



PMETB VISIT TO DEANERY REPORT

Please note: this report is about the postgraduate medical education and training of doctors and not about the level of service provided.

1. Postgraduate Deanery visited: East Midlands Healthcare Workforce Deanery	
2. Dates of visit: 10-12 November 2009	
3. Visiting team	
	Name
Lead visitor	Nick Copp
Visitor	Mark Poulson
Visitor	Richard Tubman
Visitor	Martin Warren
Visitor	Jane Nicholson
Visitor	Lionel Campuzano
Visitor	Robert Broomhead
PMETB observer	Sarah Beattie
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
King's Mill Hospital, Sherwood Forest Hospitals NHS Foundation Trust City Hospital Campus, Nottingham University Hospitals NHS Trust Kettering General Hospital NHS Foundation Trust Leicester Royal Infirmary, University Hospitals of Leicester NHS Trust	
5. Contact to whom the visit report is to be sent for factual accuracy check	
Deanery contact name(s)	Email address(es)
Professor David Sowden	David.Sowden@nottingham.ac.uk
6. Existing reports referred to during the visit	
Annual Deanery Report 2007-2008 Specialty school annual reports Deanery accreditation review Visit reports and progress reports/action plans Deanery exception visits updates Deanery strategic plan Deanery website Other deanery documentation relating to quality management PMETB visit report 2007 and associated follow-up PMETB evidence including survey data	

7. Findings against PMETB's generic standards for training

The visit team should identify notable practice as strengths of the provision, potential conditions as weaknesses and any actions that you consider essential or desirable under each of these domains. Each finding must be explicitly linked to evidence (either direct experience or from the evidence base presented).

Domain 1: Patient safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

D1.1 The East Midlands Strategic Health Authority (EMSHA), of which the Deanery is a part, ensures a strong focus on patient safety by including it as a regular standing item on its quarterly board meetings. Investigation into all reported serious or untoward incidents is led by EMSHA with the Dean Director tasked to take action within a defined timeline. There is a six-month follow-up by the EMSHA Board to confirm acceptable resolution of the issue. The critical incident reporting and resolution process provides a clear structure exist for identifying, recording and acting on patient safety issues at Leicester Royal Infirmary and Kettering General Hospital.

D1.2 The visit team noted several examples of trainees always taking consent appropriately, with no trainees seen having been asked to seek consent outside the GMC guidance. The visit team felt that there was a good commitment to patient safety in Trusts visited, notwithstanding some specific issues as outlined below.

D1.3 The visit team saw paediatric trainees at Kettering and Sherwood Forest Hospitals, where there was good morning handovers and where time was allocated for both hard-copy and verbal handover with consultant attendance. In both emergency medicine at Leicester Royal Infirmary and paediatrics at Kettering Hospital, trainees felt able to locate and contact their supervisors at any time, although handover times for paediatric trainees at Leicester Royal Infirmary are not written into trainees' scheduled hours.

D1.4 The visit team considered that night-time arrangements in paediatrics at Kettering Hospital represented a significant patient safety concern. In daytime hours, there is a bleep for the Specialist Registrar covering the paediatric ward and a separate bleep for the trainee covering the alternate site Neonatal Intensive Care Unit (NICU). At nights, a single bleep is carried with the paediatric bleep stored in a locked drawer. There are multiple reported incidences of system failure when emergency calls to the paediatric bleep have been incorrectly redirected, resulting in a junior trainee being unable to contact a senior colleague for urgent assistance. The paediatric consultant body acknowledges that there is a patient safety issue. The action plan thus far has been solely to reinforce the protocol relating to switchboard procedures. The visit team considered that the potential remains for future problems to arise for trainees in locating senior assistance in an emergency. Further issues at this LEP are addressed at 1.7.

D1.5 Junior paediatric emergency medicine trainees at Leicester Royal Infirmary with no formal transfer training have been asked to transport critically ill, mechanically ventilated children between hospitals with no accompanying medical support. This contravenes guidelines from the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the Royal College of Paediatrics and Child Health (RCPCH), both of which bodies stipulate the need for transfer personnel to be suitably qualified, and represents a serious trainee safety and patient safety issue. These trainees feel poorly supported by their consultant body and are regularly asked to cover NICU and ward emergencies despite feeling "out-of-their-depth", which conveyed to the visit team that trainees were being asked to perform outside of their competency.

D1.6 At Queens Medical Centre (QMC) several trainee rotas involve seven consecutive nights, in neurosurgery, otolaryngology (ENT), radiology and the Paediatric Intensive Care Unit (PICU). The Dean Director was aware of these issues and has previously written to all East Midlands trusts advising that the rotas were not acceptable. Actions to change neurosurgery, ENT and radiology rotas to coincide with December rotation changes are in place, but the PICU rota will retain seven consecutive nights for at least six months. The continuing existence of such rotas is in opposition to national college guidance and has the potential to impact adversely on trainee and patient safety and trainee health.

D1.7 There are multiple instances of split site paediatric services within local education providers (LEPs) across the Deanery, notably Kettering, Leicester, Lincoln and Nottingham. Interim plans at Kettering and Leicester have involved significant financial input to appoint temporary staff in an attempt to provide the necessary additional doctor cover. At Kettering Hospital, the Special Care Baby Unit and paediatric departments are located on different sites separated by a four-minute walk. The geographical situation means that junior trainees have felt out of their depth attending neonatal resuscitation, due to delayed assistance from the registrar. The interim arrangement for junior doctor cover at night provides one registrar and two junior trainees, and an action plan is in place to locate both services in a new building with a proposed completion date of September 2011. A number of the trusts involved are aiming to eliminate split site working by co-locating acute paediatric services within the hospitals concerned.

D1.8 At Lincoln County Hospital, the paediatric department and NICU are located at different sites, separated by a 15-minute walk including a lift journey. Cover at night consists of one senior and one junior trainee. This combination of circumstances means that, in an emergency, staffing levels could prove unsafe for trainees and, potentially, patients. The problem has been identified previously by the postgraduate deanery and East Midlands Neonatal network. A succession of action plans has been prepared over a period of more than five years, including a proposal to build a new joint unit on the site, but at the time of the visit the plan to co-locate paediatric and neonatal services had been postponed. The visit team reviewed the latest action plan and discussed this with the Chief Executive of United Lincolnshire Hospitals NHS Trust (ULH). This latest plan was regarded by the team as inadequate to address the immediate patient and trainee safety issues. The Dean agreed and has initiated a review of the plan, involving the Medical Director of the EMSHA, with a view to urgent implementation of measures to overcome the safety issues. This was the situation at the time of the visit; however, there is a serious and ongoing trainee and potential patient safety issue regarding night cover arrangements in the paediatric department and NICU at this LEP.

Domain 2: Quality management, review and evaluation

Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which deans are responsible.

D2.1 At this deanery, the quality management (QM) system is well documented, is included as a core deanery function in the Business Plan for 2009-10, and is prominent within the governance process. The quality of postgraduate medical education and training is a key responsibility of both the Deanery Management Team and the Operational Management Team.

The visit team found that the QM system is being widely embedded in deanery structures, for example, in the specialty schools and Multi-Professional Institute, and is well regarded by staff at all levels. Trainers and trainees input to the review of the Deanery's QM system through the specialty schools' board structures and the deanery visits to the LEPs. A well-documented system is in place, but has yet to be fully and consistently deployed across the deanery.

D2.2 The EMSHA governance process includes monthly meetings with the Deanery's senior team. The shared objectives of the Dean Director and the SHA Director of Workforce and Human Resources (HR) are determined by the Deputy Chief Executive of the SHA to whom they

both report. The visit team saw this as a useful and important way to ensure close working between the Deanery and SHA on the quality of education and training. There is a QM team within the deanery structure with an assigned quality manager. Responsibilities and objectives for quality are also assigned to individuals within the deanery organisation.

D2.3 The Deanery has learning and development agreements (LDAs) with each of its LEPs. These are monitored by the SHA, but used by the deanery, through the education accreditation review (EAR) process, to review the financial impact of this allocation on the provision of the educational environment for trainees. The LDA documentation provided to LEPs includes a comprehensive framework for quality control, based on PMETB standards. The visit team noted variances in deployment of the framework by different LEPs, but the senior management in all the trusts visited acknowledged the value of a structured approach and were using EAR-based action plans to monitor their LDA performance. The frameworks for quality control, based on PMETB standards adopted by Kettering, Sherwood Forest and Leicester hospitals were noted as examples of good practice in this regard.

D2.4 The Deanery monitors progress against compliance with European Working Time Regulations (EWTR) to fulfil DH reporting requirements and contribute to the action plan for its Annual Deanery Report to PMETB, drawing information from the specialty schools' reporting structure and the visit programme associated with EAR. The current status regarding rotas within the Deanery was reported to the team as 84 per cent fully compliant with EWTR, 14 per cent with outstanding issues to be resolved (rotas greater than 48 hours), and 2 per cent derogated (one rota in Leicester aims to comply within a year). All rotas in general practice (GP) within the Deanery are EWTR-compliant. Although the Deanery and all LEPs visited were aware of the need for the rotas to be compliant, trainers were not uniformly clear how the impact on training resulting from implementation of the EWTR was going to be monitored by the Deanery. The visit team was told that the SHA Medical HR Adviser with responsibility for EWTR compliance visits each LEP in advance of their formal monitoring visit under the EAR process, to help LEPs ensure that any HR issues, including EWTR compliance, are addressed effectively. Nevertheless, non-compliant rotas still exist. The Deanery's quality team is said to be addressing the rotas which are still non-compliant with the relevant LEPs, but there are no clear target dates for resolution.

D2.5 During the visit, the Deanery responded promptly to issues raised by the visit team and initiated action where necessary. However in certain specific cases, for example the safety issues raised in relation to Lincoln County Hospital (paragraph D1.8 above), examples of seven-night rotas (paragraph D1.6) and uncertainty among trainers regarding how the impact of EWTR non-compliance on training was to be monitored (paragraph D2.4), it was clear that important issues included in action plans had not been effectively resolved. The Deanery has demonstrated a capacity to act on issues that arise, as evidenced in its ADR action plan and its subsequent response to the conditions imposed by the PMETB ADR approval panel meeting held on 20th February 2009.

Domain 3: Equality, diversity and opportunity

Postgraduate training must be fair and based on principles of equality.

D3.1 The Deanery sets out explicit standards for equality, diversity and opportunity in its LDAs with LEPs. Compliance with these standards is monitored in the Deanery's EAR process, including the pre-EAR visits by the EWTR Manager. There are regular meetings of HR departments from the Deanery and LEPs to discuss HR issues, including compliance with policies. There is a clear pathway to deal with issues of equality, disability and opportunity through the programme directors and Associate Postgraduate Dean in the GP School.

D3.2 Medical education managers across the Deanery enter data on the ethnicity and gender of trainees, and the equality and diversity training status of local trainers on the 'Intrepid' system.

These data were used by the Deanery in monitoring compliance with LDAs in the annual EAR process. However, summary and analysis of data pertaining to equality, diversity and related areas are not available on the Deanery's website for trainees or others to see. This issue is also present for recruitment, addressed at D4.4.

D3.3 Both the Deanery and LEPs provide training in equality and diversity for trainers. Compliance is checked at annual consultant appraisal within LEPs, and training is refreshed every three years.

D3.4 An initiative to support international medical graduates (IMGs) who have entered the GP training programme is being developed after analysis of outcomes of examinations showed that IMGs achieved poorer results. A lead programme director for IMG issues has been appointed in the north sector.

D3.5 There are two designated lead Associate Deans (North and South) for flexible training, whose role includes educating training programme directors (TPDs) as well as facilitating flexible training. There is a unified system applied across the Deanery for both primary and secondary care, and national criteria for eligibility are applied. There is a set application process and this is detailed on the Deanery's website. Trainees visited in King's Mill Hospital and Nottingham City Hospital were aware of available opportunities and did not describe any difficulties accessing flexible training. They felt that the TPD was friendly and approachable. Overall, there is a culture of support for flexible trainees across the Deanery.

D3.6 Lead Associate Deans have facilitated and promoted the development of a Training Support Unit (TSU) to provide support to trainees, including trainees in difficulty. A TSU Manager is supported by a team of case managers, who continue to develop the service and ensure widespread awareness of it.

D3.7 The role of the TSU in supporting trainees with health or other personal issues was frequently cited and is highly regarded by trainers and trainees across the Deanery. There are specially trained case managers and the TSU has access to specialist occupational physicians and other resources such as communication and language skills training, educational psychologists and counselling. The TSU is the responsibility of an Associate Dean and there are strong QM processes in place to support this. There are clear routes of referral and communication from trainees, trainers, training programme directors, and specialty schools to the TSU to deal with personal support issues.

D3.8 The TSU also provides career management support for trainees on request in addition to regular career forums and an annual career workshop. The TSU has a comprehensive website within the Deanery's website and has published a first annual report. The visit team was given an example of a trainee in emergency medicine whose disability prevented overnight working. After discussion with the Deanery, adjustments were made to allow an appropriate work pattern. Individual LEP policies for supporting trainees are not, however, uniform across the deanery area.

D3.9 90 per cent of all applications for out-of-programme training and research are accepted.

Domain 4: Recruitment, selection and appointment

Processes for recruitment, selection and appointment must be open, fair, and effective.

D4.1 Deanery medical recruitment processes involve the Department of Health (DH), heads of school, directors of medical education and trust leads of medical human resources. This has resulted in efficient implementation of national recruitment requirements in 2009.

D4.2 Recruitment and selection procedures are clearly described on the Deanery's website

which is regularly updated. The Deanery has produced proposals to streamline and enhance the quality of local recruitment in 2010 when the number of lead recruiting trusts will be reduced to two, one in each of the Deanery's north and south regions. The Deanery recruitment manager works one day a week with the DH which helps to contribute knowledge of best practice recruitment procedures to the Deanery.

D4.3 During Round 1 of the 2009 recruitment, a telephone helpdesk was staffed full time and received 1,100 calls. No issues of concern were reported to the Deanery from trainees using this facility. There is a published complaints and appeals procedure; of 5,200 applicants, two made a complaint. Trainee feedback indicated that recruitment had been well managed and there was appreciation of the choices and support offered. Trainees were also aware of how to raise concerns regarding recruitment.

D4.4 The Deanery gathers information from applicants for equality monitoring purposes. Data for 2009 was available to the visit team but as it is not analysed, the Deanery is currently unable to demonstrate that the recruitment was fair and based on principles of equality.

D4.5 All selection panel members in the lead recruiting trusts are required to be trained both in equal opportunities and diversity, and fair practice in recruitment. This includes the lay representatives. Updated training within a three-year period is mandatory and completion is monitored by the Deanery. A panel member was suspended from a selection panel owing to lack of compliance with the requirement. The Deanery does not formally monitor the effectiveness of the training, although selection panel members considered that the training helped them to focus on issues which could adversely affect fair selection.

D4.6 The Deanery has appointed nearly 50 lay representatives. Interview panels have a lay chair who provides a written process report to the Deanery. A summary is fed back to school boards. The School of Paediatrics is planning to adopt DH guidance in 2010 by involving young people in recruitment; training will be provided by LEP youth services.

D4.7 In more than one LEP there has been a lack of adequate consultant availability for short-listing and selection panels, particularly where panels were set up without reference to consultant availability. Deanery guidance states that LEPs should make necessary arrangements to release panel members, however the deanery and LEPs are not working together to ensure that this is effectively implemented; the issue of consultant time for training is also addressed at D6.9.

Domain 5: Delivery of approved curriculum including assessment

The requirements set out in the approved curriculum must be delivered and assessed.

The approved assessment system must be fit for purpose.

D5.1 Postgraduate specialty schools have been established to deliver curricula and monitor the quality of training, and these have a clear management structure. Clinical oncology and medical oncology are both relatively small specialties and recent challenges include the move of Sheffield Hospitals from a training programme linked to the East Midlands Deanery to the Yorkshire Deanery, and a nine-month period without a TPD. A new TPD is now in post and an Associate School of Oncology and an Oncology Education Committee have been established.

D5.2 At meetings with trainers from a broad spectrum of specialties, concern was expressed that implementation of the 48-hour week had both decreased the level of trainees' practical experience and hindered access to teaching because of statutory rest periods. Some medical oncology trainees had experienced difficulty in gaining experience of the management of gynaecological tumours which is a mandatory part of the medical oncology curriculum.

D5.3 Paediatric training (north and south) is divided into three levels with a clear competency framework, and trainees confirmed that the curriculum was clear. Paediatric trainees and trainers from Sherwood Forest Hospitals reported that excellent practical experience was available.

D5.4 Hospitals within the Deanery are spread over a wide geographical area and long travelling times, combined with service pressures, sometimes restrict access to educational sessions. Some teaching programmes have been designed with this in mind – for example for clinical oncology and medical oncology in Nottingham the teaching programme has been revised and there are plans to introduce regional study days. Both paediatric trainees and trainers at Sherwood Forest Hospitals were complimentary about the teaching programme, which is organised by trainees with consultant supervision, and incorporates input from both patients and carers.

D5.5 The annual review of competence progression (ARCP) process is well established in most specialties and is monitored by the Deanery. Clinical oncology and clinical radiology continue with the record of in-training assessment (RITA) system as is the case nationwide. The outcomes of these assessments are published by the Deanery. Some trainers expressed doubt about the value of ARCP as an assessment of the clinical ability of trainees, as in their opinion some doctors who had been “signed off” at ARCP were not competent in practice. ARCP panels include lay and external representatives. There are clear processes for recruitment and training of lay representatives.

D5.6 The specialty schools are required by the Deanery to monitor the assessment systems for training programmes and the sample self-assessment reports received from schools indicated that this was being addressed. During the visit, it was established in interviews with trainees that regular workplace-placed based assessments (WPBAs) and direct observations of procedural skills were undertaken and e-portfolios were completed by trainees and reviewed by their educational supervisors. GP trainees complete workbooks and these are reviewed by educational supervisors, and case-based discussions held. At Sherwood Forest Hospital, an additional document was obtained detailing the monitoring of WPBAs for input to ARCPs.

D5.7 Paediatric trainees at Sherwood Forest and Kettering Hospitals reported good feedback from educational supervisors who were readily available for advice. Medical oncology and clinical oncology trainees did not receive objective feedback from patients and were not engaged in 360-degree appraisal. Educational supervisors are being trained in feedback as part of the training the trainer supervisor scheme which the Deanery is implementing throughout the region.

Domain 6: Support and development of trainees, trainers and local faculty

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Standards for trainers.

D6.1 The Deanery runs regular career forums and an annual career workshop that takes a structured approach to careers, awareness building and specialty suitability.

D6.2 The Deanery requires that all trainees receive an induction at commencement of post at trust and departmental level which is audited. Schools also run their own induction programmes. ULH had multiple examples of missed induction due to failures by the Deanery to inform the Trust of which trainees were arriving. If a trainee has no induction certificate, then study leave is restricted. All trainees interviewed by the visit team had been allocated educational supervisors upon arrival in a post.

D6.3 The rotas that run seven nights in a row at QMC and Nottingham City Hospital and those

that are non-compliant with EWTR at QMC (see paragraphs D1.6 and D1.7) are a cause for concern in relation to trainees having adequate access to teaching opportunities. EMSHA senior managers and TPDs are aware of service versus training tensions emerging in some trusts as a consequence of EWTR, and saw the 'Next Stage' review as an important opportunity to address these problems.

D6.4 The emergency medicine rota at Leicester Royal Infirmary has recently been reviewed in consultation with trainees, and a new EWTR-compliant rota has been implemented, which trainees felt had improved the rota considerably. The new rota has timetabled educational sessions and dedicated patient handover time. This had also allowed for a 10-day induction programme to be introduced – two hours a day, run three times a year. However, there were concerns around paediatric trainees at the Leicester Royal Infirmary encountering frequent unplanned changes in duties because of rota gaps, with the resulting service pressures impeding the review by consultants of cases dealt with by trainees – a lost learning opportunity.

D6.5 Academic trainees are given access to carefully selected laboratories and protected time to optimise completion of PhDs. National Institute for Health Research clinical academic trainees have deanery funding of £1,000 per annum as bursaries. Academic time is ring-fenced in blocks so that these trainees are not pulled into clinical service. EWTR is being managed effectively for academic trainees.

D6.6 There are currently various study leave policies depending on the hospital to which trainees are attached. The Deanery itself has a study leave policy, although this has not been updated since 2003; it is currently being reviewed.

D6.7 Both the north and south areas of the Deanery have developed training the trainers programmes, with individual leads, with variations in delivery but quality controlled to ensure full coverage of the curriculum developed by the Deanery. Faculty training was delivered prior to general implementation of the course and 1,200 places will have been delivered by January 2010. An e-learning plan was co-developed for re-certification and those unable to attend the course. There is no database of trainers in secondary care and the Deanery relies on LEPs to manage the programme. The deanery intention is that training the trainers becomes the responsibility of the LEPs in 2010/11, with the deanery will quality managing the process.

D6.8 The competence of individual trainers is being actively addressed through an accreditation/certification scheme. To date, 650 clinical trainers out of an establishment of 3,000 have been accredited to deanery standards, with the training programme ongoing. A planned completion date for this training programme was not established.

D6.9 WPBA tools are used and all trainees complete their required numbers. Trainers are committed to providing good education and training in all trusts visited. Leicester trainers have time recognised in specialist programmed activities (SPAs) and job plans for training – 0.125 SPAs per trainee supervised. In other trusts visited, trainers generally had no specifically allocated training time.

D6.10 The absence of public transport at Leicester Royal Infirmary sometimes results in trainees walking home unaccompanied after midnight, which is considered unsafe.

Domain 7: Management of education and training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

D7.1 The Deanery fully accepted the importance of its strategic and business planning responsibilities and processes in relation to QM; both are well documented and posted on the Deanery's website, accessible to all its stakeholders. The Deanery takes a partnership approach

to its relationships with LEPs. This approach is delivered through a robust QM operational guide and a comprehensive LDA with each LEP, supported by the EAR programme. Throughout the visit, the Deanery demonstrated generally effective and close communication and working relationships with its LEPs and vice versa.

D7.2 The Deanery has in place established and robust training programmes which are delivered effectively. These training programmes are dynamic in that the Deanery and its LEPs have effective mechanisms in place to update and amend programmes as required. This Deanery is responsible for a large geographical area which presents challenging communication issues. It is therefore structured into north and south areas as shown on the stakeholder map at the Deanery's website.

D7.3 The Deanery has a clear organisational structure for the delivery of its training programmes, with clearly defined responsibilities and accountabilities within the Deanery and, through an effective QM approach, to its LEPs. Similarly, effective lines of communication have been established within the Deanery and with its stakeholders, both top-down and bottom-up. In particular, the views of trainers and trainees are conveyed to the Deanery's senior team through regular reports from specialty schools, on whose boards they are represented, and information from the Deanery is passed back through the same structure. General support for deanery structure and processes exists at all levels within the LEP organisations seen by the visit team. As a result of its efforts in this regard, awareness of the Deanery's strategy and processes is beginning to grow within LEPs.

D7.4 All LEPs support and use the Deanery's data management tool/system 'Intrepid'. This database provides management information support to the Deanery in managing its education and training strategies and responsibilities, and is largely dependent on information input by LEPs, all of which confirmed during the visit that they proactively support this system.

Domain 8: Educational resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

D8.1 The Deanery sets out clear standards for educational facilities and infrastructure within its LDAs with LEPs. Compliance with these standards is monitored in the Deanery's EAR process.

D8.2 Trainees' views on the provision of educational resources are obtained by LEPs and the Deanery in a variety of ways, including feedback from junior doctor forums (there is a regular forum in King's Mill and a less frequent one in Nottingham City), discussions with educational supervisors in post, specialty schools' end-of-post surveys and the PMETB trainee survey.

D8.3 With the exception of the issues raised in Domain 5 above, trainers and trainees were generally satisfied that individual training programmes provided adequate clinical experience to meet trainees' curricular requirements. Educational resources were considered appropriate, with good access to library and IT facilities.

D8.4 The visit team heard evidence that trusts were working towards identifying dedicated time within consultant job plans for medical education and training. However, this time was offered within a variable provision of SPAs, some trusts being more generous than others.

D8.5 There is a well equipped Simulation and Clinical Skills Centre in Nottingham which is used extensively by schools. There are plans to develop a similar centre in the southern sector of the Deanery. The Deanery is piloting a virtual learning environment ('Moodle VLE') in three specialty schools and has provided initial workshops for relevant trainers.

Domain 9: Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in

developing standards.

D9.1 The Deanery has started to collect some data on outcomes of training and makes these available to trainers and trainees through the Deanery's website. Only one year of data was presented to the team and there was little evidence of analysis being undertaken. The published data are in raw form. Deanery business managers specifically measure ARCP outcomes and examination results for public health and secondary care. Associate deans are involved in analysing the data that is published in the ADR. These data are also passed to the Mersey Deanery which is collating information for the Conference of Postgraduate Medical Deans for national benchmarking.

D9.2 Specialty schools are a focus for outcomes data collection, but systems for collection and analysis are not yet mature. Some data are collected on WPBA, ARCP and examination results, and are fed into school reviews of curricula and assessment systems. Primary care is slightly ahead in this regard, and some analysis was being carried out on data relating to GP trainees. One example of such analysis leading to action was that of international trainees (see paragraph D3.4 above).

D9.3 Career progression is measured by means of numbers of satisfactory outcomes from the RITA and ARCP results, but these are mainly process measures only at present, with little analysis being applied. Exit interviews are conducted with trainees leaving the Deanery to ascertain, among other things, future career direction. The Deanery also tracks GMC referrals as a source of later-career data.

D9.4 Education managers reported that each department feeds outcomes data on ARCP and examination pass rates into the EAR process, and this was confirmed by the Medical Director at University Hospitals of Leicester NHS Trust (UHL) who said that these data were used in their internal LDA process to identify trends and devise action plans.

D9.5 Collection and monitoring of training and education outcomes in trusts was inconsistent. Kettering conducts no formal monitoring and produces data only in response to deanery requests, although they have some regular input of data to specialty schools. Education managers receive details of examination results from the Deanery UHL has implemented a 'Datix' reporting system to enable systematic recording of data, and this is currently being populated. Programme directors at UHL confirmed that numbers of assessments undertaken by trainees are tracked by means of the Vertical Learning Environment system. GP trainees complete workbooks throughout their programmes, and educational supervisors use these to monitor assessments undertaken and results achieved.

D9.6 Trainees are emailed individually with outcomes of their own examination and ARCP results, and also with the website reference for these data. Trainees also undertake multi-source feedback and GP trainees interviewed at UHL confirmed that they receive notification of the results through their educational supervisor.

8. Findings against PMETB's standards for deaneries

Each finding must be explicitly linked to evidence (either direct experience or from the evidence base presented).

Standard 1: The postgraduate deanery must adhere to, and comply with, PMETB standards and requirements

S1.3 The Dean Director was clearly an advocate for PMETB standards which were built into the Deanery's governance process, and personally set the tone for all deanery staff and activities.

S1.1 The Deanery has extensive QM processes mapped against PMETB standards and reported to PMETB annually. The clear aims are to improve the quality of training and ensure that all PMETB standards are met. This is clearly a cornerstone of the development of specialty schools

in the Deanery.

S1.2 The Deanery has a dedicated quality management team responsible to the Dean Director.

Standard 2: The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees

S2.1 The Deanery has clear guidance and advice available to trainees through the TSU which is responsible to a named Associate Dean. There are multiple trainee access routes – self or trainer referral and through ARCP. Confidential help with communication and language skills and educational and psychological support services are available. The Deanery has identified and trained appropriate competences for TSU managers.

S2.2 Trainees have opportunities to raise matters of concern individually with their educational supervisors, TPDs and through ARCP processes. There are trainee representatives on specialist trainee committees and school board committees.

S2.3 A confidential 'red card' incident reporting scheme runs parallel to an on-line critical incident reporting system in Leicester Emergency Department; this allows trainee concerns to be heard by a designated consultant.

S2.4 GP trainees across the Deanery complete the Bristol on-line survey three times a year (after each placement). The GP Dean reviews all the results and, if a poor facility is identified, there is a structure for SHA and deanery response, which includes e-mail or telephone communication with the trainee. There are plans to introduce similar schemes among other specialties in 2010.

S2.5 The Deanery has a policy for dealing with bullying and harassment, and trainees were aware of its location on the Deanery's website.

S2.6 A number of trainees sat on specialty school panels and represented trainee bodies on deanery QM boards. Trainees thought that their ideas were actively sought and their expressions of concern were listened to.

Standard 3: The postgraduate deanery must have structures and processes that enable the PMETB standards to be demonstrated for all training and trainees within the sphere of their responsibility

S3.1 East Midlands Healthcare Workforce Deanery (EMHWD) was formed just over two and a half years ago by the amalgamation of the Trent Deanery with the Leicestershire, Northamptonshire and Rutland Deanery. EMHWD is a multi-professional deanery and encompasses a wide geographical area. A robust approach to QM has emerged during this period of exceptional reorganisation. The deanery structure and lines of responsibility are well documented, and 16 specialty schools have been established with clear processes for management of training programmes and delivery of training.

S3.2 The assessment systems for programmes and posts are updated by heads of school and TPDs, in line with current recommendations from the Royal Colleges and specialist organisations.

S3.3 The Deanery's QM system addresses the PMETB standards in its deployment and measurement systems. The visit team met with representatives of the Deanery's senior management, business managers and educational managers, and LEP senior managers, trainers and trainees, and there was a genuine enthusiasm to implement QM and improve educational

standards.

S3.4 The Deanery's business plan takes account of EWTR and national workforce and equality issues.

S3.5 The view of most groups of paediatrics and emergency medicine trainees sampled by the visit team during the visit was that the Deanery provides adequate financial support for education purposes. The group of trainee representatives interviewed separately had told the team that some trainees were concerned that the budget for study leave was inadequate, which indicates that there may be some inconsistencies between programmes in their allocation of funds for study leave.

S3.6 Trainees and trainers are able to give feedback to the Deanery on programmes and posts through TPDs and heads of school. School boards include trainee representatives. The Deanery is encouraging greater input from lay representatives and patients.

S3.7 The Deanery takes action on the national survey results. Annual accreditation visits to LEP and Specialty Schools Quality Standards reports identify areas of concern by a system of 'traffic lights'. An action plan is then required from the LEP or specialty school. Action plans are routinely reviewed at interim visits to LEPs as part of the EAR process however some actions are not always resolved (see paragraphs D2.4 and D2.5).

S3.8 Overall, the approach to QM was well implemented, although there were a few areas in which process targets had not been met. Some of these issues concerned patient safety in paediatrics and incomplete implementation of EWTR.

S3.9 Monitoring of programmes has involved advice from both separate schools (north and south) within the East Midlands Deanery and externally from other deaneries.

Standard 4: The postgraduate deanery must have a system for use of external advisers

S4.1 The visit team established that the Deanery had developed and established systems and structures which were in place and functioned effectively with regard to the Standard 4 fundamental requirement of 'independent and impartial' advisers being involved at 'key stages' of postgraduate medical and education training. However, these were restricted to lay advisers.

S4.2 Forty nine lay advisers have been recruited by the Deanery from previously submitted expressions of interest but with no open and transparent recruitment process. The names of these lay advisers are published on the Deanery's website by postcode only. The lay advisers are provided with induction training, job description, and a documented policy and procedure.

S4.3 Lay advisers are currently involved in the Deanery's management processes. Their main involvement is in recruitment selection boards, ARCP panels, RITAs, school boards and inter-deanery transfer panels, where their role is independently and impartially to scrutinise the process and ensure that standards are maintained. The Deanery stated that there were plans for the wider use of lay advisers but this was not further elaborated. It was noted that, on one reported occasion, due to the unavailability of a lay adviser, the Deanery deployed a non-medical deanery manager in an ARCP panel.

S4.4 It was unclear whether the Deanery had recruited or used external clinical advisers in any management processes. The Deanery makes reference to the use of local college representatives and members of specialty schools in its 2008 ADR, although these were not

regarded by the visit team as truly external. However, clinical representation from trusts outside the Deanery are utilised on ARCP panels.

Standard 5: The postgraduate deanery must work effectively with others

S5.1 There is engagement between the Deanery and EMSHA in pursuit of shared objectives in medical education and training. The SHA has been responsive to the Deanery's business plans for funding medical education. Support for the Dean Director and the deanery team was clearly stated by the SHA. The appointment of a medical director at the E Midlands SHA has resulted in strengthening the Deanery's QM procedures and interactions with the SHA over service and educational issues.

S5.2 There was evidence of a change over the last two years in the Deanery's QM, moving from primarily a top-down approach towards a model of joint working with LEPs. The structures of the LDAs and the EARs provide a vehicle for improved communication between the LEPs and the Deanery, as well as creating direct links from the LEPs' quality control systems into the Deanery's QM. The Deanery was described by the UHL senior team as "actively listening", in relation to the tensions between service and training requirements.

S5.3 Representatives from stakeholders have been appointed to SHA and deanery positions. The SHA sub-committee on education and training is chaired by a non-executive director and the chief executive officer of an LEP chairs the stakeholder board of the Deanery. Stakeholder engagement objectives identified by the Deanery were incorporated into the business plan, 2009-10.

S5.4 The establishment and development of 16 specialty schools provides engagement with colleges and faculties through joint deanery/college appointments of heads of school. There are college, trainer, trainee, LEP and lay representatives on all school boards. The Deanery plans to require all trainees to participate in a quarterly survey, with feedback going to TPDs. Some trainee representatives on school boards have difficulty in obtaining trainee views due to concern that comments may adversely affect trainer support and references.

S5.5 Involvement with patients, either through committee membership or monitoring patient experiences, is a prominent omission from the stakeholder map, although both the SHA and the Deanery indicated that they would be considering this. The Director of Inclusion at the SHA is working with the Deanery to identify other gaps in the stakeholder map.

Summary

Strengths

1. A well-documented QM system, based on PMETB standards, which is being widely embedded in deanery structures and is well regarded by staff at all levels. (paras D2.1. D2.2).
2. Shared objectives between the Dean Director and the SHA Director of Workforce and Human Resources, and the assignment of responsibilities and objectives for quality to individuals within the deanery organisation. (para D2.2)
3. The learning and development agreements between the Deanery and each of its LEPs, which are monitored through the EAR process and incorporate a comprehensive framework for quality control based on PMETB standards. (paras D2.2, D2.3)

4. The frameworks for quality control based on PMETB standards adopted by Kettering, Sherwood Forest and Leicester hospitals. (para D2.3)
5. The system of having the Medical HR Adviser with responsibility for EWTR compliance visit each LEP in advance of their formal monitoring visit under the EAR process, to help LEPs ensure that any HR issues, including EWTR compliance, are addressed. (para D2.4)
6. The Deanery's initiative, triggered by analysis of examination outcomes, to support international medical graduates who have entered the GP training programme. (para D3.3)
7. A Training Support Unit, with a remit which includes supporting trainees in difficulty and those with health or other personal issues, and which provides career management support. (paras D3.6, D3.7, D3.8)
8. The support of academic trainees including the availability of carefully selected laboratories, protected time, and compliance with EWTR. (para D6.5)
9. The well-equipped Simulation and Clinical Skills Centre in Nottingham which is used extensively by specialty schools, and the plans to develop a similar centre in the southern sector of the Deanery. (para D8.5)
10. The recruitment of lay advisers who are directly involved in the Deanery's management processes and who receive induction training, a job description, and a documented policy and procedure. (paras S4.2, S4.3)

Areas for Improvement

1. Night-time arrangements in paediatrics at Kettering Hospital are potentially unsafe. There are multiple reported incidences of system failure when emergency calls to the paediatric bleep have been incorrectly redirected. (para D1.4)
2. Paediatric trainees at Leicester Royal Infirmary with no formal transfer training have been asked to transport critically ill, mechanically ventilated children between hospitals with no accompanying medical support. This contravenes guidelines from the AAGBI and RCPCH and represents a serious trainee and patient safety issue. (para D1.5)
3. There are multiple instances of split site paediatric services within LEPs across the Deanery, notably Kettering Hospital, Leicester Royal Infirmary and Lincoln County Hospital, which contribute to the following patient and trainee safety issues:
 - At Kettering Hospital, the Special Care Baby Unit and paediatric departments are located on different sites separated by a four-minute walk, which means that more junior trainees have felt that they were working outside their competence attending neonatal resuscitation, due to delayed assistance from the registrar.
 - At Lincoln County Hospital, there is a serious and longstanding issue regarding night cover arrangements in the paediatric department and NICU, which had not been managed effectively to resolution. (paras D1.7, D1.8, D2.5)
4. Paediatric trainees at the Leicester Royal Infirmary encountered frequent unplanned changes in duties partly because of rota gaps, which and the large number of inpatients often impedes patient review by consultants or senior clinicians.

Additionally, handover times for these trainees are not written into trainees' scheduled hours. (paras D1.5, D1.5)

5. At OMC, several trainee rotas involve seven consecutive nights, in neurosurgery, ENT, radiology and PICU. The continuing existence of such rotas is in opposition to national college guidance and has the potential to impact adversely on patient safety and trainee health and safety. The Deanery is aware of these instances but they have not yet been managed effectively to resolution and are also a cause for concern in relation to trainees having adequate access to teaching opportunities. (paras D1.6, D2.5, D6.3)
6. A lack of adequate consultant availability for short-listing and selection panels, particularly where panels were set up without reference to consultant availability, and a lack of effective collaboration between the Deanery and LEPs to address this. (para D4.7)
7. Some medical oncology trainees had experienced difficulty in gaining experience of the management of gynaecological tumours which is a mandatory requirement of the medical oncology curriculum. (para D5.2)
8. The absence of public transport sometimes results in trainees walking home unaccompanied after midnight, which is considered unsafe. (para D8.6)
9. There is an outdated deanery policy regarding study leave and inconsistent approaches across LEPs. (para D6.6)
10. Outcomes data is not consistently collected and analysed across the deanery, nor is it universally accessible to trainees- particularly equality and diversity data on recruitment. (D3.2, D4.4, D9.2, D9.5)

Signature of Lead Visitor



14 January 2010

Decision of VTD Panel

The provision at East Midlands Healthcare Workforce Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The Deanery's initiative, triggered by analysis of examination outcomes, to support international medical graduates who have entered the GP training programme.
2. A Training Support Unit, with a remit which includes supporting trainees in difficulty and those with health or other personal issues, and which provides career management support.
3. The well-equipped Simulation and Clinical Skills Centre in Nottingham which is used

extensively by specialty schools, and the plans to develop a similar centre in the southern sector of the Deanery.

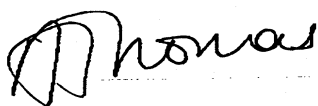
Conditions:

1. Kettering Hospital must work with the Deanery to ensure immediately that emergency calls to the paediatric bleep are correctly redirected and that future similar system failures are avoided; an update must be provided by the Deanery to PMETB within three months.
2. Leicester Royal Infirmary must work with the Deanery to ensure immediately that no trainees who have not had formal transfer training are asked to transport critically ill, mechanically ventilated children between hospitals with no accompanying medical support; an update must be provided by the Deanery to PMETB within three months.
3. Kettering Hospital, Leicester Royal Infirmary, and Lincoln County Hospital, must work with the Deanery to ensure immediately that split site working within the paediatrics departments are not present risks to patient and trainee safety; an update must be provided by the Deanery to PMETB within three months.
4. The Deanery must work closely with Queens Medical Centre to ensure trainee rotas are not impacting adversely on patient and trainee safety. An update should be provided to PMETB with next year's annual deanery report..

Recommendations:

1. The Deanery should work closely with Leicester Royal Infirmary to ensure paediatric rotas are not detrimentally affecting training or the well-being of trainees.
2. The Deanery and LEPs should endeavour to effectively collaborate to address issues around consultant availability for recruitment.
3. The Deanery should ensure that all medical oncology trainees gain experience in the management of gynaecological tumours.
4. Leicester Royal Infirmary should consider their duty of care to trainees to trainees working at night, due to the absence of public transport.
5. The Deanery should update its study leave policy and ensure appropriate and consistent implementation across LEPs.
6. The Deanery should ensure the support and development of trainers by considering the impact of dedicated time allocated for training, particularly within Leicester Royal Infirmary.
7. The Deanery should make equality and diversity outcomes data available to trainees regarding recruitment.

Signature of Chair of VTD Panel



5 February 2010