General Medical Council

Regulating doctors
Ensuring good medical practice

GMC 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 of Scotland

2. Dates of visit: 14th to 17th June 2010

3. Visiting team

	Name
Lead visitor	Graham Cox
Visitor	James Brewin
Visitor	Graham Jagger
Visitor	Jane Nicholson
Visitor	Anas Olabi
Visitor	John Toby
Visitor	Krystyna Walton
GMC observer	Sarah Marsh, Jessica Lichtenstein

4. Training providers/trusts/hospitals/GP practices/NHS health boards visited:
NHS Tayside (Ninewells Hospital and Perth Royal Infirmary) and NHS Forth Valley (Stirling Royal Infirmary)

5. Contact to whom the visit report is to be sent for factual accuracy check

Deanery contact name(s)	Email address(es)
Professor Philip Cachia	philip.cachia@nes.scot.nhs.uk

6. Existing reports referred to during the visit :

- Annual Deanery Reports to PMETB: 2007-2008; 2008-2009
- GMC evidence base, including surveys data
- NES Annual Report 2008-2009 and corporate plan
- Deanery monitoring visit reports and action plans
- NES QM Framework, and information on QM processes for the East of Scotland
- TPD Annual reports for audit trail specialties
- Annual Local Education Reports (NHS Tayside, NHS Forth Valley, and NHS Fife)
- The NES website
- Other deanery documentation relating to quality management

7. Findings against GMC'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 Compliance with patient safety standards in training is monitored by the Deanery's Quality Management Group (QMG) through a rolling programme of visits to wards/departments where training is delivered, together with a process of regular review of visit reports and action plans; review of local education provider (LEP) and training programme directors' (TPDs) reports and self-assessment of compliance against standards; follow up to all red flags in trainee and trainer surveys; and by data collection and monitoring.

D1.2 The Deanery also triggers internal visits where concerns about, for example, appropriate out-of-hours cover, supervision and work intensity have been raised in previous visits and/or by trainees through local and national surveys. Follow-up visits are made by the Deanery to monitor the implementation of action plans agreed following each triggered visit, for example, of core medical training (CMT) at Perth Royal Infirmary in January 2010 following a visit made by the Royal College of Physicians of Edinburgh (RCPE) in 2009 at the request of the Deanery.

D1.3 The East of Scotland Deanery and NHS Tayside Directors of Medical Education (DMEs) are developing a process to ensure communication of adverse incidents in relation to the training of doctors that have potential clinical governance or patient safety implications. All reported concerns involving a doctor in training are escalated to an associate dean for action. During the visit, trainees reported no concerns with incident reporting, consent and handover, and trainees at Ninewells reported on good training in the handling of consent.

D1.4 There is dependence on the 24/7 availability of doctors in training to provide acute paediatric services at Ninewells Hospital and Stirling Royal Infirmary. There are vacancies in paediatric and medicine rotas at these sites, as well as at Perth Royal Infirmary. These result in career grade doctors and trainees having to increase working hours and make unplanned changes to working patterns to cover gaps in rotas in order to maintain safe patient care, sometimes at the expense of programmed training.

D1.5 Gaps in rotas arise through a combination of incomplete recruitment, in-year trainee maternity leave, sickness absence, out-of-programme experience and the date of completion of training not coinciding with the end of the training year. The annual recruitment programme in Scotland does not enable the replacement of Specialty trainees with national training numbers (NTNs) as vacancies arise, and there are difficulties recruiting appropriate locums for training or service. Future planned reductions in training posts by the Scottish Government will exacerbate current pressures unless there are changes to current service and staffing models.

D1.6 Following a review and recommendations on out-of-hours medical cover at Ninewells, made by the RCPE in July 2009, a new hospital-at-night staffing model has now been developed by NHS Tayside (NHST) and is to be piloted in August 2010.

D1.7 Rotas were said to be European Working Time Regulations (EWTR) and New Deal compliant on paper when fully staffed but, in practice, trainees were exceeding time limits when filling gaps in rotas. The core general internal medicine rota at Perth Royal Infirmary had been monitored as breaching working hours limits, but the formal outcome had not been fed back to trainees within 15 days of completion of monitoring. It was not clear to the visit team where responsibility lies for recording, monitoring and acting on trainee absence in NHS Tayside. There is no formal method of assessing the

impact of trainee absence on rota staffing, hours compliance, working patterns and disruption of programmed training at all the LEPs visited. There is no rest room for trainees at Perth Royal Infirmary.

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 A new deanery quality management (QM) structure has been put in place, in line with NHS Education for Scotland (NES) Board arrangements. It provides a QMG supported by a QM team (QMT), including an associate PG Dean (Postgraduate Dean) and manager; both recently appointed and accountable to the Dean. The QMG provides links with NHS Forth Valley & NHS Fife.

D2.2 The QMT uses data from reports from LEPs, TPDs, post-assessment questionnaires (mapped to GMC criteria), GMC surveys and the outcomes of training. Action plans are developed in response to these data and a colour coded monitoring system is reviewed on a regular basis by the QMT and QMG. This provides evidence that effective monitoring has been developed by the QMT.

D2.3 The Deanery has had a visiting process for some time, but a revised methodology is now in place and this has been shared with other deaneries in Scotland, as previously agreed. Although the revised arrangements are relatively new, they provide, along with the monitoring processes, a very good basis for reviewing the quality of delivery of postgraduate medical education and training by providers.

D2.4 There is a separate system for QM in general practice (GP) training which has its own QM sub-group, but is linked through the QMG. The process for visiting GP practices has also been evolving, with the new arrangements involving frequent visits in the early stages of a trainer's career, followed by self-submission for pre-approvals, with triggered visits and random checks in the later stages. There is confidence that, given the many sources of information available to the Deanery, QM will be more efficient and effective in the future.

D2.5 All posts in the Deanery are technically compliant with the EWTR, but difficulties continue to be caused by vacancies, less-than-full-time (LTFT) working and by gaps in the rota. The rota gaps are related to difficulties 'back-filling' training posts with locum appointments. The annual process increases this difficulty. Other rota gaps are caused by sickness and other absences. Working patterns have been restructured in specialties such as paediatrics to try and achieve EWTR compliance. EWTR is monitored by NHS Tayside on an appropriately regular basis but there is a concern about the lack of feedback to trainees.

D2.6 There has been a lack of data through the annual job planning process, regarding the time available for education and for educational courses for educators in NHST and it was agreed that this information would be provided by NHST. This has not yet been done, although it is now promised for later this year. Attendance at SCOTS (supporting clinicians on training in Scotland), equality and diversity (E&D) and child protection courses are recorded but no record is kept for individual consultants. The visit team was unable to obtain reassurance that there was a process within NHST to ensure that all staff had received child protection training. With the recent changes in the organisation of quality management in the Deanery and Quality Control in NHS Tayside, there is a lack of clarity as to whose responsibility it is to record and take any necessary action about such data. However, the commitment to supporting education and the new management structures offer some reassurance that this will be forthcoming in the future.

Domain 3: Equality, diversity and opportunity
Postgraduate training must be fair and based on principles of equality.

D3.1 As part of NES, the Deanery works within the published framework of legislation and policies to promote equality, diversity and opportunity. NES national recruitment processes from the 2009

recruitment round have been analysed, using the Equality Impact Assessment Toolkit, resulting in published proposed improvements for 2010. The Deanery supplied the visit team with analysis of E&D data from the 2009 Postgraduate Medical Education and Training Board (PMETB) trainee survey comparing the four deaneries in Scotland and from the Deanery's 2009 annual review of competence progression (ARCP)/review of in-training assessment (RITA) outcomes. These show no areas of concern. The small number of trainees on many programmes makes meaningful analysis of the Deanery's E&D data problematic.

D3.2 The Deanery does not yet have central monitoring of training in E&D, although this intention is in the 2010 Deanery Action Plan. Staff employed by the Deanery, consultants involved in recruitment and lay representatives are all monitored for triennial completion of 'Same Difference', a robustly evaluated e-learning resource. There is now evidence at NHS Forth Valley of monitoring of completion of E&D training by consultants and trainees. However, at NHST, the LEP which provides 90 per cent of the Deanery's training, trainees only receive brief information on E&D policy at induction. Less than one third of eligible trainees attended the August 2009 induction. The visit team heard that NHST plans to deliver online induction and E&D training. At NHST, 63 per cent of consultants had received E&D training. There is the intention to make this mandatory through performance management. There is no formal evaluation or monitoring of the training's effectiveness through education appraisal. All GP educational supervisors and trainees are monitored for completion of 'Same Difference'. The Deanery does not have systems in place to ensure that external advisers and non-medical trainers follow equality, diversity and opportunity policies.

D3.3 There is comprehensive information about LTFT opportunities on NES and deanery websites. There is no supernumerary budget in the Deanery, and trainees who wish to train flexibly are accommodated in job share slots. Only one application has been refused in the last five years, owing to short notice. There is a published appeals process. Paediatrics and GP have continued to find ways to support the increasing number of LTFT training requests. However, provision of LTFT training opportunities is anticipated to be adversely affected by the reduction in trainee posts. Rota gaps which are difficult to fill threaten the Deanery's policy of supporting all trainees requesting LTFT. Trainees were aware of LTFT opportunities and LTFT trainees spoke highly of support from the Deanery.

D3.4 The NES policies *Eliminating bullying and harassment* and *Disability*, together with the NHST policy *Dignity at Work*, and their associated processes are clearly described on websites. Trainees met by the visit team were fully aware of these. The Deanery is proactive during the course of QM visits and ARCPs in offering individual opportunities to trainees to raise any sensitive issues. The visit team heard of two examples where the Deanery provided a high standard of pastoral support and investigation, separately managed, with satisfactory outcomes.

D3.5 The NES website is comprehensive, with links to General Medical Council (GMC) websites. Deanery information on the NES website is rather more limited, and provides only a limited amount of local information, although contact details for all the programmes are clear. The website for GP is well developed. Data on trainee satisfaction with programmes is available in the PMETB surveys.

Domain 4: Recruitment, selection and appointment

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

D4.1 Appointments to training posts in the Deanery are made through an annual Scottish or UK-wide process organised though central recruitment teams based in Health Boards. The appointment process is fair and includes lay members on the appointment panel, and there is an appeals process. Human resources and deanery support for all of the national training programmes in Scotland is then supported and 'hosted' by a host deanery and Health Board.

D4.2 The rigid centrally determined Scottish annual appointment process, in which there is only one window for the appointment of numbered Specialty Training (ST) posts, leads to in year rota gaps which are difficult to fill because of the national shortage of applicants for locums. As a result, there are

fewer trainees to deliver the service within departments, and the trainees may be unable to attend planned training opportunities. Whilst the change over date for junior medical staff is a challenge UK wide, the impact of this compounded by the rota gaps in this deanery, has the potential to increase the risk to patients unless appropriate cover is arranged.

D4.3 The inflexible appointment process limits and delays academic appointments. As a consequence, some trainees who want to engage in academic training apply for posts in other deaneries outside Scotland.

D4.4 The lack of flexibility in the appointment process can also leave training posts unfilled for up to three years at a time, resulting in significant difficulties in maintaining service and training at departmental level. As a result, there is reluctance to allow inter-deanery transfers, out-of-programme experience and LTFT training.

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 Training programmes are designed to deliver the curriculum. When this cannot be achieved within the Deanery, trainees are put in posts outside the Deanery and occasionally outside Scotland. The flexibility to rotate out of the Deanery when necessary to achieve the curriculum or gain sub-specialty experience is highly valued by trainees.

D5.2 Both trainers and trainees are aware of the curriculum and it is available on the e-portfolio where used by specialties. However, there are some minor technical difficulties with the new versions of the e-portfolio in paediatrics, CMT(Core Medical Training) and GP which are being addressed by the colleges. Training in the use of the e-portfolio is available for trainers.

D5.3 Regular formal meetings between trainees and educational supervisors, supported by learning agreements, facilitate progress through the curricula. Trainees have additional frequent informal contact with their supervisors and TPDs.

D5.4 The workload in CMT and geriatrics, including posts in GP, is sufficient to gain the required practical experience to meet the curriculum, and trainees met by the visit team felt that they have good clinical supervision. Training in geriatrics has been restructured to improve training opportunities, with good effect. At Ninewells Hospital, the hospital-at-night rota is being re-designed and it is not yet clear what impact this will have on training opportunities.

D5.5 Paediatric trainees at Ninewells Hospital and Stirling Royal Infirmary are unable to attend adequate numbers of outpatient clinics due to the intensity of clinical workload caused by rota gaps and the effects of the EWTR and New Deal. Paediatric trainees at Ninewells also had difficulty in attending the teaching sessions due to pressure of work, and there was no protected training time for these. Their scope and value were also limited by the availability of consultants. The service commitment at Ninewells was reported to be too great to allow sufficient time for many audit activities. At Stirling Royal Infirmary, trainees have just enough exposure to community paediatrics to satisfy their curriculum but not enough to allow effective learning and the follow-through of cases discussed at multi-disciplinary team meetings.

D5.6 A number of paediatric trainees at Ninewells Hospital had not received child protection training; this was identified in the Deanery's annual report and it is planned to address this. The NHST Health Board was unable to give assurance that all staff had child protection training.

D5.7 Although there is regular teaching for paediatrics at Ninewells Hospital, trainees were often unable to attend due to excessive workloads; the teaching was not bleep-free and there was infrequent consultant input. At Stirling Royal Infirmary, trainees have enough exposure to community paediatrics

to satisfy their curriculum but the opinion of the trainees and trainers met by the visit team was that community paediatric training was better and less disjointed prior to gaps in the rota.

Post-Visit Note: The issues with the access to and quality of training in Paediatrics at Ninewells Hospital were referred by the team to the GMC's responses to concerns procedure as there was potential for the situation to worsen with two trainees leaving to take up training posts outside the deanery in August. The GMC has met with the Deanery, NHST and NHS Education Scotland, and requested a local action plan to address these issues in timely manner.

D5.8 As part of GP, CMT and geriatrics training programmes, there are regular formal teaching sessions. The teaching programme for geriatrics trainees was particularly well organised, aligned with the curriculum and had good consultant involvement. There was also great satisfaction with the training programme in GP.

D5.9 Some (number unknown) but not all trainers have been on a training-the-trainers course. SCOTS training-the-trainers courses are well established and are now being provided locally by East Deanery; the courses are promoted by the Deanery and trainers are aware of them.

D5.10 Clinical and educational supervisors do not always have allocated time for teaching in their job plans, and some trainers feel that they do not have adequate time for postgraduate teaching There is concern that the new 9:1 consultant job plan may leave even less time for training and engagement in educational governance.

D5.11 Workplace-based assessments (WPBAs) are completed and trainers are trained in how to perform these assessments. Many trainees and trainers consider WPBAs to be poor assessment tools, difficult to achieve, time consuming and ineffective. Furthermore, clinical workload and shift patterns make it difficult to fit them into daily activities.

D5.12 The ARCP process is well supported by the Deanery and is running well in the specialties visited. There is a deanery representative, a college representative and occasionally a lay member on the ARCP panel. Associate postgraduate deans attend for trainees in difficulty. Trainees feel that the ARCP process runs well, apart from some technical difficulties with the e-portfolio which are being addressed.

D5.13 NES has released guidance to standardise the ARCP process and this is being implemented. ARCP results are collated by the Deanery and reviewed by the QM team. However, there is no process to compare the outcomes in the East of Scotland Deanery with those of other deaneries.

D5.14 GP trainees met by the visit team were all very pleased with their experience and training in the community. There was special praise for the community posts in Angus, which were felt to give a particularly good spread of experience and high levels of support. There was universal praise for the day release and other short courses which were responsive to trainees' needs. The trainees felt that their e-portfolio was often unhelpful, although the Deanery was very supportive of them and the structure was not a local decision. GP educators reported improving dialogue with specialist educational supervisors and had noted positive changes following the identification of consultants with particular responsibilities for GP training. A number of initiatives had been put in place by the Deanery, including specific short courses for clinical supervisors in hospital, GP visitors on hospital training visits as well as involvement of consultants in the day release course and frequent informal contacts.

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 Induction of trainees was well organised in the specialties and LEPs visited. NES has developed a web-based system for junior doctors which tracks individual uptake of core patient safety and induction

training. Currently, this programme is only for foundation trainees. Plans to roll this out to specialty trainees have been delayed due to lack of NES support. NHST has introduced generic hospital induction training at the start of training programmes, and develops and implements induction training in conjunction with deanery and TPD staff. It does not yet monitor uptake or outcomes of induction and mandatory training. It is not clear that all trainees joining hospitals mid-programme currently receive the requisite induction training.

D6.2 All trainees had a designated educational supervisor, educational contracts, and regular meetings with their trainers and educational supervisors. The trainees reported that they had a supportive and productive relationship with their educational, academic and clinical supervisors.

D6.3 There were problems reported to the visit team of NHST consultants accepting the need for child protection training, and there was not a clear assurance that all staff who needed child protection training had received it.

D6.4 The trainees seen in general internal medicine (GIM), GP trainees in hospital posts, academic programmes and in geriatric medicine were, in principle, able to change their training timetables to ensure curriculum delivery. Service workload sometimes prevented this in practice. In paediatrics, this flexibility was very difficult due to service work commitments and rota gaps.

D6.5 The trainees were able to access appropriate careers advice throughout their training. The careers advice and support service that links undergraduate medical students, foundation and specialty trainees is a valuable resource.

D6.6 Some paediatric trainees at Ninewells Hospital were unable to access outpatient clinics and formal teaching sessions/learning opportunities due to excessive service work commitments resulting from rota gaps. Trainers in paediatrics at Ninewells Hospital were unable to provide adequate formal teaching and training due to service pressures and rota gaps. As a result, the training in paediatrics at Ninewells Hospital was considered to be inadequate, and delivery of the curriculum was proving to be a challenge. The Deanery is aware of the problems but the measures put in place by NHST to address them were inadequate at the time of the visit.

D6.7 Within NHST, support for audit projects by the trainees was not available. Trainees had to use their own resources to obtain access to medical notes through the medical records system.

D6.8 Trainees reported that study leave is generally accessible and supported financially. In paediatrics, some trainees felt unable to apply for study leave due to the additional pressures placed on their colleagues and the pressure of service work.

D6.9 Trainees applying for LTFT, academic or educational training posts were hampered by the rigidity of a single annual recruitment process. There was concern that the difficulty in filling the vacated training posts reduced the enthusiasm of trainers to support out-of-programme experience and inter-deanery transfer.

D6.10 Trainees in difficulty were well supported by a robust deanery process. All trainers and associate deans were aware of the support available and routes of access for help and guidance. The Deanery has developed a national (Scottish) expertise in this area and has developed the national guidance for support of trainees with performance issues.

D6.11 Local processes for identifying and managing doctors in difficulty follow NES's operational framework policy and process. The Deanery has established a doctors in difficulty register with management and remedial processes involving TPDs, DMEs, Deanery and Colleges. A SCOTS two-day course has been developed on managing doctors in difficulty. Issues previously raised by some Perth TPDs, regarding difficulty accessing support in handling cases, have been addressed by the Deanery. The TPDs and trainees met during the visit understood the process, and how to access support and advice. The clinical risk to patients by trainees in difficulty is assessed as negligible by

NES.

D6.12 While not all trainers were aware of the specific arrangements for doctors in difficulty, all were aware that help is available and confident about where they would go to access it.

D6.13 The visitors considered the Specialty Training Board Structure in the context of the East of Scotland Deanery, and noted that it supported consistency of post graduate medical education across Scotland, allowed lay and external specialty input into educational governance, and allows a dialogue between TPDs from all deaneries.

D6.14 There is a lack of evidence of explicit funded time for postgraduate training and educational governance in the job plans of clinical and educational supervisors and some TPDs. New consultants were appointed at all LEPs with very limited or no time available in their job plans to deliver postgraduate medical education. The visit team was concerned that, as a consequence, new consultants will not engage in the training of trainees or in the educational governance process. Funding from NES was available to support the TPDs in larger specialties, but was not available for the TPDs in specialties with less than 10 trainees. There is a concern that this will result in fewer consultants applying for educational governance roles.

D6.15 Educational training for trainers was available locally through SCOTS courses, but had not been taken up by all clinical supervisors. Mandatory staff training, especially in child protection, was not part of the culture in Ninewells Hospital. The Deanery has led the development of the revised Scottish Prospective Educational Supervisors Course (SPESC) through the National Training Development Group from 2007. This replaced a previous course and responded to changes in GP training. The new course has been well received by participants and it is likely that external validation of the course and accreditation of participants will be pursued. The course has also been used by prospective trainers from other parts of the UK and there have recently been discussions with the Academy of Medical Royal Colleges (AOMRC) and other bodies about its wider use.

D6.16 Consultant time for educational and clinical supervision and teaching is not adequately recognised in job plans, and trainers spoke of the increasing impact of workload pressure limiting their available time for training and assessment. New consultant appointments are still being made on a 9:1 professional activity (PA) job plan with all non-clinical commitments expected to be accommodated in one supporting professional activity (SPA). NHST had not implemented a previously planned review of job plans in 2009 because of clinical service and management reorganisation. During the visit, NHST and NHS Forth Valley both stated their commitment to reviewing consultant educational activity in 2010-11 and ensuring adequate time in job plans.

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 Both the Deanery and NHST stated that they were committed to continuing to develop the governance and management of postgraduate medical education and training. Evidence of this was provided in the changes being made to strengthen the management functions. Lay involvement was described as ‘embryonic’ but already providing opportunities to challenge and contribute. Seven lay partners have been appointed and two of these are involved in the Deanery Quality Management team.

D7.2 The size of the Deanery has been a matter for discussion for some time. The small size has been seen as limiting the possibilities of creating a critical mass of educators and trainees in some specialties, but this has been mitigated by the creation of national programmes across Scotland for the smaller specialties and by the support from NES. Other disadvantages identified to the visit team were the limited number of opportunities for remediation and for choice within training programmes. These may be intensified in the event of a reduction in trainee numbers. However, the visit team was also informed on a number of occasions, sometimes strongly, of the advantages of the small size including

the benefits of both physical proximity and close personal relationships between individuals and groups. Quality management has been strengthened and brought into line with NES arrangements. This is discussed above under Domain 2.

D7.3 There is a lack of awareness of individual trainee attendance for clinical duties, although the visit team was informed that such information could be obtained through payroll records. Staff in human resources thought that individual departments would be aware of this but, in one department at least, it was felt that rotas were too complicated to allow monitoring of attendance.

D7.4 The management of GP training is largely separate from that for specialists, but is linked at a number of points. The administrator is a member of the business management team and general practitioners play an active role at all levels of governance and management. The Tayside Centre for General Practice (TCGP) acts as the interface for GP training and is regarded as very effective in that role.

D7.5 NES was reported to be reducing its operational involvement and to be handing over as many functions as possible to deaneries. At the same time, NES has been working with business managers from the Scottish deaneries on producing a plan to standardise many of the processes and approaches across the country, with a view to increasing efficiency and effectiveness. The Deanery has been actively involved in this process and contributing to national developments at the same time as strengthening its own functions.

D7.6 The appointment of TPDs was standardised in 2009, all being provided with the same job description and arrangements for appraisal. There is inconsistency in financial arrangements for TPD's. NES provides financial support for TPD's in the larger programmes but not for TPD's with less than 10 trainees. The appointment of DMEs at the LEPs has increased LEPs' awareness of their roles and responsibilities in providing postgraduate medical education. However, the service level agreements are not completed, the roles of the DMEs in the educational governance structure are not clear, and currently they are not adequately supported by administration or organisational processes.

D7.7 A new governance structure has been put in place at NHST. DMEs have been appointed, but their roles have not been clearly defined in the health boards. The appointed DME had previously had responsibility for managing undergraduate education and training, and his new role embraces both undergraduate and postgraduate medical education and training. He is supported by a deputy with specific responsibility for postgraduate medical education. However, neither has specific support, although a new post of postgraduate administrator has also been created to coordinate aspects of trainee education such as study leave. Neither of these initiatives has yet had much opportunity to impact on education and training, but they have the potential to develop and coordinate training at health board level.

D7.8 Data availability on education and training is still limited and its management remains an issue. The Scottish educational database (PINNACLE) has continued to give rise to concern. A new version of this system is currently being piloted in the West of Scotland and should provide greater support for medical education and educational activities within the Deanery.

D7.9 There is a lack of information about the support for educational supervisors through the job planning process in NHST. Details of this had been promised in 2009 and the visit team was informed that it should be available later this year. The Deanery is committed to supporting GMC surveys of trainers and trainees. Access to the GMC trainer survey is sometimes problematic due to apparent software problems at the Deanery. This difficulty inhibits a good response rate.

D7.10 There is a lack of information about the preparation of educational supervisors and other educators for their roles in NHST, and there is a lack of clarity or agreement about which organisation should be responsible for collecting relevant data. NHST was aware of the gross numbers of attendees at recent courses held within the organisation, including those for educational supervisors, E&D and child protection. However, it was unable to report on which individuals had undertaken such training

and when this had been carried out.

D7.11 Responsibilities for developing and maintaining a website are split between NES and the Deanery and, in the case of general practice, RCGP. Educational supervisors and trainees were generally appreciative of the web services provided, especially in general practice, but some found the information limited and the interfaces were not always smooth or fast.

Domain 8: Educational resources and capacity
The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

D8.1 The introduction of the DME and associate DME roles in NHST and NHS Forth Valley has occurred following recommendations in the 2007 PMETB visit report. There is lack of clarity regarding their responsibilities in the educational governance structure, and they are inadequately resourced to provide educational governance. In addition, NHST is appointing a training quality lead to provide support to the DME and associate DME. The Deanery will continue to work closely with DMEs and educational supervisors to support a quality improvement approach to educational infrastructure.

D8.2 The Deanery monitors the provision of learning resources and educational facilities through the quality management visits and through the annual report by NHST as the LEP.

D8.3 NHST reports that it is formalising resources for education roles within the job planning and appraisal process. There is clear commitment from senior management and medical director that, from 2010-11, job planning and staff development will be subject to better performance management.

D8.4 NES and the Deanery are developing a service level agreement with NHST and NHS Forth Valley, which will address issues around assuring educational delivery time in consultants' job plans, for both undergraduate education and postgraduate education. It was reported that NHST makes consultant appointments to a contract of 9:1 without educational commitments; however, the appointee may be able to negotiate time for teaching through job planning.

D8.5 Concerns were raised by some trainers regarding the lack of adequate time in their job plans for their educational roles, particularly postgraduate commitments. Trainers were concerned that this would compromise the delivery of postgraduate teaching and training.

D8.6 Study leave was available to trainees. The budget for study leave was held by TPDs and equates to approximately £500 per annum for each trainee. There was a clear process and policy for application for study leave, with the TPDs responsible for overall management of the study leave budget. Trainees reported that the system worked well as long as applications were planned in advance, although administrative delays were encountered by some trainees and paediatric trainees felt unable to apply for study leave as needed, due to service pressure and multiple vacancies. However, the Deanery's analysis of the 2009 National Trainee Survey for NHST posts revealed several above outliers and no below outliers for the study leave score.

D8.7 The clinical skills centre and the simulation training facilities, which are of international renown, are highly commended by trainees, and good access was reported.

D8.8 The Deanery receives feedback data for educational activities through the post-assessment questionnaire at the end of the placement, but there was no apparent systematic method for transferring the data to the trainers at Ninewells, which hampers the quality improvement process.

D8.9 There is no systematic culture of collecting data on clinical and educational supervisors' training and fitness to deliver the appropriate training required by the curriculum in the specialties sampled, except for GP. Data is collected about GP trainers and, although there is no systematic appraisal for them, appraisal of their role as trainers is included within the national GP arrangements and the re-approval arrangements have a strong element of appraisal. Medical trainers commented on the tick box culture and the lack of individual trainer needs assessment. There is currently no system for the

appraisal of trainers for their educational role.

D8.10 In general, there is good provision of computers and internet access. However, some trainees have difficulty accessing computers on wards and have to check educational emails at home. There were difficulties accessing the library internet facilities as it was considered a university property. The e-library on the NES site is a very useful resource.

D8.11 Enhancement of the quality of video-conferencing equipment in Perth Royal Infirmary was previously identified as an area of improvement, which led to the establishment of audio-visual links to Perth Royal Infirmary and Stracathro Hospital, to allow trainees participation in formal teaching programmes delivered on the Ninewells site.

D8.12 Trainees reported that other educational resources (library, journals, books, meeting rooms, audiovisual aids) were generally good. Two exceptions were that the library texts are not always the current editions on the Ninewells site and that Internet access to the 'up to-date' medical information website has been removed from NHS Forth Valley. This has led to a significant loss of educational resource.

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 Being the smallest deanery in the UK, numbers of trainees training within the East of Scotland in individual specialties is relatively low. General practice has 84 training slots. The largest hospital-based specialty is anaesthesia, with 42 training slots, followed by paediatrics with 28. For CMT and general surgery, there are 22 training slots in each. Fourteen specialties have less than 10 trainees. NHST is the major LEP, and is responsible for 90 per cent of the Deanery's educational provision. Processes are still being developed through the Deanery internal visit process regarding evaluation of their performance as educators.

D9.2 The impact of having a relatively low number of trainees in the Deanery is further affected by only being able to recruit through the national recruitment process into training programmes on an annual basis. Where there are vacant slots, only locum appointments for training can be made outside of the national recruitment window. Nationally, it is very difficult to recruit locums for training or service, with the result that posts tend to be left unfilled, often for long periods of time. As a consequence, curriculum delivery can be compromised. The Deanery manages national programmes on behalf of other Scottish deaneries for plastic surgery (42 trainees), ear, nose and throat (24 trainees) and the psychiatry of learning disability (two trainees). The Deanery acknowledges its role in collecting outcomes of the ARCP/RITA processes, and relevant data has been provided. Because of the small number of trainees, the Deanery reported that meaningful analysis has not been possible. The visit team was informed that there is no mechanism for benchmarking across Scotland for the larger specialties, or across the UK for national programmes organised by the Deanery. Outcomes from ARCPs/RITAs are reported to PINNACLE. The visit team was informed that difficulties with the software tool remain and that work is ongoing at deanery and national (Scottish) levels aiming for improvements in data management systems. The progress and outcomes for trainees in GP training is published and is very satisfactory..

D9.3 The clinical academic programme provides opportunities for trainees to obtain higher degrees, with out-of-programme experience in basic sciences with the University of Dundee. Currently, there are 10 trainees on the academic pathway, with an additional four joining during 2010. Paediatric trainees at Stirling Royal Infirmary reported a high success rate in the Royal College of Paediatrics and Child Health (MRCPCH) examinations for those who have trained there. During 2010, three NHST paediatric trainees have been successfully appointed to UK national subspecialty training posts. GP trainees in the Deanery informed the visit team that their training was rated by their peers in the other three Scottish deaneries as being the best of the four training programmes. This is reflected in the high pass rates in examinations. The GP trainees met by the visit team said that they would welcome the

opportunity to obtain substantive posts as GPs in the East of Scotland. The GP unit was ranked second in the UK for trainee satisfaction in the 2008 survey.

8. Findings against GMC'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, GMC standards and requirements

S1.1 The visitors noted a developing process of educational governance within the Deanery and LEPs by appointing DMEs and associate DMEs. The creation of an education governance group chaired by the DME should enhance education quality and governance. The DMEs have been appointed recently, and further development and resources are required to support their role in QM and educational governance.

S1.2 The QMG in the Deanery has a remit to implement the QM framework produced by NES in 2010. This group is central to improving the quality of training and utilises information from end-of-year surveys, GMC surveys, completion of training outcomes and RITA/ARCP outcomes, as well as from specific deanery visits and the annual TPD and LEP reports.

S1.3 The Deanery provided a comprehensive annual report which was structured in the GMC domain format, together with action plans to address issues which have been raised. The annual TPDs and LEP reports to the Deanery were also provided in GMC domain format.

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

S2.1 Trainee representatives sit on the specialty training boards and on a number of deanery committees. There is a junior doctor's forum and newsletter to promote trainee opinion. There is a trainee representative on the QMG, and two trainees on the GP Specialty Training Committee.

S2.2 The 2008-09 PMETB survey was responded to by 78.9 per cent of trainees, and trainees complete additional deanery surveys. These surveys are used by the Deanery, LEPs and TPDs to monitor training and identify trainees' concerns.

S2.3 The Deanery is experienced in managing doctors in difficulty and acts as a lead for the other deaneries in this area. There is a good uptake of 'doctors in difficulty' training among trainers, and doctors in difficulty remains a focus for the Deanery.

S2.4 There is a policy for bullying and harassment available on the NES website. Trainees have the opportunity to raise matters of concern with their supervisors and TPDs informally and at regular formal meetings, including the ARCP. Trainees are confident that they can raise matters of concern with their supervisors and, if necessary, with the Deanery.

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

S3.1. An Associate Dean for Quality Management and Quality Improvement Manager were appointed in 2009 updating QM processes, programme review and hospital visit cycles.

S3.2 Deanery operational engagement with Royal Colleges and Dundee University Medical School occurs through the seven Scottish specialty training boards which are chaired by associate deans and have formal deanery, college and service representation; the NES Medical Advisory Group; college representation in deanery QM processes (internal visits and ARCPs) as appropriate; and in university

information sharing with the Deanery's QMG, Foundation Committee and Specialty Training Advisory Committee.

S3.3 A proactive response to the GMC survey by the Deanery was noted by the visit team, with every red flag issue being reviewed by the Deanery's QMG and followed by a QM visit where appropriate. Specialty training committees and clinical service management teams responded to key issues identified in trainer and trainee surveys, with outcomes further evaluated by internal audit.

S3.4 There was a relatively low (21 per cent) response rate to the 2009 GMC trainers' survey. Trainers found it difficult to access the survey through local systems.

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

S4.1 Since the PMETB visit in 2007, lay members have been recruited to the Deanery. The visit team was informed that the specialty training boards for Scotland have had lay representation for the previous six months. College and specialist advisory committee members sit on the national (Scottish) specialty training boards with lay members and representatives of service.

S4.2 In the ARCPs in paediatrics, there is independent specialty advice from the North of Scotland TPDs. This is a well established arrangement which has been used for RITAs. (ADR, 6b).

S4.3 The Specialist Advisory Committee (SAC) has been involved with resolving difficult issues in the national plastic surgery training programme.

S4.4 For trainees with performance problems, it is possible to arrange a placement for them in another deanery to ensure independent assessment.

S4.5 External advice is sometimes obtained from Scottish Royal Colleges and the Joint Royal Colleges of Physicians Training Board (JRCPTB), but the Deanery does not have a formal process for obtaining external advice from Royal Colleges outside Scotland. The visit team was informed that the Deanery has a limited budget dedicated to the funding of external involvement, so full implementation of external advisors would be difficult to achieve.

Standard 5: The postgraduate deanery must work effectively with others

S.5.1 The Deanery is located in Ninewells Hospital, a major teaching hospital adjacent to the University of Dundee Medical School and the RCGP. The Deanery reported that this geographical proximity brought significant benefits and enhanced communication.

S5.2 The Deanery interacts with key national medical training structures, notably the Scottish Medical Training Board and the Selection and Recruitment Delivery Board. In addition, the specialty training boards engage all relevant stakeholders in the QM of postgraduate medical education and training in Scotland. Membership of the seven boards includes representatives from the Scottish Academy of Medical Royal Colleges, the four Scottish deaneries, services, universities, trainees, lay members and the British Medical Association. The specialty boards are valued within the deanery for their externality and opportunity to develop good practice across the deaneries. The STB's enhance stakeholder engagement but are limited to an advisory function. The RCGP has provided a resource for GP training and education for GPs at all stages in their careers across the UK for many years. Latterly, it has been a leading force in the National Training Development Group involving all deaneries in Scotland, which has developed and supported a number of courses including the SPESC.

S5.3 The integration of specialty training with the University of Dundee has resulted in the development of innovative joint academic, education and quality improvement posts. Trainees were enthusiastic about these opportunities and the out-of-programme support given to them by the Deanery. Concern was raised with regard to the impact of the annual appointment process in both appointing trainees to these joint posts, and to 'back filling' training post vacancies. There is recognition from the Deanery and

the University of Dundee of the benefits of a shared training environment and Quality Management process for undergraduate and postgraduate medical education.

S5.4 The visit team heard that the network of associate postgraduate deans, TPDs and educational supervisors is the vehicle for dissemination and feedback in the deanery training community. The link with the DME infrastructure is less clear. Deanery TPDs meet regularly as a forum. GP trainers voiced their appreciation of the efficient educational support from Deanery staff at all levels. In paediatrics, the TPD maintains links with national training developments by attending Royal College meetings in rotation with the other Scottish TPDs. Trainees are now represented on key deanery committees. The representatives will meet quarterly at the recently established Trainees' Forum, attended by the Associate Dean for Quality, and will communicate with trainees through the Junior Doctors Newsletter. The Deanery also engages with trainees on the triennial internal visits and the annual deanery survey. Trainees who had cause to contact the Deanery reported that it was accessible and supportive.

S5.5 Seven lay representatives have recently been appointed and are beginning to make a contribution to the Deanery's QM. General practice visits already include lay and patient representatives. Patient representation on the GP advisory sub-committee was described by trainers as both effective and enabling. The NES initiative for patient focus, public involvement (PFPI) is incorporated at many levels in the work of the Deanery, and the NES PFPI Standing Committee reviews all deanery equality and diversity data.

Summary

Strengths

1. The national specialty training board structure allows for a common strategy to be applied across the four deaneries for specialties. (paras D4.1, D6.13, S5.2)
2. There is good flexibility within training programmes (except in paediatrics), particularly considering the size of some programmes. This includes the availability of Less Than Full Time Training to all trainees (para D5.1, D3.3)
3. The Deanery has led on the development of the SPESC course for GP trainers and local delivery of SCOTS courses has allowed greater access to training courses for the trainers. The SPESC course has been used in other parts of the UK (paras D5.9, D6.11, D6.15, S5.2)
4. There is extensive 'doctors in difficulty' expertise and support. (paras D5.12, D6.10, D6.12, S2.1)
5. There was praise for the community posts in Angus which were felt to give a particularly good spread of experience and high levels of support for training in general practice. (para D5.14)
6. The careers advice service is seamless from undergraduate level to specialty training. (para D6.5)
7. The specialty boards are valued within the deanery for their externality and opportunity to develop good practice across the deaneries (D4.1, S4.1, S5.2)
8. The innovative Tayside Centre for General Practice provides an excellent resource. (paras D7.4, D9.3, S5.2)
9. There is good access to the clinical skills centre and the simulation training facilities, which are highly commended by trainees. (para D8.7)
10. There is a strong link between the Deanery and the University providing effective integration for specialty training posts in academic medicine, medical education and quality improvement. (paras D9.3, S5.1, S5.3)

Areas for Improvement

1. The current format of the hospital-at-night has not been evaluated in Ninewells. (paras D1.3, D5.4)
2. The absence of timescales for improving processes for the reporting of adverse incidents (D1.3).

3. Rota gaps within the deanery result in lost training opportunities and incomplete curriculum delivery and potentially increase the risk to patients without appropriate cover. (para D1.5, D5.5, D9.2 D4.2)
4. The current absence and EWTR monitoring processes in human resources departments do not adequately monitor or support trainees. (para D1.7, D7.3)
5. NHS Tayside does not have a culture of ensuring its consultant staff receive appropriate training that is monitored and assessed. (paras D2.6, D3.2, D5.9, D6.3, D6.16, D7.10)
6. The lack of clarity of provision and uptake of Child Protection, Induction and Equality and Diversity training at NHS Tayside (paras D2.6, D3.2, D6.3)
7. The poor access to resources for trainees including the Deanery link to the NES website, library and internet, audit support and study leave (para D3.5, D5.5, D6.7, D6.8, D7.11, D8.6, D8.10, D8.12)
8. The service workload in Ninewells Hospital and, to a lesser extent Stirling, in relation to the current staffing levels, significantly compromises training in paediatrics. This appears to be due to a combination of inadequate time available for teaching by the consultant staff and to the trainees being unable to access teaching opportunities. (paras D5.5, D5.7, D6.6, D6.8)

Post-Visit Note: The issues with the access to and quality of training in Paediatrics at Ninewells Hospital were referred by the team to the GMC's responses to concerns procedure as there was potential for the situation to worsen with two trainees leaving to take up training posts outside the deanery in August. The GMC has met with the Deanery, NHST and NHS Education Scotland, and requested a local action plan to address these issues in timely manner.

9. There is a lack of explicit funded time for postgraduate training and educational governance in the job plans of clinical and educational supervisors and some TPDs. (paras D6.14, D6.16, D8.5)
10. There is lack of clarity of the roles of the DMEs in the health boards and the Deanery in the QM process. (paras D7.6, D7.7, D8.1)
11. There is a lack of clarity of the systems for collating, recording, monitoring and sharing information and data. (paras D7.8, D9.2)

Signature of Lead Visitor

Date 05/08/2010

Decision of VTD Panel

The provision at East of Scotland Deanery has:

Met with conditions the standards and requirements of GMC

Notable Practice:

1. The Deanery has led on the development of the SPESC course for GP trainers which has been used in other parts of the UK, and local delivery of SCOTS courses has allowed greater access to training courses for the trainers.

2. The community posts in Angus give a particularly good spread of experience and high levels of support for training in general practice.

3. The innovative Tayside Centre for General Practice provides an excellent resource for trainees.

4. The Deanery provides good access to the clinical skills centre and the simulation training facilities and this is highly commended by trainees.

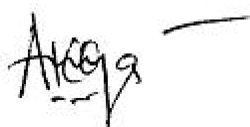
Conditions:

1. NHS Tayside must have systems to deliver and monitor appropriate training for trainers and trainees including Child Protection, Induction and Equality and Diversity training
2. NHS Tayside must provide trainees with free and appropriate access to audit support, library and IT systems
3. The Deanery must ensure rotas are fit for purpose and monitored appropriately to rule out excess gaps and satisfy EWTR.
4. The Deanery must work with NES to ensure adequate and proactive workforce planning and robust Quality Management of training programmes
5. The Deanery must ensure that there is explicit funded time for postgraduate training and educational governance in the job plans of clinical and educational supervisors and TPDs.

Recommendations:

1. The deanery should monitor and evaluate the current format of the hospital-at-night system in Ninewells.
2. The deanery should set a timescale for improving processes for the reporting of adverse incidents.
3. The Deanery should improve access to and reduce administrative delays concerning study leave.
4. The Deanery should urgently work with the DMEs to clarify their roles and responsibilities in the QM process, with input as appropriate from the Health Boards.
5. The Deanery should ensure that systems are in place for the collating, recording, monitoring and sharing of information and data.

Signature of Chair of VTD Panel



Date 14/09/2010