



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: Kent, Surrey and Sussex Deanery	
2. Dates of visit: 12 – 14 May 2009	
3. Visiting team	
	Name
Lead visitor	Jacky Hayden
Visitor (Shadow Lead)	Nick Copp
Visitor	Janet Anderson
Visitor	Rick Turnock
Visitor	Carol Griffiths
Visitor	Gerald Parker
Visitor	Ram Sriraman
PMETB observer	Sarah Beattie
PMETB observer	Kirsty White
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
<ul style="list-style-type: none"> • Western Sussex Hospitals NHS Trust, St Richard's Hospital • West Sussex PCT • Maidstone and Tunbridge Wells NHS Trust, Kent and Sussex Hospital • Medway NHS Foundation Trust, Medway Maritime Hospital 	
5. Contact to whom the visit report is to be sent for factual accuracy check	
Deanery contact name(s)	Email address(es)
Professor David Black	dblack@kssdeanery.ac.uk
6. Existing reports referred to during the visit	
<ul style="list-style-type: none"> • Annual Deanery Report • Deanery Trust Visit Reports • LEP self-assessments • Other deanery documentation relating to quality management • PMETB Visit report 2006 and associated follow-up • PMETB Evidence including Survey data 	

7. Findings against PMETB's generic standards for training

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

Domain 1: Patient safety

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

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

- D1.1 The Deanery explicitly underpins its underlying philosophy of 'Good educational supervision delivers good patient care' through its Qualified Educational Supervisor Programme (QESP). When patient safety is compromised, the Deanery moves quickly to improve practice. For example, consent was being obtained by some doctors with insufficient experience or training in trauma and orthopaedics (T&O) at Maidstone and Tunbridge Wells NHS Trust; this has now been rectified with consent being obtained only by middle grade or consultant staff. The trainees reported to the visitors that senior cover was excellent, with handovers consistently attended by consultants and consultants providing out-of-hours middle grade cover when there were no alternatives.
- D1.2 Recruitment to vacancies was reported to be a problem across the Deanery, leading to rotas being consistently under-filled; this resulted in trainees being expected to perform internal locums leading to extended hours of working with a consequent reduction in training opportunities. Trainees at Western Sussex Hospital NHS Trust reported that they need to seek permission from their supervising consultant if they exceed their scheduled hours. These problems may be exacerbated with the full implementation of the European Working Time Directive (EWTD) in August 2009. Throughout the visit, the team encountered concern about the implementation of EWTD. Trainers, trainees and senior educators considered that the reduction of hours was compromising patient care because of lack of availability of locum cover.
- D1.3 The Deanery has clearly mapped its expectations of local education providers (LEPs) against the PMETB domains through its Graduate Education and Assessment Regulations (GEAR) structure. This structure of local academic boards (LABs) and local faculty groups (LFGs) is ideally placed to monitor all aspects of patient safety both at trust level, and in the reporting arrangements to the Deanery. However for this structure to function properly it requires each specialty LFG to be fully functioning, and, although the Deanery reported that it expects all LFGs to be fully functioning by the end of July 2009, the degree of maturity is variable. For instance, the paediatric LFG at Medway NHS Foundation Trust was well established but less so in T&O at Maidstone and Tunbridge Wells NHS Trust.

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 Deanery demonstrated a robust system of quality management of core training programmes and specialty training programmes for general practice. The Deanery also demonstrated a robust system of quality management of LEPs for core training posts.
- D2.2 Trainers and trainees believed that the implementation of EWTD was compromising patient care because gaps in the rotas were not being covered due to a lack of

availability of locums. This resulted in trainees covering the service commitment of the unfilled locum slots in addition to their normal working week, and reducing the time available for them to acquire the experience to meet the requirements of the curriculum.

D2.3 The Deanery has begun to review the impact of the output of training on patient care but the data for most higher trainees is incomplete due to the arrangements between KSS and London deanery in managing the higher trainees, with minimal input into the record of in-training assessment (RITA) process and involvement in the annual review of competence progression (ARCP) process at training programme director level.

D2.4 The Deanery has established a regular review of core training through its GEAR. GEAR was being effectively implemented in LEPs through a series of LFGs and LABs. The LFGs currently meet three times a year to discuss core trainees; there is not a comparable approach to review of higher trainees working in the Deanery.

D2.5 The Deanery maintains registers of GP trainers, consultants and trainees. However, only one round of ARCPs has been undertaken in the Deanery, and no data were available other than those supplied as part of the annual deanery report. No data were available for trainees working in Kent, Surrey and Sussex (KSS) LEPs as part of the London training programme.

Domain 3: Equality, diversity and opportunity

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

D3.1 The Deanery has effectively addressed the requirements for training in equality, diversity and opportunity (ED&O). Equality and diversity training is mandatory for all consultants working in trusts across the Deanery, and all educational supervisors, clinical supervisors, and staff involved in recruitment and assessment, including external advisers, have completed their ED&O training and are regularly updated. There is a clear plan for compliance with the Deanery's public sector responsibility to promote equality. However, the Deanery is not yet in a position to provide data to demonstrate compliance with equality of opportunity, such as ethnic mix and recruitment or ARCP outcome. The educational faculty demonstrated little understanding of how their register of GP trainers, consultants and trainees might be used to identify practices which could be considered to be indirect discrimination.

D3.2 Information about training programmes within the Deanery with their content and purpose are publicly accessible. The GP school prospectus was impressive in its comprehensiveness and presentation.

D3.3 The Deanery has a clear policy regarding trainees who wish to work less than full time, and the number of trainees who are undergoing less than full-time training is very high in comparison to other deaneries. Although suitable arrangements could be made, and the limitations that were identified were temporary, at least one LEP could not accommodate a trainee in a wheelchair. The deanery human resources staff have appropriate adjustments in place for trainees with disabilities, special educational and other needs in the recruitment and selection processes. However, no details were accessible on the Deanery's website at the time of the visit on trainee recruitment, appointment and satisfaction with the results analysed by ethnicity, place of qualification, disability, gender and part-time training.

Domain 4: Recruitment, selection and appointment

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

- D4.1 The Deanery was not directly responsible for recruitment to specialty training programmes, other than general practice, prior to 2007. The Kent Surrey and Sussex (KSS) and London deaneries have a Service Level Agreement (SLA) relating to the provision of specialty training programmes and specialty trainees. The quality management of KSS trainees is a KSS responsibility, whilst the quality management of the educational environment within trusts falls to the deanery within which the Trust sits. Since then it has recruited to core training and has had representation on the London Deanery selection process for higher trainees. The Deanery has followed the national processes and, because many of the core training programmes now use nationally coordinated selection, most of the recruitment occurs within a national framework. The Deanery has not implemented quality management processes of recruitment and did not supply data on recruitment statistics such as ethnicity or gender. There was no documentation about those applicants who registered a disability, but the Deanery reported that appropriate arrangements would be made.
- D4.2 There was general satisfaction with the interview process used to appoint eligible candidates. Trainees voiced no concerns with regard to advertised posts and reported that the selection process sought from candidates only information relevant to the published criteria; they were given appropriate notice of interviews and were able to demonstrate their competence.
- D4.3 Consultants, GPs and lay persons were actively involved in the recruitment and selection processes at deanery level, and reported that they had received appropriate training.
- D4.4 Selection into the later years for those trainees in surgical run-through training, where the KSS and London arrangements come together (KSS in themed programmes and London in more general programmes), was less clear. Dissatisfaction was voiced about the lack of transparency and the delay of information reaching trainees. Although there is a service level agreement (SLA) between the two deaneries for higher training, there were no data available to demonstrate whether or not the standards for recruitment and selection to higher programmes met the PMETB standards and the SLA.

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 training programmes are delivering the curriculum for core training and general practice training satisfactorily. The visit team were informed of consultant surgeons who are willing to take trainees into their outpatient sessions to accommodate their specific training requirements and of consultants in T&O who adjusted work experience to meet the expressed training goals of trainees. However, trainees in the higher years of specialty training are managed by the London Deanery, leaving the KSS Deanery to ensure that the training posts meet the PMETB standards. The SLA between the two Deaneries is not explicit about the need to deliver the curriculum through a series of appropriately assembled posts.
- D5.2 The senior T&O trainees who met with the visit team at Kent and Sussex Hospital felt their training needs were being well met. The GP trainees in hospital placements were not always able to meet their curricular needs, but a well structured process was in place to deliver extra training opportunities to address these needs. Concern was

expressed by trainees in general practice programmes who had started in 2007 that insufficient attention had been paid to their previous experience. The 2008 starters were much more satisfied with the programmes available to them.

- D5.3 The trainees reported that there is good opportunity for accessing training days and other courses. However, there has been a lack of a formal education programme in core paediatrics due to staff retirement; the visit team was assured that this programme was scheduled to restart in the near future. There is no formal paediatric teaching programme for higher trainees working in KSS currently operating, and this has resulted in greater dislocation of the trainees from their Specialty Training Committee (STC)/training programme. *However, the trainees in hospital placements for general practice training expressed concern that their training days had been reduced to four days a year (from the half day a week experienced by their predecessors) and that three quarters of their study leave allocation for ST1 and ST2 was used in trainees accessing six mandatory days a year in their training practice.*
- D5.4 Trainees in both core training and GP programmes received appropriate workplace based assessments (WPBAs) to fulfil their training needs. The higher trainees in T&O reported that they utilised the orthopaedic competence assessment project (OCAP) curriculum website and found it very useful. In addition, they logged all the procedures they performed on their personal surgical e-logbook. This situation was less clear in regard to the higher trainees in paediatrics, although they did not express any dissatisfaction with the training opportunities available in the programme and their level of educational supervision. The LFG structure ensures that all core trainees are discussed in detail three times a year, and a strength of this structure also permits discussion of trainees across specialties.
- D5.5 All core trainees receive a formal ARCP assessment at the end of each year of training. The Deanery stated that these trainees also receive an interim pre-ARCP appraisal. However, trainee representatives in some specialties reported that these appraisals were not felt to be satisfactory. The situation regarding SpRs was not consistent. The T&O trainees felt well supported by the RITA process, although they reported that there was little or no communication between the London Deanery and their local trainers in Maidstone and Tunbridge Wells NHS Trust; the trainers and the Head of School of Surgery confirmed this dislocation. The paediatric trainees said they only received a paperwork end-of-year RITA and no routine face-to-face discussion/appraisal with their London-based Training Programme Director (TPD) or Head of School at any juncture. The trainees were able to meet at their TPD if they requested.
- D5.6 On 31 March 2009 the KSS Deanery requested a triggered visit from PMETB to Worthing Hospital, Royal West Sussex NHS Trust (which has now become part of the merged Western Sussex Hospitals NHS Trust), in relation to Trauma and Orthopaedic Surgery. This request, along with relevant evidence, was considered by PMETB, but it was decided that no triggered visit was required. A decision was made in agreement with the deanery, that the PMETB visit team would follow up on this issue during the planned visit to KSS deanery. Those interviewed by the visit team identified that the Royal College of Surgeons had expressed concern about the T&O training in Worthing Hospital for some years. However, the incident which led to the request for a triggered visit arose in Autumn 2008 when a routine deanery LEP visit to the Trust identified that the trainees were not able to access experience appropriate for their curriculum and that the consultants were not supporting the trainees in the online intercollegiate surgical curriculum programme tools. The mid-point review of trainees (in February 2009) identified that these concerns had not been addressed. Interim action was taken

by the School of Surgery and the Trust, and the trainees were reported to be reassured by the steps taken. The Trusts merged in April 2009 and the new Chief Executive (CEO), together with the Medical Director for Worthing, reported that trust grade doctors had been appointed to work on the elective site in Worthing, freeing the specialty trainees to gain sufficient acute trauma experience. The LFGs provide a forum to review the use of electronic recording tools and the Trust agreed that it would seek regular reports on the use of the tools and the experiences of the trainees from all the LFGs, but in particular the surgical LFG.

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

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

Standards for trainers.

- D6.1 The visit team found good evidence of appropriate induction to both hospital and department; safeguarding was an online essential module. There was evidence of catch-up programmes for those who were not present on the first day, although these were more piecemeal. The arrangements for GP trainees sometimes resulted in a conflict when the induction to the specialty departments conflicted with the induction to the GP programme.
- D6.2 Handovers occurred on a daily basis, including weekends on all sites; these were usually consultant led. When locum night cover was provided by a doctor not known to the department, the time needed for middle grade handover meant that patients were kept waiting for longer.
- D6.3 All trainees met by the team were allocated an educational supervisor and had met initially within the required three-week window. Learning objectives were discussed and gaps in training were identified. Trainees in T&O at Kent and Sussex Hospital particularly commended the vigilance with which this was undertaken. Regular meetings occurred during the training placements. All the trainees were using a portfolio which they discussed with their educational supervisor, although the SpRs in paediatrics were using paper portfolios and the processes within KSS were not sufficiently robust to ensure that this group were discussing their portfolio with an individual who had overall responsibility for their programme, as opposed to their post. Concern was expressed by trainers that they need to be familiar with a range of electronic portfolios and need to remember multiple log-ins which change at irregular dates.
- D6.4 Trainees were aware of where to seek help regarding pastoral support. The Deanery has a comprehensive careers framework, but not all trainees were aware of it or had thought about accessing it.
- D6.5 In all specialties, rota gaps in core training in KSS and in the London Deanery programmes are making EWTD compliance difficult and are interfering with training. There are one in seven rotas with internal locum cover for sickness absence at sites across the Deanery. The visit team heard that the Deanery was especially challenged by difficulties in recruitment of middle grade doctors in paediatrics.
- D6.6 The visit team found no concerns with regard to availability of on-site senior support and advice to specialty trainees. One trainee reported, in confidence, a serious concern about their interaction with their clinical supervisor. It was impossible to obtain further evidence and the concern was sufficient to raise with the Medical Director and CEO of the Trust involved and with the Postgraduate Dean, all of whom took the concern

extremely seriously and offered personal support.

- D6.7 Trainees reported that audits were difficult to complete. Audit teams changed as trainees moved on and the disruption lengthened the process. There was little administrative support.
- D6.8 Protected teaching, a standard in GEAR, is provided at the sites visited, and 60 per cent attendance is expected. However, rota problems precluded this level of attendance in the three audit trail specialties (trauma and orthopaedics, paediatrics, general practice).
- D6.9 Study leave is not always easy to access, with some departments putting greater emphasis on service delivery than meeting the needs of the curriculum. Study leave budgets are top-sliced to provide regional specialty teaching days. In paediatrics, after a hiatus of 18 months, regional study days are about to restart monthly in rotating venues eight times a year. In general practice, study leave budgets for ST1 and ST2 fund mandatory time in general practice during their hospital placements. Educational appraisals took place during this time, and external courses have to be paid for by GP trainees.
- D6.10 The Deanery has one Medical School within its boundaries and, although it has a clear programme of development and expansion, it was not able to provide academic support across all specialties. Trainees, other than those on National Institute for Health Research (NIHR) schemes, therefore accessed academic input mainly when in the placements in London. The SLA between the Deaneries is explicit in the academic support expected from the London Deanery. Academic clinical fellow (ACF) trainees on NIHR schemes associated with Brighton and Sussex Medical Schools and Brighton and Sussex University Hospitals NHS Trust are able to access an appropriate balance of clinical and academic experience. Annual review of this group had appropriate external input.
- D6.11 The Deanery has set clear standards for safe clinical supervision which are quality managed and quality controlled through GEAR. Supervision was of good quality and appropriate for the level of experience. The visit team found good evidence of appropriate use of WPBA for core and general practice trainees. WPBA for specialist registrars is managed through the London Deanery but the mechanisms for continuity were not clear. However, not all those undertaking WPBA were appropriately trained.
- D6.12 Trainers met by the visit team had an enthusiasm for their role. They are supported positively from the Deanery through the LFGs and the LAB which have representatives from the senior Hospital Management Board (e.g. Medical Director, Head of HR and Head of Finance) on the latter. The Deanery has a clear framework for trainer development through the standards for GP trainers and the QESP programme, and has well developed educational programmes and training for trainers. Trainers were aware of their trainees' needs and appeared responsive. Trainee involvement through the LFGs provides a route for feedback on training, and trainers are aware of PMETB requirements for trainers through LFGs and LABs. The cross-representation on the LFGs and LABs allows for sharing of good practice and discussion of trainees.
- D6.13 There was less consistent enthusiasm from the GP trainers. Although many were positive about their role, others were less than enthusiastic about the increased rigour introduced into training. They reported that the trainers' days were more about one-way flows of information than discussing and resolving their concerns.

D6.14 Many hospital educational supervisors had time allocated in their job plans and plans were in place for those who had not yet achieved this. All trainers reported that they covered educational aspects of their role in appraisal; all the TPDs had been appraised through deanery processes. Although all GP trainers had been selected for their role, this had not yet been applied to hospital trainers, other than training programme directors.

D6.15 Training programme directors, heads of school and trainers were all familiar with the PMETB regulatory framework. However, the separation between the early and senior years of training in specialties where programmes cross in and out of the two Deaneries created problems for ensuring continuity of the curriculum.

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 aligned programme management with quality management in a clear transparent system of guidelines which sets out the responsibilities and accountabilities throughout all training programmes. PMETB domains and standards are clearly integrated. These processes provide clear communication lines between the Deanery and its educational network, leading to widespread enthusiasm and support for this process at all levels of education provision, with clarity of roles and responsibilities.

D7.2 The guidelines are highly collaborative and, in the areas where the LAB, LFGs and centre review have been fully implemented, the systems are robust and working well, demonstrating integration of the LEPs, trainers and trainees. The system is not yet fully implemented across the Deanery although progress is rapid. The reporting systems from all these bodies are consistent, mirroring PMETB standards and domains.

D7.3 The Deanery representative educational advisers regularly attend LFGs across the trusts, providing an overview of all LEPs' educational provision and disseminating good practice. The process of GP inclusion on specialty LFGs facilitates communication between primary and secondary care educational provision.

D7.4 As part of the quality management system GEAR is integrated into the SLA signed by the LEP CEO with the Deanery through an annual centre review process. A centre action plan is produced and agreed with the Deanery at the centre review visit, which effectively facilitates change. The action plan for the LEP is produced and reviewed by the CEO and the Director of Medical Education (DME), leading to the signing of an educational contract at end of review process.

D7.5 The processes for identifying and supporting trainees in difficulty are comprehensive, with clearly documented roles and responsibilities at each level of escalation of the procedures. The processes were familiar to trainers across the Deanery.

D7.6 The visit team observed effective working relationships between the Trust Board at Western Sussex Hospitals NHS Trust and the DME, with the CEO describing educational provision as important within the Trust, and heard about effective working relationships between the Strategic Health Authority and the Deanery.

D7.7 Communication between postgraduate managers and the Deanery was found to be appropriate and responsive; however the perception of those met was that communication with the London Deanery for higher trainees was reported to be slow

and unresponsive, creating problems for administrators and trainees.

Domain 8: Educational resources and capacity

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

- D8.1 The Deanery has appropriate educational facilities and infrastructure to meet the needs of the curricula for core training and general practice training. The Deanery is developing the capacity to provide the necessary resources and experience to meet the needs of the complete curriculum for a range of specialties but, currently, the Deanery is dependent on trainees in their senior years accessing training outside the Deanery, usually in the London Deanery.
- D8.2 The trainees and trainers reported good access to educational facilities, including library and electronic information.
- D8.3 The Deanery considered that the ratio of trainers to trainees was satisfactory. However, senior educators felt that more teaching could be provided.
- D8.4 Most consultants met by the visit team are both educational and clinical supervisors, and it was stated that, by August 2010, all trainees would have trained educational supervisors. Although the Deanery has specified what time is expected in a consultant's job plan for teaching and training, this has not yet been implemented across the Deanery.

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 At the time of the visit, the Deanery was not in a position to provide comparative data on outcomes of training other than for general practice, as only one year's information was available. The Deanery collects and summarises data relating to the numbers of GP trainees and the results of their assessments and examinations. There was evidence that these data are used to inform development in the GP training programmes. Reference was made to 12 years' comparative data being available from the centre review process, but this was not provided to the visit team and no information was given as to how this was being used.
- D9.2 The information provided to the visit team prior to the visit indicated that a range of outcomes data for the first full year was being systematically collected from a variety of sources. The Deanery's submitted information prior to the visit showed that there were clear targets in place and actions planned to address these areas. However, the visit team ascertained during the visit that LEPs were not fully engaged with this, as there was a lack of awareness of the processes to be applied in analysing and using the data for improvement.
- D9.3 The Deanery is currently unable to produce outcomes data on run-through trainees with a KSS number. The visit team found that the Deanery and its LEPs had difficulty obtaining information on outcomes for trainees being managed by the London Deanery, despite this being a requirement of the SLA between the Deaneries.
- D9.4 The Deanery also collects a good range of qualitative information on outcomes, including trainees in difficulty (for which there is a deanery-wide process), drop-out

rates from programmes and information relating to careers advice sought and given. These are considered at fora such as the LFGs.

- D9.5 The visit team received feedback from trainers and trainees regarding access to assessment outcomes and results of the national surveys, and the LFGs were using outcomes data when discussing performance for all core specialty trainees and GP specialty trainees. Feedback from trainees is also considered at these meetings, through the trainee representatives on all LFGs.
- D9.6 The visit team found that the QESP programme was highly regarded and that uptake was high. A number of reluctant candidates had become enthusiastic advocates of the process.

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 demonstrated that it adheres to and complies with PMETB standards and requirements for core trainees and specialty trainees in general practice.
- S1.2 The Deanery's quality management processes consist of clear and robust standards for LEPs; these are described in the GEAR document which was recognised throughout the Deanery. The Deanery requires all LEPs to establish LFGs which include trainee representatives. The LFGs meet three times a year and discuss general aspects of the programme and all the trainees that relate to the specialty. Trainee representatives are excluded from the latter part of the meeting. The notes of the LFGs are submitted to the LAB and also to the Deanery, thus allowing the DME to ensure that all trainees are being appropriately supervised, and the Deanery, through the training programme directors, to maintain an overview of trainees in their specialty.
- S1.3 The Deanery undertakes annual centre reviews at which the SLA is signed and objectives for the following year agreed. The Deanery also undertakes annual two-day visits to LEPs. On the first day, a practice is reviewed and on the second day two specialties and general practice are reviewed in the LEP. The Deanery does not involve lay or patient representation and there was not a consistent approach to trainee representation and college representation, although the Deanery does sometimes use external specialty advisers from neighbouring deaneries. When issues are not resolved through the routine visit and review processes, the Deanery undertakes an exception visit.
- S1.4 The Deanery has not yet extended its quality management process to provide consistent coverage of higher training programmes, other than general practice. The visit team heard that the Deanery does have a representative on some of the London ARCP panels. The Deanery does not routinely request and use standardised data from the London-run ARCP and RITA panels.
- S1.5 The Deanery's quality management activities are mapped to the PMETB standards, as well as the standards of a number of other regulatory bodies, but the current framework in GEAR also uses the language and processes from the higher education sector. This has the potential to cause confusion; during the visit, the team heard repeated reference to the PMETB domains rather than the academic standards.

S1.6 The Deanery has a sound educational governance framework for core training and general practice training. The framework is dependent on an effective cohort of DMEs who report directly to the Dean Director as well as their Trust CEO. One example was a situation encountered where this process did not seem to be effective and, as a result, the Medical Director and the Dean Director were unaware of a situation which could have had serious repercussions. The Deanery did not demonstrate clarity of governance for trainees in the senior years of their training, other than those training for general practice. At the time of the visit, the SLA between KSS and the London Deanery was being revised. The 2008-09 document was not sufficiently detailed to identify the standards expected and who was responsible for analysing them. Although KSS has responsibility for the training placements, higher trainees and their training were not discussed consistently in the LFGs, higher trainees were not included in annual visits to LEPs, and there was no information arising from the RITAs and ARCPs which might help the KSS Deanery identify problems at an early stage.

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

- S2.1 Trainees reported that they were given full opportunity to raise any issues concerning education and training with LFGs and LABs through their trainee representatives, and were regularly given items on the agenda. Trainee representatives were also supported to attend school meetings regularly.
- S2.2 The Deanery has a range of sources of independent help and support. The Deanery hosts the national careers website, and the Deanery's own website also carries information on careers. Career advisers are available in the Deanery and their presence is advertised, but some of the trainers and trainees were not aware of this, suggesting that communication needs to be more effective. More senior trainees are managed by the London Deanery and not all were aware of how to access support and advice in relation to their specialty. One group of trauma and orthopaedic trainees met reported that, other than the paper-based RITA, they have almost no contact with the senior members of their training programme. The Deanery has a clear policy on trainees in difficulty which was familiar to trainers across the Deanery.
- S2.3 The arrangements for requesting approval for out-of-programme experience were clear for doctors in core training. The arrangements for out-of-programme approval for doctors in higher training were less clear, resulting in frustrations expressed by the trainees and the LEPs when they were not informed of gaps in their rotas. Concerns were expressed about trainees rotating between KSS and the London Deaneries, especially those in core surgical training. Problems have been identified in obtaining timely information about rotational placements.
- S2.4 The Deanery reported a very high response rate for completion of the PMETB national trainee survey and quality management interviews. There was full engagement of the early years trainees in the quality management processes.

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's approach to quality management is highly developed for the

programmes they have responsibility for. There are clear processes for managing training programmes and for the management of the delivery of training. These are based on PMETB standards and have been cascaded to LEPs within the South East Coast Strategic Health Authority. The Deanery's approach includes clear guidance and support to LEPs on setting-up and managing their own quality control activities.

- S3.2 Documentation provided to the visit team prior to the visit, together with evidence gathered from meetings during the visit, shows that these quality management processes are deployed in all areas of the Deanery and within LEPs as a matter of routine, and form the basis of the reporting process between LEPs and the Deanery as well as upward to PMETB.
- S3.3 During the visit, the team's discussions with representatives of the Deanery's senior management, departmental managers, LEP management teams and trainers and trainees within the specialties addressed confirmed that the Deanery's approach to quality management is valued, and there is genuine enthusiasm at all levels to implement and employ the procedures. The Annual Deanery Report and Business Plan contain clear objectives and targets to continue to refine and improve these processes and systems.
- S3.4 The Deanery has provided funding to its LEPs for implementation of the required quality control activities and this has clearly been effective. The majority of LEP representatives seen by the visit team were committed to the Deanery's processes and there was particular appreciation for the financial input.
- S3.5 Although excellent progress has been made, deployment of the Deanery's quality management system is not complete. The current processes are applied only to core trainees and general practice. The process for managing trainees at other levels of specialty and specialist training is complicated by the unique arrangement for rotating trainees into the London Deanery. The visit team found that lines of communication, cross-boundary management of training and data collection were not good. The SLA with London Deanery provided to the team prior to the visit is not considered fit for purpose. The major shortcomings identified were that its targets and requirements for information are imprecise, the details of the Deaneries' respective responsibilities are not clearly defined, and there are no clear measures of performance. These shortcomings are evidenced by the general lack of detail elsewhere in the pre-visit information provided and in the feedback received by the team during visit meetings.
- S3.6 The Deanery has structures, groups and committees for core training and general practice training which include active involvement of the Royal Colleges. However, this was not seen to be consistently deployed. In relation to general practice, there was a strong feeling among some more senior doctors that the Royal College of General Practitioners' approach to training was too bureaucratic and likened the task of a trainer to taking a novice to a master craftsman rather than the tick-box approach which they felt had taken its place. There was also evidence of varying quality in information flows from the ARCP and RITA panels on the generality of training.
- S3.7 The visit team found that the Deanery's quality management processes were not consistent in their approach to external advice. There was mention of a panel of lay advisers and some College input, but no apparent recognition of the value of involving completely independent expertise or specialty input at the college level. Some deanery teams visiting LEPs did include representation from a neighbouring deanery. Some included trainee representation but none included lay representation.

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

- S4.1 The Deanery was unable to demonstrate a consistent approach in the appointment and utilisation of external advisers. There was no systematic lay input to the GEAR process and, although trainees were included in LFGs and LABs and did attend, there was no consistent approach to their involvement in the quality management processes. The Deanery is not responsible for the RITAs and ARCPs of more senior trainees and the SLA with the London Deanery did not include reference to external advisers and when they should be deployed.
- S4.2 However, the visit team found that lay assessors were trained and used extensively in the General Practice School, with well defined roles within trainer recruitment, the ARCP process and trainer revalidation programmes. The visit team considered these advisers had well established and valued roles. The team also found that there was a consistent approach to the input from specialist external advisers in the academic trainee ARCP process.
- S4.3 The extensive KSS education department, funded and appointed by the Deanery, provides high quality support to the Deanery and was able to identify notable practice by attendance at multiple LFG/LAB meetings. The Deanery considered that these advisers, together with lay members, represented sufficient non-medical externality.
- S4.4 The visit team found very little evidence of deanery communication with the Royal Colleges and was unable to identify, other than in general practice, how the Deanery uses external college input.

Standard 5: The postgraduate deanery must work effectively with others

- S5.1 The Deanery has developed effective liaison with its LEPs. It has established LFGs and LABs to ensure that there is a consistent approach across the Deanery. Senior trust management (CEO, Medical Director and non-executive director) are encouraged to attend their Trust LAB and receive minutes of the meetings. Trainee representatives are actively engaged in the LFGs and LABs. The Dean attends the monthly meeting of CEOs in the Deanery.
- S5.2 In contrast, liaison with the London Deanery seems less effective. The SLA is regarded by a range of staff met, and by the team, as unfit for purpose and at the time of the visit was being redrafted.
- S5.3 Trainees, trainers and LEPs are actively involved in the KSS processes. Trainees and trainers are all involved and contribute to the LFGs and LABs and the Deanery undertakes regular centre reviews. A few of the general practice trainers were less enthusiastic about the engagement by the Deanery and spoke negatively about the trainer meetings. In addition, despite active engagement by the Deanery, two of the sites were causing sufficient problems to lead to the Dean requesting a triggered visit from PMETB. The resolution of one of these requests has been detailed earlier in this report (D5.6). The other concern was raised with PMETB in a letter from the deanery on 30 March 2009. After careful consideration of the evidence provided to PMETB by the deanery, it was determined that a triggered visit to the early years trainees including GP trainees at Kent and Sussex Hospital was necessary, to help ameliorate the situation at the hospital, and lead to a positive outcome for trainees, and ultimately patients. This visit has now taken place and appropriate actions taken.

- S5.4 Specialty schools have been established and some are linked to their respective Royal Colleges through the Regional Specialty Adviser who is a senior member of the School. Heads of school sit on their respective London School Board.
- S5.5 The heads of school and the programme directors arrange to meet with specialty college tutors. However, not all college tutors (or LFG leads) attend the meetings, which can cause a divide between the vision and values of the School/Deanery and on-the-ground implementation.
- S5.6 The Deanery has a very proactive education faculty which has worked innovatively to raise the profile of trainers across all specialties. Across the Deanery there was general enthusiasm for training in LEPs.

Summary

Strengths

1. The positive and innovative approach to training and the high quality support that trainers, trainees and LEPs receive from the Deanery. (paras D1.1, D2.3, D5.1, D6.10, D6.12, D6.14, D7.1, D7.2, D7.6, D7.7, D9.1, D9.6, S2.2, S3.3, S5.5)
2. The Deanery's approach to faculty development. The QESP programme, one-to-one trainer observations and the taught programmes are welcomed and are meeting the perceived needs of the trainers (paras D1.1, D2.5, D6.12, D9.6, S3.1)
3. There is a robust framework for quality management for the programmes for which the deanery presently has responsibility. (paras D2.1, D7.1, D7.3, D7.4, S1.2, S1.3, S1.6, S2.2, S3.1, S3.2, D6.12)
4. The deanery's internal visits process provides a comprehensive review of providers, allowing shortcomings to be identified and addressed effectively. (paras D2.4, D7.2, D7.3, D7.4, S1.3, S3.3)
5. The support for trainees through the Deanery's website, which offers advice on careers, and the accolade earned by the Deanery of hosting the national careers website. (paras D3.3, D6.3, D6.4, D7.5, S2.2)
6. The robust and effective framework for managing the trainee in difficulty. (paras D3.3, D6.3, D6.4, D7.5, S2.2)
7. The exemplary support from Brighton and Sussex Medical School and Brighton and Sussex University Hospitals NHS Trust for the ACF trainees, who are able to access high quality clinical and academic experience. (para D6.10)

Areas for Improvement

1. Rota gaps were inhibiting the trainees' access to the experience necessary for the curriculum and were compromising the trainees' compliance with the EWTD. (paras D1.2, D2.2, D4.4, D6.5, D6.8)
2. The quality management of placements was not yet consistently implemented for higher trainees. (paras D2.4, D4.4, D5.4, D6.12, D7.2, S1.4, S1.6, S3.5)
3. The lack of collection and use of trainee data (other than those training for general practice) with a KSS number. (paras D2.5, D3.1, D4.1, D9.1, D9.2, D9.3, S1.6)
4. The poor communication and supporting systems between KSS and London Deaneries which resulted in inadequate exchange of information about trainees, their rotations

and the arrangements for RITAs and ARCPs (paras D4.4, D7.7, S3.5)

5. Individual higher trainees lacked clarity as to which Deanery is responsible for their programme management and for ensuring effective delivery of the curriculum. Some trainees were receiving no routine higher level support outside their Trust. (paras D5.3, D5.5, D6.3, D9.3, S1.2, S1.4, S1.6, S2.2, S3.5)
6. The Deanery's quality management processes are inconsistent in their approach to specialist external and lay external advice. The Deanery considered that the team of educationalists provided sufficient externality to its processes. (paras D6.10, S3.7, S4.1, S4.2, S4.3, S4.4)

Signature of Lead Visitor



Date

30.7.09.

Decision of VTD Panel

The provision at KSS Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The deanery's hosting of the national careers website.
2. The Qualified Educational Supervisor Programme (QESP) which is a welcome approach to faculty development.

Conditions:

1. For all trainees, at whatever level, who are the responsibility of KSS, the deanery must demonstrate clarity of educational governance and quality management of all aspects of their training programmes.
2. The Deanery must ensure active external scrutiny of Quality Management processes both from external specialist and external lay advisers.

Recommendations:

1. The Deanery should put procedures in place to provide data to comply with equality diversity and opportunity, and recruitment and selection requirements.
2. The Deanery should actively investigate and explore opportunities to work with LEPs to

address factors impacting on training e.g. rota gaps, audit.

Signature of Chair of VTD Panel

Susan Foa

Date 29/07/09