third (31% ↓2pp) of secondary care trainers told us that their trainees' education and training are adversely affected because rota gaps aren't always dealt with appropriately.

College's Quality Assurance (QA) processes

The College's quality assurance (QA) in training processes are overseen by our **Quality Assurance Committee (QAC)**, chaired by our Specialist Advisor for Quality Assurance.

The committee has oversight of the following key areas in training:

- Externality
- Applications for Time out of Training (OOP)
- Results of the National Training Survey
- Quality Matrix
- Quality assurance and curricula implementation
- ARCP outcome variance

Role of the College

Ensuring education and training standards are being met

**Set and
monitor
curricula**

Externality

***Programme
Approvals***

**ARCP
Outcome
Variance**

**National
Training
Survey results
for Psychiatry**

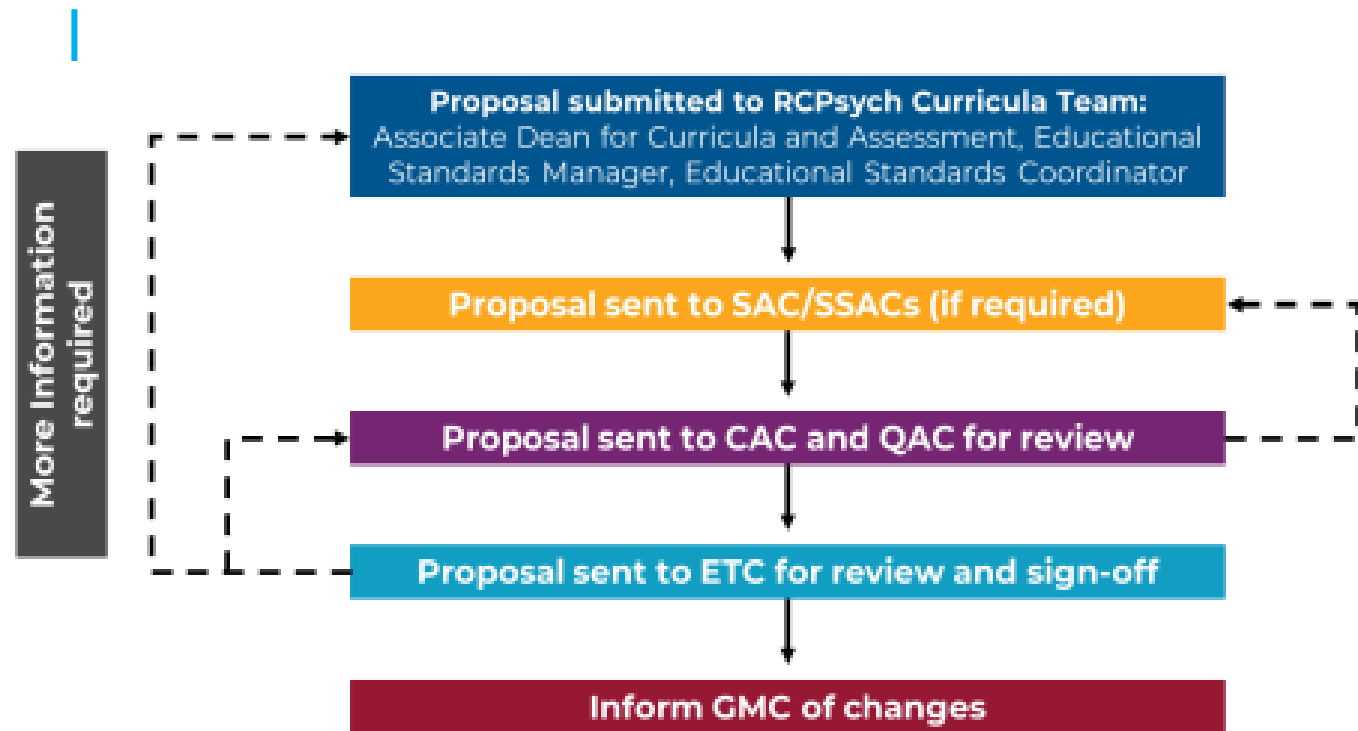
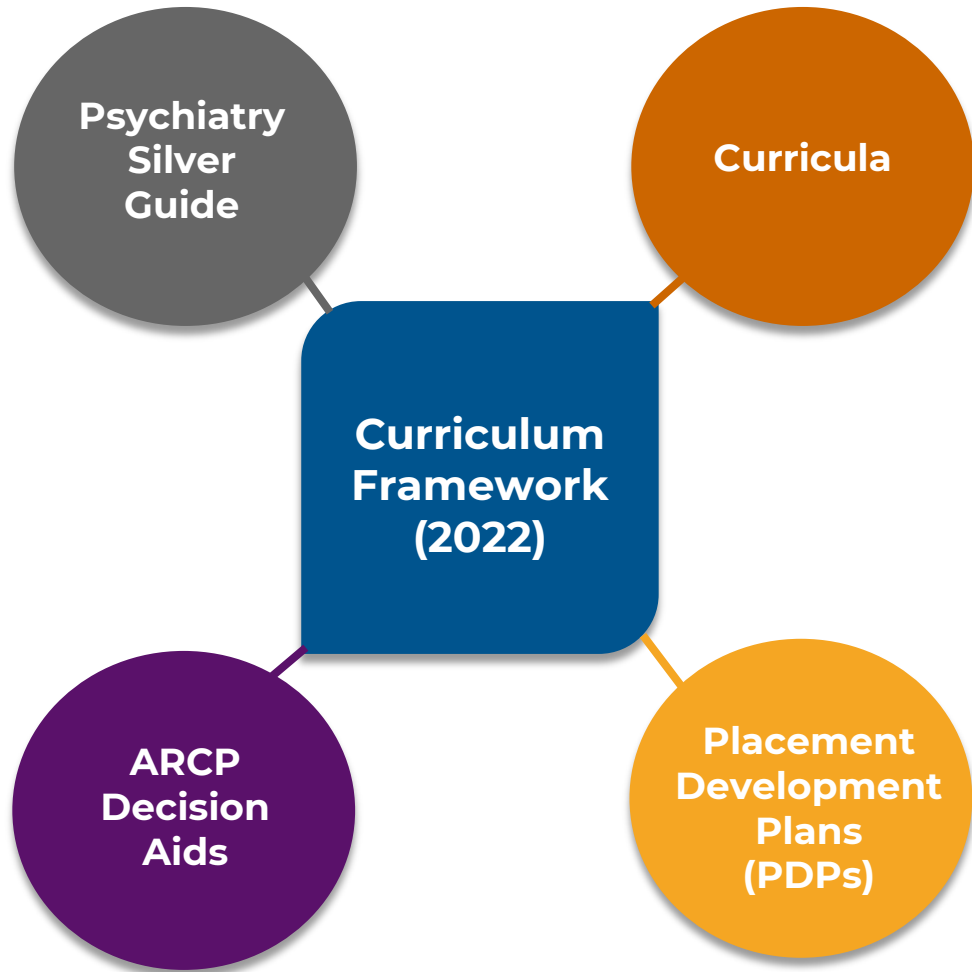
***Recognition
and Approval
of Trainers***

Programme approvals

- GMC requires College input to new programme approvals
- Deaneries should request letters of endorsement for new programmes
- SACs to review new programme requests
- QAC have overarching oversight



Quality Management of Curricula



Poll 3

As a clinical or educational supervisor, have you ever participated as an ARCP panel member? : (*Choose one answer*)

- Yes
- No

Annual Review of Competence Progression (ARCP) Outcome Variance

- Reported variance regionally with outcomes
- Was particularly noticeable with Outcomes 10.1 and 10.2
- College took steps to tackle this
- Published ARCP Decision Aid for COVID-19



Externality

- A requirement outlined in the current Gold Guide (version 9, 2022) states that external advisors in ARCP panels should review a **random sample (indicative minimum of 10%)** of the outcomes and evidence supporting these as well as any recommendations from the ARCP panel about concerns over performance and training progression.
- In order to meet this requirement, College holds a list of trained External Advisors who attend panels at the request of Deaneries/LETBs.
- In addition to the minimum requirements outlined above, College also receives requests for externality for quality visits and interviews.

Quality in Training Report

Results per Psychiatry Specialty and Deanery

Please note that where there were less than three responses from residents, scores were not recorded. Scores are out of 100 and presented as a percentage.

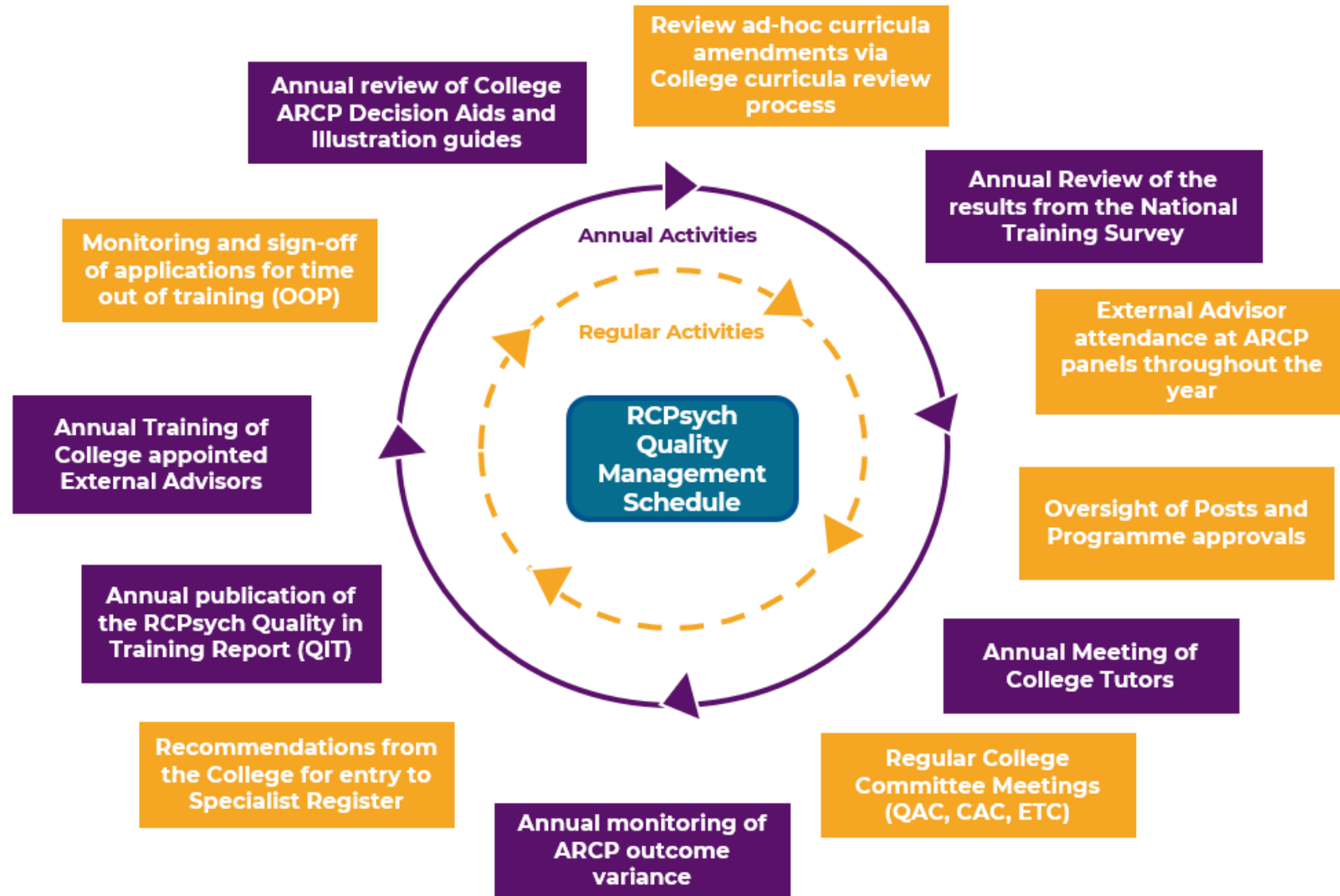
Deanery	Specialty						
	Core Psychiatry	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability
East Midlands	76.52	86.11	85	83.06	N less than 3	82.5	85.83
East of England	80.1	81.36	80	84.76	N/A	80.42	85
Kent, Surrey & Sussex	83.33	90	90	85.49	N/A	85	100
North Central & East London	80.5	81.11	87.86	77.63	88.89	78.75	N/A
North East	84.77	91.67	N less than 3	88.13	N/A	84.17	94
North West	79.89	90	82.81	85	68.33	82.5	78.38
North West London	78.27	N less than 3	N/A	82.17	N/A	96.25	76.67
South London	82.64	87.29	87.35	81.85	88.75	84.44	79
South West	84.41	86.56	95.71	87.42	N less than 3	83.75	86.25
Thames Valley	79.47	81.88	92	88.61	N less than 3	89	N/A
Wessex	81.15	86.25	N less than 3	76.84	N/A	84.38	N less than 3
West Midlands	77.8	78.26	93.13	84.36	N/A	86	95.00
Yorkshire & Humber	82.03	85	83	85.29	N less than 3	84.62	76.67
Wales	74.2	91.54	N less than 3	89.38	N/A	89.29	92.5
Scotland	80.75	79.78	90.77	89.44	92	92.4	88.75
Northern Ireland	79.21	98	N/A	91.79	62.19	98.33	98.33
Defence Postgraduate Medical Deanery	84.00	N/A	N/A	N/A	N/A	N/A	N/A

Quality in Training (QIT) Report 2024

An overview of quality assurance in psychiatry training in 2024

February 2025

Quality Schedule



Recognition and Approval of Trainers



RCPsych Guidance

Recognition and Approval of Trainers: Guidance on supporting a standardised approach.

Purpose

The purpose of this document is to clarify guidance surrounding supervision for trainees. This approach is supported by the General Medical Council (GMC).

The criteria comprise seven areas:

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator.

Deaneries and HEE local teams

- Implement *Generic professional capabilities framework* in training.
- Provide quality management of locally implemented education and training.

Local educational providers

- Implement elements or complete programmes of learning at the local level.
- Provide local quality control and participate in local quality management of education and training.

Psychiatry Silver Guide

Guidance for Psychiatric Training in the UK

Version 2.0

Version 2.0 - August 2022
Updated - August 2024

1.3 The Silver Guide

The Silver Guide has been developed from the Gold Guide (GG8), with relevance to psychiatry. This guide helps explain the structures involved in training, with an overview of the psychiatry training pathway.

A number of key pieces of documentation define the objectives and skills of all psychiatrists in training including:

- [Gold Guide 8th Edition \(2020\)](#)
- [GMC Generic Professional Capabilities Framework](#)
- [GMC Good Medical Practice \(2019\)](#)
- [GMC Promoting Excellence: Standards for Medical Education & Training](#)
- [Core Values for Psychiatrists \(2017\)](#).

10.2.1 Key quality indicators for trainees

1	Trainees in psychiatry should be allocated to approved training posts that align to the appropriate level of training for the trainee, ensuring appropriate opportunities for achievement of curricula HLOs and key capabilities and that other relevant educational opportunities are provided.
2	Trainees in psychiatry should be provided with protected time to undertake professional development sessions where applicable.
3	Trainees in psychiatry should be provided with weekly one-hour psychiatric supervision sessions.
4	Trainees in psychiatry should be provided with the opportunity to undertake the recommended minimum number of WPBAs with supervision appropriate to their level of training.
5	Trainees in psychiatry must be assigned trained educational and clinical supervisors to oversee their training and have an appropriate learning agreement (placement-specific personal development plan) in place within the first month of a training post.
6	Trainees in psychiatry must be provided the opportunity to reflect on their training through access to reflective practice groups.
7	Trainees in psychiatry must be offered a comprehensive induction to each training post prior to starting in each role including regarding on-calls.
8	Trainees in psychiatry should be offered access to study leave and supported to take it with appropriate funding commensurate with their training level.
9	Trainees in psychiatry should be provided with protected time for research activities in line with curricula requirements outlined in HLO 9.
10	Trainees in psychiatry should be provided with the opportunity to undertake appropriately supervised training in ECT where possible.
11	Trainees in psychiatry should be provided with the opportunity and support to undertake at least one audit per year or participate or lead in a quality improvement activity.

10.2.2 Key quality indicators for trainers

1	Trainers in psychiatry should tailor the post to the appropriate level for the trainee, aligning the learning opportunities with curricula HLOs and key capabilities including ensuring a range of educational opportunities are offered.
2	Trainers in psychiatry should ensure that their trainees are given time for professional development sessions sharing the responsibility for this with the trainee.
3	Trainers should timetable supervision with their trainees at mutually convenient time, providing this time hourly each week. Trainers may agree a supervision contract and whether someone will take notes.
4	Trainers should co-author with trainees a placement specific personal development plan aligned with the curricula HLOs and key capabilities.
5	Trainers will ensure trainees have time to attend reflective practice groups as part of their working day on a regular basis.
6	Trainers will ensure trainees have a comprehensive induction to the post and team they are working in before the starter their position.
7	Trainers will be provided with a comprehensive induction and training to support their educational needs.
8	Trainers will remind trainees to take their study leave to further their development and fulfilment of the curricula capabilities.
9	Trainers will ensure trainees have time for research activities including linking trainees to relevant colleagues to complete this.
10	Trainers will ensure trainees have time to complete appropriate supervised training in ECT where possible.
11	Trainers will supervise or link trainees with appropriate colleagues to undertake audit or quality improvement activity.



Thank You