

Education quality assurance policy and procedure manual



Association
of Anaesthetists

Education Quality Assurance Policy and Procedure Manual

Introduction and purpose

The Association of Anaesthetists (the Association) as a leading provider of education has established its own quality assurance (QA) policy and procedure based on the principles set out in the Association's CPD position statement).

This policy and procedure are linked to the Association's Code of practice for CPD events in anaesthesia and related subspecialties

This manual sets out:

- Policy and Vision
- Procedure for Quality Assurance
- Related Policies and Templates used for QA
- Code of practice

The Association QA policy and procedure formalises our existing approach. It draws on key guidance documents produced by the GMC, Academy of Medical Royal Colleges, Academy of Medical Educators (which are referenced on page 3).

The Association QA framework is based on the model defined by the Academy of Medical Royal Colleges (<https://www.aomrc.org.uk/revalidation/medical-appraisal-revalidation/>)

Our vision

As the leading provider of postgraduate education in anaesthesia in the UK the Association will deliver high quality and relevant education and training in a variety of formats and styles including seminars, conferences, core topics meetings, workshops, webinars and online learning to suit individual needs at different stages in their career development.

The Association will quality assure its educational output by setting clearly defined learning outcomes and through rigorous evaluation that involves feedback from learners and peer review of content.

Quality standards for AAGBI education/training

The Association will apply the following quality standards for each educational activity:

1. Where relevant, up to 5 learning objectives will be set by the presenters when planning a learning activity. For themed activities, such as seminars, webinars or conference sessions, these can be overall objectives.
2. The proposed educational content, objectives and learning methods will be reviewed at the planning stage by expert peers including highly experienced educators who are knowledgeable and experienced. (For seminars, Core Topics and webinars there are appointed leads, and for large conferences there will be specific project groups). A programme will only be published online after the relevant approval .
3. The Association's Education Committee will have oversight of the curriculum, mix of education topics and their relevance to both the GMC domain and, where relevant, other guides.
4. Presenters are expected to demonstrate both current knowledge/experience of the topic and the skills to deliver the content appropriately while presenting. Presenters' performance will be reviewed through evaluation in the form of feedback from learners and peer review.



5. A database of Association faculty is maintained to hold feedback received on each individual and this will be used in evaluating past and planning future educational activities.
6. Feedback is communicated to individual trainers/presenters to enable them to review their sessions and for purposes of appraisal. This information will normally be provided within a month of the closure of the survey, which will happen two weeks after the event.
7. A majority of our educational output is lecture based, however where appropriate we aim to provide complementary practical and interactive sessions. Educational methods should be appropriate and tailored to the specific learning outcomes and anticipated learners' needs: the mix could include small group work, practical training, simulation, experiential learning, live demonstration, lecture/presentation etc. (Please see definitions in Appendix one). Principles of adult learning should be followed, and interactive learning provided wherever possible.
8. Reflective learning will be promoted in all our educational activities, based on the Association template, and opportunities to record reflection provided through learn@, the Association online learning portal.

Related policies

- Commercial sponsorship policy to prevent bias
- Comments and complaints policy
- Competing interests policy
- Event Code of Conduct

Our Quality Assurance and evaluation methods

These actions will take place systematically to QA our education:

- Evaluation from learners will be gathered to inform future training/education. This feedback will be shared with the lecturers/trainers/organisers, so that they can reflect on their performance consolidate good practice and if necessary, make appropriate change to their educational content or delivery.
- Delegates will be asked to comment on whether the learning objectives identified were appropriate and whether they have been met. This will be fed back to the Association and used for future improvement. Delegates will alternatively be asked to comment on content and delivery if more appropriate.
- An expert group (comprised of leads who have been appointed by the Association Board of Trustees on specific learning programmers, specific project groups for large conferences and the chair and members of the Association's Education Committee) will review all types of learning activity from planning stage through to post event evaluation, and ensure that feedback is sent to faculty members in a timely manner.
- QA assessors: an appropriately trained QA assessor (drawn from Trustees or appointed from the general membership) will be present at education events that are not filmed including all Core Topics, new Seminars and every workshop at large conferences and will evaluate the quality of the learning experience. For events that are recorded, the QA assessor will review the footage.
- Additionally QA assessors will also further scrutinise any lectures that have been videoed for use online.
- The Education Committee will function as a Quality Assurance Board with oversight of the implementation of the Association's Quality Standards and the QA process. This means that annually the Association education committee and education team will conduct a



quality audit/review and self assessment/appraisal exercise to identify areas for improvement.

- Once a year the education committee will review the education needs of different interest groups and consider whether new education activities should be developed to meet these.

References

Other relevant models/guidance on QA and standards

1. Academy of Medical Royal Colleges - www.aomrc.org.uk
Home - Academy of Medical Royal Colleges
[Core Principles for CPD 110523.pdf \(aomrc.org.uk\)](#)
2. Standards and Criteria for CPD activities (AOMRC, 2012) Academy of Medical Educators - www.medicaleducators.org
Useful standards document for medical educators
[Standards and Criteria for CPD Activities - A Framework of Accreditation - Academy of Medical Royal Colleges \(aomrc.org.uk\)](#)
3. GMC - www.gmc-uk.org
Useful background to refer to but not appropriate for Association's style of CPD GMC | Assuring quality in medical education
[How we quality assure medical education and training - GMC \(gmc-uk.org\)](#)



Appendix one – Educational methods - definitions

Small group work

Collaborative work in small groups is designed to develop 'higher order' skills. The key elements are the talking and associated thinking that take place between group members. We acknowledge that assigning delegates to groups is no guarantee that they work as groups (Bennett 1976), so much deliberate work needs to be done to make group work productive.

According to Johnson and Johnson (1999) the cooperative group has five defining elements:

- positive independence – delegates need to feel that their success depends on whether they work together or not (they sink or swim together);
- face-to-face supportive interaction – delegates need to be active in helping one another learn and provide positive feedback;
- individual and group accountability – everyone has to feel that they contribute to achieving the group goals;
- interpersonal and small-group skills – communication, trust, leadership, decision making and conflict resolution;
- group processing – the group reflecting on its performance and functioning and on how to improve.

Practical training

Practical training is defined as an integrative hands-on learning experience in a supervised setting aimed at professional preparation and training. The delegate always works with the support and appropriate help from the workshop leader/ instructor. However, the delegate is engaged in carrying out a particular activity, so the responsibility is the delegate's.

The overall goal of practical training is to get experience, to deepen professional education, to bring the theory to life (apply the knowledge, concepts and skills in a real working environment) and to provide delegates with practice experience.

Additional – practical goals / aims

- to gain additional insight into the realistic work situations
- to apply knowledge and skill in practice
- to increase the delegates' professional self-awareness
- to complement the knowledge and skills gained elsewhere
- to experience responsible interaction with relevant experts and professionals from other fields
- to get feedback from experts

Simulation

Simulation is a generic term that refers to an artificial representation of a real world process to achieve educational goals through experiential learning. Simulation based medical education is defined as any educational activity that utilises simulation aides to replicate clinical scenarios. Although medical simulation is relatively new, simulation has been used for a long time in other high risk professions such as aviation. Medical simulation allows the acquisition of clinical skills through deliberate practice rather than an apprentice style of learning. Simulation tools serve as an alternative to real patients. Someone learning skills can make mistakes and learn from them without the fear of harming the patient. There are different types and classification of simulators and their costs vary according to the degree of their resemblance to the reality, or 'fidelity'. Simulation-based learning is expensive. However, it is cost-effective if utilised properly. Medical simulation has been found to enhance clinical competence at the undergraduate and postgraduate levels. It has also been found to have many advantages that can



improve patient safety and reduce health care costs through the improvement of the medical provider's competencies

Experiential learning

Experiential learning is any learning that supports delegates in applying their knowledge and conceptual understanding to real-world problems or situations where the instructor directs and facilitates learning. The classroom, laboratory, or studio can serve as a setting for experiential learning through embedded activities such as case and problem-based studies, guided inquiry, or experiments.

- deepen their knowledge through repeatedly acting and then reflecting on this action
- develop skills through practice and reflection
- support the construction of new understandings when placed in novel situations

Live demonstration

Experts provide opportunities for delegates to see and experience real world learning in the educational setting. The opportunity to learn from experts and witness their work in person or virtually is an invaluable experience.

Lecture presentation

The speaker is the primary information giver in lecture based teaching, perhaps using a visual aid, such as a PowerPoint presentation, chalkboard or handout. Delegates are expected to listen and may take notes during lectures, and there is limited interaction and exchange between teacher and student. Lectures are used in large events as convenient way to pass on information to a large group at once. Delegates who are not auditory learners may struggle with the lecture method of teaching. It is not possible for the lecturer to respond to learners' needs or to change the level of complexity of the information presented to meet learners' needs and level of understating of the topic.

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