

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: Wessex	
2. Dates of visit: 16 – 18 June 2009	
3. Visiting team	
	Name
Lead visitor	David Blaney
Visitor (Shadow Lead)	Ranga Rao
Visitor	Sarah Thomas
Visitor	Pramod Luthra
Visitor	Corinne Trim
Visitor	Paul Kirk
Visitor	Rameen Shakur
PMETB observer	Jessica Lichtenstein
PMETB observer	Sarah Marsh
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
<ul style="list-style-type: none"> • Southampton University Hospitals NHS Trust • Hampshire Partnership NHS Foundation Trust • Poole Hospital NHS Foundation Trust 	
5. Contact to whom the visit report is to be sent for factual accuracy check	
Deanery contact name(s)	Email address(es)
Dr Vicky Osgood, Postgraduate Dean	Vicky.osgood@nesc.nhs.uk
6. Existing reports referred to during the visit	
<ul style="list-style-type: none"> • PMETB Deanery-wide visit report (DV021) 2007 • PMETB/CoPMED National Survey of Trainee Doctors 2007/2008 • PMETB National Survey of Trainers 2007/2008 • PMETB/CoPMED National Survey of Trainee Doctors 2008/2009 • PMETB post and programme approval data • Wessex annual deanery report 2007/2008 and action plan 2008/2009 	

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 Deanery has a programme of visits to units when concerns are raised including triggered visits. Poole Hospital NHS Foundation Trust received a national award for the work in relation to patient safety in 2008.

D1.2 At Southampton University Hospitals NHS Trust the visiting team identified potential issues with the consenting of patients in both general surgery and dermatology, where trainees were not routinely competency assessed prior to undertaking their post/procedures.

D1.3 In dermatology, there was a high volume of work with some morning clinics running into the afternoon and with some clinics not always being monitored/filtered when consultants are away. This meant that it was a possibility for patients to remain under review by a trainee and not be reviewed by a consultant. The consultants were aware of this and had recently agreed an action plan with the trainees and the Deanery.

D1.4 In respiratory medicine the trainees reported that, in the Isle of Wight post, there could potentially be up to a two-day delay in being able to discuss a patient with a consultant due to the work volume. The visiting team was informed that an additional consultant had been appointed.

D1.5 The team found no evidence to suggest that there were any problems with compliance with the European Working Time Directive (EWTd) in spite of having non-resident shift patterns in some hospitals where trainees used hospital premises to sleep. Trainees and trainers both expressed concerns that shift working was restricting the number of training hours and potentially the continuity of patient care.

D1.6 There was evidence of handover arrangements in all the sites visited but there was no universal system for documenting and retaining information on handover and no evidence of sharing of best practice across the Deanery. Different handover arrangements were used, including computer and paper based systems. In psychiatry, there was no consistency in handover arrangements between units.

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 The visiting team found that systems and process are in place to enable the Deanery to exercise quality management (QM) over the training, and that these are supported by appropriate data collection and analysis. EWTd is monitored through diary-carding exercises and reported to the Strategic Health Authority.

D2.2 The Deanery's quality team uses a traffic light system to maintain an issues and actions log, and this is reviewed by the Quality Management Steering Group, which meets three times a year. This system uses visit reports, local survey data, Record of In-Training Assessment (RITA), Annual Review of Competence Progression (ARCP) and PMETB survey results (which achieved a 91 per cent return rate in 2009). The Deanery informed the visiting team that this process is also supported through local education provider (LEP) quality control (QC), as they are encouraging local identification and resolution, using Deanery Programme Managers to support the process. However, the visiting team had some concerns about closing the feedback loop and the extent to which trainees participated in QM and QC. The team received variable reports from trainees, with some trainee groups reporting a lack of process and an inconsistent approach to receiving information back on PMETB national trainee survey results or other survey data, and being able to raise issues at different levels. However, others stated they had good communication channels, with opportunities to feed back through educational supervisors and the RITA/ARCP process and easy access to training programme directors (TPDs); at Southampton, they had weekly registrar meetings and monthly junior doctor meetings. The visiting team felt that using the end-of-rotation and RITA/ARCP data to monitor posts and trainee progression was potentially confusing for trainees and was not confidential or anonymous.

D2.3 The visiting team did not see consistent evidence of LEP QC. In dermatology, the trainees seen were not aware of an escalation policy from trust to deanery level; there had been no RITA/ARCP questionnaire last year and the trainees and trainers believed that this had been delayed this year due to work pressure. In dermatology, earlier this year, some trainees had raised concerns with the clinical lead/TPD, who advised the trainees to write to the Dean, following a lack of progress at a local level. This led to improvements in the training experience, with a number of initiatives being implemented as well as an improvement in LEP QC; consultants have met with trainees, and are using multi-source feedback to receive feedback from trainees. This will be followed up with meetings with the clinical lead.

D2.4 The heads of school (HoS) are developing structures to ensure links with the Deanery, Royal Colleges, LEPs and across schools. At present there is a lack of consistency around how they deliver QM, although this is because they are at different stages of development with the appointment of all HoS only being completed in March 2009. There had been a recent HoS meeting. There is a clear process whereby, if a school has a concern about a unit or trust, it can request a deanery visit, for example, to obstetrics and gynaecology in December 2008. There is good communication between the Directors of Medical Education (DMEs) and HoS, who meet quarterly.

D2.5 The visiting team found evidence of lay representation in the Quality Management (QM) process, recruitment and ARCPs; however, formal Royal College involvement appeared to be inconsistent. The team was informed that a trainee shadow school of surgery has been set up, but the surgical trainees interviewed were not aware of its existence. In psychiatry, there is good representation of trainees in the school and the trainees are aware of it.

Domain 3: Equality, diversity and opportunity

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

D3.1 The Deanery has equality, diversity and opportunity policies in place and easily available on the Deanery's website. In interviews with psychiatry and surgical trainees, the visiting team found no evidence that the impact of these policies had been assessed or that demographic data were analysed or published.

D3.2 Equality, diversity and opportunity training programmes are in place and consist of

face-to-face sessions, e-learning modules and, for surgical trainees in Poole Hospital, a game-based scenario.

D3.3 The Deanery was able to provide a written report which identified the educational supervisors who had been trained and the expiry date of their equality and diversity training. This information was updated on a monthly basis. Equality and Diversity Training was not provided for trainees in psychiatry, and trainees in dermatology and respiratory medicine were uncertain if they had received training.

D3.4 Approximately 7 per cent of trainees were in less than full-time posts, and information on these statistics is available at the Deanery. The Deanery works with LEPs to ensure that those who wish to train flexibly can do so.

Domain 4: Recruitment, selection and appointment

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

D4.1 There is an established link between the Deanery's programme managers and trust human resources personnel for recruitment.

D4.2 The Deanery undertakes recruitment in accordance with the national standards for all specialties.

D4.3 The trainee recruitment process is centrally coordinated by the Wessex Deanery Recruitment Team. The recruitment team places advertisements on the NHS Education South Central (NESC) website on the Deanery's own recruitment page, inviting interested applicants to apply. Further information about the posts and schemes may be downloaded along with applicant programme descriptions.

D4.4 The programme managers at the Deanery co-ordinate the short-listing panels and verify that applicants are assessed against national person specifications (available at www.mmc.nhs.uk). The specialty-specific, short-listing criteria are created by the programme director for the specific specialty.

D4.5 The Deanery has in place an on-line recruitment and applicant tracking system (I-CAMS) for local recruitment and an active e-recruitment system. Further analysis as to whether this assists maximising post-recruitment is being undertaken. The I-CAMS system assesses the eligibility of applicants for consideration for training following the national eligibility guidance on the MMC website. Applicants who meet the eligibility criteria for consideration for training are able to progress to the short-listing stage.

D4.6 The trainees interviewed felt that the recruitment policy was fair and well structured.

D4.7 The team found no evidence, either within the Deanery or at a trust level, of any published data about complaints or appeals with regard to selection, but there are processes in place to deal with complaints and appeals.

D4.8 During the recruitment processes, the Deanery used lay assessors who had been trained on selection principles and procedures.

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 The Deanery has recently completed the appointment of all HoS. The schools are at different stages in their development, with the schools of surgery and general practice (GP) well established. The schools have appropriate organisational structures and administrative support. They have representation from all stakeholders. There are regular, three-monthly meetings of the HoS, and those met had a clear understanding of their role and accountability and working relationships with local trusts and colleges. There is an associate postgraduate dean with responsibility for overseeing the work of the schools, who functions as the link between the schools and the Deanery.

D5.2 Presently NESC is developing a strategy for clinical skills, although there is no formal clinical skills network presently established. There are a number of simulation and clinical skills facilities throughout the Deanery, but there was no overall deanery strategy to ensure access to appropriate clinical skills and simulation for trainees.

D5.3 In psychiatry, the trainees were generally content with the delivery of the curriculum, the availability and accessibility of their educational supervisors and the delivery of work-based assessments. The educational supervisors met had all undergone appropriate deanery training. There is a Wessex Psychiatric Trainees Committee which the trainees found valuable as a way of keeping in touch with issues and developments.

D5.4 However, trainees were not able to gain experience in liaison psychiatry as there were no available training posts. The available post had been allocated to foundation (FY2). There was limited opportunity for trainees to develop skills in dynamic psychotherapy, owing to a lack of access to patients and supervision. However, a second consultant appointment is pending and this will go some way to addressing the issue.

D5.5 The pass rate in the Membership of the Royal College of Psychiatrists (MRCPsych) examination was 50 per cent. This was of concern to both trainees and educational supervisors. The local MRCPsych examination course had been changed to improve pass rate.

D5.6 In dermatology at Southampton, trainees and educational supervisors acknowledged that the service demands were high and that the department was relatively understaffed, which was exacerbated by national problems with recruitment of LATS to fill short term vacancies. The trainees have a Thursday afternoon educational session but trainees had difficulty attending all of the sessions due to service commitments. The trainees could not attend the monthly national meetings at the Royal Society of Medicine in London. Furthermore, the team heard from trainees that service commitments made it difficult for trainees and educational supervisors to identify protected time to undertake work-based assessments.

D5.7 The Dermatology trainees based in Southampton reported that they had expressed concerns about the workload and the impact on their training to the TPD and they subsequently wrote directly to the postgraduate dean. As a result there have been a number of changes made to the way the trainees work, including limiting the number of patients in a clinic to 11 and sharing lists and emergency outpatient slots. The trainees acknowledged the changes but still had some anxiety about how practical it would be to maintain them and how they would be monitored, particularly with the introduction of the EWTD. Until recently, the roles of clinical lead, TPD and head of department had been held by the same person. This has now changed with the appointment of a new clinical director.

D5.8 The surgical trainees met expressed a high degree of satisfaction with their training and felt that they had few difficulties in meeting the needs of the curriculum. They stated that both clinical and educational supervision were excellent.

D5.9 Overall in Poole, there was a 100 per cent success rate in the Membership of the Royal College of Surgeons (MRCS) examination.

D5.10 The surgical trainees and educational supervisors expressed concern about the potential impact of the EWTD on training and meeting the requirements of the curriculum.

D5.11 The surgical trainees stated that they had no difficulty in accessing study leave or external courses. However, they often had to fund attendance at external courses themselves, as the Deanery's limit of £600 per annum per trainee for study leave was inadequate.

D5.12 Due to technical difficulties with the on-line surgical curriculum and assessment tool, several surgical trainees had been given a level 5 during their most recent ARCP, which indicates that there was incomplete evidence presented. The trainees had the necessary information in paper form but they were informed that this was not acceptable. The team also heard that the RITA and ARCP processes are used to gather information about trainee experience of their training and posts. Some trainees felt a distinction should be made between individual performance and progression and the collection of quality management data.

D5.13 The trainees met in respiratory medicine were very happy with their training experience. They felt fully involved in their training and were very complimentary about the TPD and the educational supervisors. The only negative feedback related to the balance between experience in respiratory and general medicine at the Isle of Wight, with the more senior trainees stating that there was too much general medicine (see para D1.3). There was a very active academic programme with five academic clinical fellows (ACF) in post.

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.

D6.1 The Deanery should be commended for the organisation and support it provides for the training of academic clinical fellows, particularly in respiratory medicine.

D6.2 The Deanery has a generic induction policy for all new trainees. This involves an introductory morning at the Deanery, followed by a departmental-specific induction in the afternoon. Psychiatric trainees found the induction format effective and were consulted about the development of the induction process. Trainees in dermatology at Southampton stated there was a problem with their local induction in that it was not needs-based and they had little opportunity to provide feedback. General surgery trainees at Poole were happy with their local induction and found it to be useful.

D6.3 Psychiatry and surgical trainees were not aware of the bullying and harassment policies within the Deanery but were satisfied that they could find the information if required to do so.

D6.4 The team confirmed that the trainees seen had designated educational supervisors. Across all four specialties, the trainees were very complimentary about the level of educational supervisor support they received. In particular, the surgical trainees at Poole stated that there were opportunities to discuss their training needs and they also found their trainers to be 'very accessible and supportive'. This was reflected in what the Medical

Director referred to as the 'Poole culture' of doing work with pride and honestly and treating patients with dignity. Trainees in respiratory medicine at Southampton were also very complimentary about the level of support they received and the quality of their training.

D6.5 The extent of, and processes for, trainee representation in the Deanery varied across the different specialties. For example, psychiatric trainees had the Wessex Psychiatric Trainees Committee. The committee is trainee-led and is a means for trainees to give feedback. However, in dermatology, the trainees stated there was no means for them to provide feedback confidentially. In surgery, although there is a 'shadow school' for the surgical trainees (developed by the medical education fellows) as a means of highlighting surgical trainee issues, a cascade process is not in place. This was evident from the lack of awareness of the School and its goals by surgical trainees.

D6.6 The Deanery demonstrated a commitment to training its educational supervisors, with those in surgery, psychiatry, respiratory medicine and dermatology confirming that they had been offered and taken up training by the Deanery. There was provision for protected time for trainee supervision in the educational supervisor job plans. It is estimated by the Deanery that up to 85 per cent of educational supervisors have been trained. The Deanery provides sessional funding and administrative support for TPD'S. The Deanery stated that it aims to train 100 per cent of educational supervisors by November 2010 although the PMETB requirements for standards for trainers must be met by January 2010.

D6.7 Dermatology, respiratory and psychiatry trainees based at Southampton stated their workload was high. Dermatology trainees commented that their workload was affecting their ability to access external courses, such as training days at the Royal Society of Medicine, London. Surgical trainees felt their experience and workload were appropriate to their training needs.

D6.8 The Deanery has a system for the identification and support of trainees in difficulty. The system has three levels, 1 and 2 being local (trust level) and 3 being at a deanery level. The Professional Support Unit (PSU) manages trainees who have serious issues (level 3), and the work of this unit is well regarded throughout the Deanery. However, the team did not identify adequate processes for data collation by the Deanery of level 1 and 2 activity and no guidance was issued by the Deanery on the type of information that should be collected at stages 1 and 2 or on how information about trainees should be passed between units or DMEs.

D6.9 The Deanery has a careers guidance service in place which links to the PSU. TPDs and Associate Deans spoke highly of the service, but the trainees interviewed were not aware of the service.

D6.10 The trainees reported no problems with gaining access to study leave, although they stated that the study leave budget is not sufficient to cover core specialty courses which exceed the funding available.

D6.11 There were eight incidents reported by the Hampshire Partnership NHS Foundation Trust which were passed on by the Deanery at PMETB's request in which trainees were the subject of assaults by patients. Trainees reported two serious incidents, one in a Psychiatry Intensive Care Unit, where a trainee went off sick, and one incident where the incumbent trainee was withdrawn proactively, pending investigation. There was no evidence that the interview rooms were confirmed to be safe for trainees while assessing patients, and only nine out of 23 psychiatry trainees had breakaway training in 2009 with no data provided for 2008.

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 has an effective management structure and initiatives in place to assist in the management of education and training and to ensure that PMETB standards are met. These include the PSU, the careers guidance service, Intrepid system for data management, deanery/specialty induction processes and training programmes for educators. A draft NESC strategy has been developed, but there is no deanery-specific strategy document developed in partnership with stakeholders. The Deanery holds an annual two-day conference for DMEs, associate deans, TPDs and HoS, which provides an opportunity to input into the annual deanery planning cycle and is a valued communication channel.

D7.2 The trust representatives the team met expressed considerable respect for the Deanery's senior team and the dynamic and positive leadership they display. There is recognition of their desire to create a high quality learning environment for both trainees and educational supervisors. They are perceived as being approachable, accessible and responsive, innovative in supporting quality medical education, and responsive to feedback.

D7.3 The visiting team found evidence of effective delivery of the ACF programme, with partnership working between the Deanery, University and LEPs to enable the integration of academic and clinical programmes. Educational supervisors reported that the ACF programme is at risk due to the problem of filling training gaps and finding backfill for posts.

D7.4 TPDs have sessional funding and administrative support from the Deanery. At LEP level, implementation of this support is inconsistent, which may lead to an inconsistent process across the Deanery/programmes. There were concerns in respiratory medicine, dermatology and surgery at Southampton over support for professional activity time for educational supervision.

D7.5 The roles and responsibilities for the delivery and management of education are not always clearly delineated and the visiting team found this may lead to a potential for conflict of roles. For example, TPD/head of academic/lead clinician in dermatology; Surgical tutor/TPD in trauma and orthopaedics; HoS in obstetrics and gynaecology/Director of Education.

Domain 8: Educational resources and capacity

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

D8.1 There was agreement in meetings with trainers and trainees that the education and training facilities, resources and infrastructure were sufficient and appropriate to support the education and training.

D8.2 Access to information technology (IT) facilities of sufficient quality was generally good. It was noted that the exceptions in psychiatry would be addressed in August 2009 when a merger with South West IT services would take place.

D8.3 Internet access is available and unrestricted in terms of time. It was noted that access to certain websites was restricted, but IT services could be approached when there was a need to access certain sites, for instance ISCP. Psychiatry trainees were barred from access

to Google images which they regarded as a useful source of information.

D8.4 The library service was highly valued, with trainers and trainees mentioning the high quality of resources and help they received from library staff.

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 locally run MRCS examination preparation course and mock examination at Poole provided good learning and preparation and had produced a 100 per cent pass rate for the surgical trainees.

D9.2 The School of Surgery did not undertake a systematic collection and analysis of the outcome of examinations. A 'watch list' of posts provided by the Royal College of Surgeons was not shared with the trainees.

D9.3 The Deanery collects and records RITA and ARCP outcome data but there is no analysis of outcomes with reference to diversity (gender, ethnicity, university of qualification).

D9.4 The trainees and trainers in psychiatry informed the team that the examination preparation course organised locally had not been appropriate for the MRCPsych examination. The trainers had reviewed the course and were producing a new, fit-for-purpose course for the new type of examination.

D9.5 The Deanery has organised and run various education supervisor training courses with good uptake, and the visiting team was informed that 85 per cent of supervisors had received training. This was confirmed by both the senior deanery team and the local education teams.

D9.6 There was collection and analysis of data by the PSU at level 3, but no data were collected or available for trainees managed at levels 1 and 2. Each trainee on level 3 had a case support worker. The Trust was unable to demonstrate a method of formal data recording and collection on those doctors managed at levels 1 and 2, and there was no analysis or sharing of informal data.

D9.7 The PMETB trainee surveys (2008/2009) achieved a high return rate across the Deanery (91 per cent in 2009). The trainees informed the team that they had not been provided with an analysis of the return by either the specialty or the Deanery.

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

S1.1 The Deanery's senior management team has systems and processes in place to comply with PMETB standards and requirements. The Deanery acknowledges the principles of regulation and educational governance, and the Deanery's leadership in driving the quality agenda in medical education was acknowledged.

S1.2 Deanery specialty schools have been developed in medicine, surgery and GP; however, a number of specialty schools are in an early stage of development. Clear evidence relating to the consistent structure and governance arrangements for all schools was not available.

S1.3 The Deanery aspires to ensure compliance with the Standards for Trainers by the provision of training courses. The standard must be met by January 2010 and the team were concerned to hear that the Deanery aims to meet the standard by November 2010.

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

S2.1 Visitors were told that trainees have the opportunity to raise concerns with educational supervisors and TPDs through the RITA and ARCP processes, and with other deanery staff. However, the ARCP and RITA processes are not separate from the trainee feedback processes, which may not ensure confidential anonymous feedback from trainees. Feedback from trainees, in the specialities visited, occurs on an annual basis. There was no evidence provided of an end-of-placement feedback questionnaire.

S2.2 Trainees are represented on specialty training committees (STCs) and there are plans to set up an interactive electronic trainee forum within a designated area on the deanery website.

S2.3 The Deanery has a policy for dealing with bullying and harassment, but some trainees met were unclear about how the policy is implemented in practice. However, most were aware of LEP policies.

S2.4 The Deanery has a process for managing doctors with difficulties.

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 The Deanery completed the appointment of all the HoS in March 2009. There are quarterly meetings of all HoS and a separate deanery-facilitated meeting between the DMEs and HoS.

S3.2 The HoS report to the associate dean with lead responsibility for postgraduate schools who, in turn along with the heads of foundation and GP, reports to the postgraduate dean.

S3.3 The Deanery presented a Business Plan 2008-2011. No deanery strategic plan was available.

S3.4 The Deanery works with the medical Royal Colleges through the use of local specialty advisers and college tutors. The college tutors function at trust level and are valued both by the Deanery and the trusts. The Deanery has appointed and trained lay members who provide externality on recruitment and ARCP panels.

S3.5 The Deanery is using Intrepid to support and lead on a QM information module, and this is being rolled out to all trusts to support QM.

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

S4.1 The Deanery has a well developed system for the recruitment, training and quality management of lay external advisers. It has recruited these through open advertisement and appointed a number of lay chairs to assist in ARCPs, QM, and recruitment. They have person specifications, job descriptions and lines of accountability.

S4.2 The schools have appointed liaison members for each of the respective colleges and, where appropriate, they are involved in ARCP and QM. The use of local college representatives does not comply fully with PMETB's requirements for external advisers as set out in the Quality Framework document paragraphs 27 to 29.

S4.3 External advisers are involved in the professional support group and careers guidance. The lay adviser interviewed commented that they felt valued and was consulted, and that their views and those of their colleagues mattered to the Deanery. Posts that are identified in trainee feedback as a potential concern are reviewed by a senior member of deanery staff and a lay adviser; if the issues cannot be resolved locally they are relayed to the Trust's chief executive officer.

Standard 5: The postgraduate deanery must work effectively with others

S5.1 The Deanery is part of NESC and is represented at Board level, and has good links with all the relevant stakeholders within NESC.

S5.2 The Deanery has good working relationships with the DMEs and with the Royal Colleges.

S5.3 The Deanery has good working relationships with the local trusts and is fully consulted by them about medical education and workforce planning.

S5.4 The Deanery links with the trainee body through representation on STCs and schools and the Wessex Psychiatric Trainees Committee. There are good channels of communication between educational supervisors and HoS.

Summary

Strengths

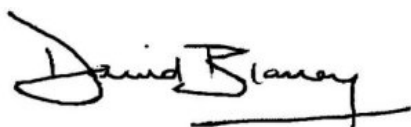
1. The approach to QM and the QM team, the commitment to academic training opportunities, induction, the courses for educational supervisors and the quality of educational supervision, and the PSU. (paras D2.2, D6.1, D6.2, D6.4, D6.6, D6.8)
2. The Deanery's good relationships with its LEP partners and its commitment to communicating with them, building partnerships wherever necessary to improve the quality of medical training. (paras D2.4, D4.1, D7.3, S4.1, S4.2, S4.3, S5.1, S5.2, S5.3)
3. The cohort of trained lay representatives who have input into deanery processes at a number of levels. (paras D2.5, D4.8, S3.4, S4.1, S4.3)
4. The Deanery's very positive learning culture. Deanery staff at all levels are committed and enthusiastic, and have a shared understanding of what they are doing. The Deanery's culture is dynamic, supportive, proactive and innovative. Leadership is visible and the senior team are viewed as approachable and responsive. (paras D6.6, D7.1, D 7.2)
5. The commitment to patient safety and supportive training environment at Poole Hospital NHS Trust. (paras D1.1, D5.10, D6.4)
6. The immediate action taken by the Deanery to remove trainees from an unsafe environment at Hampshire Partnership NHS Trust. (para D6.11)
7. An improved and effective recruitment process, with good communication between Deanery and Trust level (paras D4.1, D4.5, D4.6, D4.7, D4.8)

8. Trainees on academic programmes have dedicated support organised by a partnership between the Deanery, LEPs, and University, which allows the successful integration of academic and clinical elements (paras D6.1, D7.3)

Areas for Improvement

1. Handover arrangements within and across LEPs are not consistent and do not promote adoption of best practice. (para D1.5)
2. Due to a high volume workload in Dermatology at Southampton University Hospitals NHS Trust, there are patient safety issues e.g. consenting patients and unsupervised clinics and educational issues e.g. trainees being able to undertake appropriate education activity and time for assessment (para D1.2, D1.3, D2.3, D5.7, D5.8)
3. The QM processes do not consistently involve trainees nor do trainees receive feedback on outcomes. (para D2.2)
4. ARCPs, as administered by the deanery, address both post-experience and personal development and raise the potential that trainees may not be able to give confidential or anonymous feedback. (paras D2.2, D6.5, S2.1)
5. Analysis of outcomes and trends is not developed, for example the impact of equality, diversity and opportunity policies is not assessed, and demographic data are not analysed or published. (para D 3.1, D9.3, D9.6)
6. There is no overall strategy to ensure trainee access to appropriate clinical skills and simulation. (para D5.2)
7. Psychiatry trainees have limited opportunity to complete the psychotherapy requirements of the curriculum. (para D5.4)
8. There is a need to clarify the roles of TPDs, DME, HoS and college tutors as this may have the potential for some operational confusion and inconsistency across the Deanery. (paras D5.8, D7.5)
9. There is a lack of documentation of trainees in difficulty at stages 1 and 2 of the process, and lack of guidance from the Deanery on how information should be passed on to ensure there is greater transparency in the process. (para D6.8)
10. The lack of a coherent system to engage specialist medical external advisers, in alignment with PMETB's requirements as set out in the Quality Framework document paragraphs 27 to 29 (S3.4, S4.2).

Signature of Lead Visitor



Date 3 August 2009

Decision of VTD Panel

The provision at Wessex Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The Deanery has very good relationships with its LEP partners and has a commitment to communicating with them and building partnerships wherever necessary to improve the quality of medical training.
2. The Deanery has a very positive learning culture, which is dynamic, supportive, proactive and innovative. Leadership is visible and the senior team are viewed as approachable and responsive.
3. Trainees on academic programmes have dedicated support organised by a partnership between the Deanery, LEPs and University, which allows the successful integration of academic and clinical elements.

Conditions:

1. The Deanery must ensure that handover arrangements for trainees within and across LEPs are consistent and promote adoption of best practice.
2. The Deanery must monitor actions taken in response to workload issues in Dermatology at Southampton University Hospitals to ensure there is no risk to patient safety and trainees can undertake appropriate educational activity.
3. The Deanery must consistently involve trainees in QM activity and ensure there are appropriate feedback loops.
4. The Deanery must assure that trainees in General Surgery and Dermatology at Southampton University Hospitals are taking consent appropriately, and must update PMETB within three months.
5. The Deanery must ensure that all psychiatry trainees have access to appropriate posts to allow them to fulfil curriculum requirements.
6. The Deanery must analyse and publish outcomes and trends, for example the impact of equality diversity and opportunity policies and demographic data.
7. Systems for external advisers must be implemented to ensure that the Deanery's definition, interpretation and implementation of the principle of externality is in alignment with that of PMETB.

Recommendations:

1. There should be processes in place that would allow trainees to give confidential or anonymous feedback.
2. The Deanery should have in place an overall strategy to ensure

trainee access to appropriate clinical skills and simulation.

3. The Deanery should produce guidance to ensure that there is consistent handling of trainees in difficulty at stages 1 and 2.

Signature of Chair of VTD Panel

Namita Kumar

Date 4 September 2009