

## 1. Quality Assurance partners interview schedule

### Structure

Introduce and duration about 45 mins

### Process

This interview will be recorded and analysed, looking for common themes that arise across the interviews.

### Consent

A reminder that we will not personally name anyone who takes part in the study. Do you have any questions before we start the tape? Thank you for signing the consent form [or take verbal consent if required].

### Introductory/ Background questions

- How long have you worked in your quality assurance role?
- Who else in your organisation works in a QA role?

### General: GMC quality assurance framework overall

- Are there any aspects of GMC's quality assurance framework that you think are particularly effective, i.e. give you reassurance in their processes?
- Are there any aspects of the framework that you think are less effective or problematic in some way, i.e. do not assure you?

### Focused: Specific aspects of GMC's quality assurance framework

I would now like to ask some questions about different components of the QA framework and be keen for you to share your experiences where relevant.

#### Standards

- Are the standards the right ones? Prompt any missing?
- Are the standards helpful or unhelpful in anyway?
- Has using the standards had any impact on your organisation?

#### Approvals

- What would be the advantages of making the GMC's approvals time limited?
- What would be the disadvantages of making the date GMC's approvals time limited?
- Do you think the GMC's approvals process is effective?

#### Monitoring:

- Is the GMC monitoring the right evidence to assess your organisations performance?

- What sources of evidence do you think give the GMC the best insight into your organisation?
- What other areas could they/should they monitor?
- Does monitoring have any impact on your organisation? Prompt: Positive/negative
- Turning to enhanced monitoring, some people would say that the GMC are overstepping their remit when they require postgraduate organisations to report training programs and local education providers to them, what are your thoughts?

#### Sharing evidence:

- How effective is the GMC at sharing evidence with you?
- Is there evidence that could be shared more effectively and how would that benefit your organisation?
- Is there any evidence that you feel should not be shared, in particular with other healthcare regulators?

#### Self-assessment:

The GMC requires annual self-assessment from the medical Royal colleges and medical schools but not the postgraduate organisations.

- Do you think self-assessment is a helpful process?
- Some hold the view that organisational self-assessment is not a reliable process, what do you think?
- Has the process of self-assessment resulted in any organisational change?

#### Visits:

- What purpose do you think visits to organisations have?
  - Prompt: What makes a visit effective?
  - Prompt: What are the important areas that visits should include?
- Most regulators are moving away from cyclical or scheduled visiting, towards entirely risk-based systems, however many GMC stakeholders believe the cyclical visits have many benefits and should be retained. What do you think?
- What would happen if the GMC did no visiting?

#### Reporting:

The GMC currently publishes long-form visit reports on its website, as well as information about enhanced monitoring cases, and data tools such as the NTS reporting tool and the progression reports.

- What do you think of the current QA reporting?
- Are there any negative consequences of reporting data on the website?
- Does your organisation use the reports in anyway?

#### Good practice:

The GMC aim to identify good practice across medical schools and postgraduate bodies and then publish this on their website.

- Is this useful to your organisation?
  - Prompt: positive aspects v negative

- Have you adopted any areas of good practice yourself?
- Some people would say more resources should go into quality enhancement rather than accountability. What are your views?

#### Fairness

- How can the GMC quality assure fairness in medical education and training?

#### Sanctions:

Sanctions mean withdrawing trainee doctors from the NHS or closing down medical schools which has a critical impact on healthcare.

- In the case of an underperforming training organisation that is currently failing to meet required standards what might be a proportionate sanction from the GMC that is not as extreme as withdrawing approval?
  - Prompts: The GMC visiting, publicly available rating scales, time bound approvals

#### Collective assurance

The GMC has committed to working more closely with other regulators to find efficiencies and reduce the regulatory burden on the service.

- What would be the advantages for your organisation in this approach?
- Would there be any disadvantages?
- Would sharing data enable the GMC to identify risk better?
- How practical would it be for your organisation to undertake joint visiting?
- Do you think the GMC's approach to QA is proportionate to the risks involved in medical education and training?
- Do you have any suggestions for improving the GMC's quality assurance processes?

Thank you for your time. Is there anything you would like to add that we haven't discussed?

#### Thank you

## 2. Quality Assurance non-partners interview schedule

#### Structure

Introduce and duration about 45 mins

#### Process

This interview will be recorded and analysed, looking for common themes that arise across the interviews.

#### Consent

A reminder that we will not personally name anyone who takes part in the study. Do you have any questions before we start the tape? Thank you for signing the consent form [or take verbal consent if required].

### Introductory/ Background questions

- Can you briefly explain the context in which your organisation is involved in QA
- What is your specific role?
- How long have you worked in your quality assurance role?
- Who else in your organisation works in a QA role?

### General: GMC quality assurance framework overall

- Are there any aspects of GMC's quality assurance framework that you think are particularly effective, i.e. give you reassurance in their processes?
- Are there any aspects of the framework that you think are less effective or problematic in some way, i.e. do not assure you?

### Focused: Specific aspects of GMC's quality assurance framework

I would now like to ask some questions about different components of the QA framework and be keen for you to share your experiences where relevant.

#### Standards

- Are the standards the right ones?
  - Prompt: Any missing?
- Are the standards helpful or unhelpful in anyway?

#### Approvals

- Do you think the GMC's approvals process is effective?
- What would be the advantages of making the GMC's approvals time limited?
- What would be the disadvantages of making the date GMC's approvals time limited?

#### Monitoring

- Is the GMC monitoring the right evidence to assess organisational performance?
  - Prompt: What other areas could they/should they monitor?
- Do you think monitoring has any impact on organisation performance?
  - Prompt: Positive/negative
- Turning to enhanced monitoring, some people would say that the GMC are overstepping their remit when they require postgraduate organisations to report training programs and local education providers to them, what are your thoughts?
- How does your organisation use monitoring?
- Do you have a model for triangulating predicting risk?

### Sharing evidence

- How could the GMC improve sharing its evidence?
  - Prompt: Between regulator to regulator; between regulators to QA partners?
- Is there other evidence that could be shared?
  - Prompt: Is there any evidence that you feel should not be shared?

### Self-assessment

The GMC requires annual self-assessment from the medical Royal colleges and medical schools but not the postgraduate organisations.

- Do you think self-assessment is a helpful process?
- Some hold the view that self-assessment is not a reliable process, what do you think?
- What is your organisations approach to self-assessment?
- Has the process of self-assessment resulted in any organisational change?

### Visits

- What purpose do you think visits to organisations have?
  - Prompt: What makes a visit effective?
  - Prompt: What impact do you think organisational visits have?
- Most regulators are moving away from cyclical or scheduled visiting, towards entirely risk-based systems, however many GMC stakeholders believe the cyclical visits have many benefits and should be retained. What do you think?
- How can visits give greater assurance of quality?
- What would happen if the GMC did no visiting?

### Reporting

The GMC currently publishes long-form visit reports on its website, as well as information about enhanced monitoring cases, and data tools such as the NTS reporting tool and the progression reports.

- What do you think of the GMC approach to reporting?
- How does your organisation report on performance?
  - Prompts: strengths and weaknesses?

### Good practice

The GMC aim to identify good practice across medical schools and postgraduate bodies and then publish this on their website.

- What do you think of the GMCs approach to sharing best practice?
- Some people would say more resources should go into quality enhancement rather than accountability. What are your views?
- What is your organisations approach to this?

### Fairness

- How can the GMC quality assure fairness in medical education and training?

### Sanctions

In the GMC's context, sanctions mean withdrawing trainee doctors from the NHS or closing down medical schools which has a critical impact on healthcare.

- Does your organisation have any advice or experience of imposing meaningful sanctions that would not be considered as extreme as the GMC's approach?

### Collective assurance

The GMC has committed to working more closely with other regulators to find efficiencies and reduce the regulatory burden on the service.

- Is your organisation involved in joint visits? If so, what would be the advantages/disadvantages for your organisation in this approach?
- Do you sharing data with other organisations?
- How practical would it be for your organisation to undertake joint visiting?
- Do you think the GMC's approach to QA is proportionate to the risks involved in medical education and training?
- Do you have any suggestions for improving the GMC's quality assurance processes?

Thank you for your time. Is there anything you would like to add that we haven't discussed?

**Thank you**