



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: Mersey	
2. Dates of visit: 10 – 12 February 2009	
3. Visiting team	
	Name
Lead visitor	John Toby
Visitor	Martin Bradford
Visitor	Marc Davison
Visitor	Ann Drury
Visitor	Susan Mollan
Visitor	Corinne Trim
PMETB observer	Sarah Beattie
PMETB observer	Farah Mughal
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited:	
<ul style="list-style-type: none"> • Aintree University Hospitals Trust • St Helens & Knowsley Hospitals NHS Trust • Clatterbridge Centre for Oncology • Wirral University Teaching 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)
Professor David Graham	davidgraham@merseydeanery.nhs.uk
Madina Barker, Executive Assistant	madina.barker@merseydeanery.nhs.uk
6. Existing reports referred to during the visit	
Annual deanery report PMETB Evidence Team documentation PMETB Quality Officer report Documentation from the deanery regarding their quality management processes	

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

- D1.1 There is a culture of patient safety embedded within the Deanery, supported by senior personnel and appropriate processes. Arrangements for education support this. Patient safety is a topic covered in the training of trainers. Annual assessment visits (AAVs) of local education providers (LEPs) are carried out by the senior deanery team and there are associate deans with direct responsibility for critical events, doctors in difficulty and quality management.
- D1.2 All the trainees that the visit team met at the LEPs listed above, in the audit trail specialties of cardiology, clinical oncology, and acute care common stem (ACCS) programmes, reported regular and satisfactory supervision according to their experience and competence. They reported that they were aware of their clinical supervisor at all times, including out of hours, and senior staff were both accessible and approachable. However, the documentation provided by the Deanery to illustrate its governance processes included a report from a Trust in the Mersey Deanery indicating that an anaesthetic trainee had not been able to get help from the on-call consultant when requested. An arrangement was in place to deal with this non-availability. This issue was addressed, but the visit teams' review of the documentation relating to the follow-up of issues of concern about patient safety revealed that there were clear procedures in place but that there was a lack of clarity about the follow-up in a minority of these instances.
- D1.3 While it was clear that patient safety is a high priority for the Deanery, the visit team did not identify that any direct mention was made of patient safety in either the strategic or business plans of the Deanery. None of the trainees reported that they found themselves performing procedures that they were not competent to undertake.
- D1.4 All trainees met reported that their shifts were compliant with the European Working Time Directive (EWTD) and were designed to minimise the impact of sleep deprivation. There is an Associate Dean with specific responsibility for EWTD. EWTD compliance at the Deanery was reported as not to be affecting the safety of services to patients, as more consultants have been employed. The Deanery, together with its counterpart in the other half of NHS North West, has been a leader in the implementation of the Directive, supported by a team including junior doctors. A variety of solutions have been implemented to support new arrangements. This early experience has now led to a situation where monitoring is expected to confirm 100 per cent compliance and for this to be sustainable. The biannual returns to the Department of Health are published on the Deanery's website and are available to all.
- D1.5 The Deanery has an excellent 'Doctors in Difficulty' framework, which has a structured approach to help trainees whose performance is in question. Trainees struggling with their training are identified through a robust system normally triggered by educational supervisors. A range of measures can be adopted to ensure that failing trainees are given the opportunity, with ongoing support, to develop as competent and safe practitioners. Support is successfully tailored to each trainee's specific needs.

Domain 2: Quality management, review and evaluation

- D2.1 There is a culture of quality management across the Deanery, with a structure and strategy capable of delivering the standards expected by PMETB, and delivery is generally good. There is an awareness of PMETB standards and requirements, and work to improve the quality assurance approach is ongoing. The Deanery complies with the EWTD and the visit team found no evidence to suggest that it did not comply with the Data Protection Act and the Freedom of Information Act.
- D2.2 The Deanery has a quality management team, headed by the Director of General Practice Education. AAVs are made to each trust on a yearly basis and the visit is preceded by the trainees filling out a deanery-produced questionnaire. The return rates for this are not quantified. The responses are used to identify outliers providing a starting point for discussion. The visits result in the production of a report shared with the LEPs, with remedial requirements and timescales included. Post approvals and quality control are looked after by a team within the Deanery.
- D2.3 There is a system for significant events reporting, covering both good and bad practice. This has been extended to include internal processes within the Deanery. This has recently been used to examine a problem caused by poor filing and has resulted in the introduction of an information governance group. The Significant Event Committee reports to the Quality Management Committee.
- D2.4 The visit team noted that the national surveys of trainees and trainers carried out by PMETB in the Deanery had a poor return. The trainee survey is discussed further in this report (see para S2.4). The low return from trainers has been a national pattern that is part of the evolving process of sampling trainers' views. The Deanery is not an outlier in this.
- D2.5 The Record of In-service Training Assessment (RITA) and Annual Review of Competence Progression (ARCP) processes provide regular feedback on the quality of training and the implications of these are taken into account by the Deanery.

Domain 3: Equality, diversity and opportunity

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

- D3.1 A policy is in place and deanery staff are provided with relevant information and a copy of the SHA's policy in relation to equality and diversity together with their employment contracts. All deanery staff met by the visit team had received training in equal opportunities. Equal opportunity training has been incorporated into the educational governance pathway and is needed to reach level I training for clinical supervisors. The Deanery is attempting to collect the information regarding equal opportunity training for its trainers. All trainers met by the visit team have received equal opportunities training. Equality and diversity online training is mandatory for all who participate in short-listing and interview processes.
- D3.2 The Deanery monitors compliance with employment and discrimination law through the Department of Health dataset. This is populated from Lead Employ Ps. Trainees who had gone through an induction confirmed that equality and diversity were covered. It was also apparent that many trainees brought awareness of these issues from their undergraduate training. No documentation on equality and diversity appears to have been issued to trainees across the Deanery.[13, 14, 17]

- D3.3 The provision of flexible working is a strength of the Deanery. All trainees who require flexible working are able to access it. There is no waiting list in the provision of flexible training due to sound investment within budgets over several years. There are also extra funds available to make sure that flexible trainees are fully supported at LEP level e.g. to go on courses that they require. The Deanery is running a flexible training 'away-day' with a nationally recognised speaker to publicise flexible training. The Deanery has an Associate Dean responsible for flexible working
- D3.4 Trainees with special needs are catered for through the Deanery's flexible training scheme. This was apparent from discussion with other trainees and was reported to have been encouraged by the Deanery. Trainees with disability or difficulty because of health are appropriately supported by the Deanery.

Domain 4: Recruitment, selection and appointment

- D4.1 The national recruitment for specialty training in 2007 still evoked strong feelings in the trainees met by the visit team. However, no current problems were identified. Feedback is not provided as a matter of course, but two trainees who sought feedback had received it.
- D4.2 The Deanery has a policy to ensure that recruitment, selection and appointment are open and fair. The Deanery undertakes national recruitment in 3 specialties. The Intrepid Candidate Application Matching System which supports impartiality is used. There are transparent person specifications, shortlisting criteria and interview criteria for specialty training. There was no single universal approach to the interview processes in 2007 and 2008; however, differences between the specialties were clearly advertised on the Deanery's website. Some discrepancies between the schools were explained by differences between trainers in their opinion of the use of the electronic portfolio to help determine or identify good applicants. Successful trainees were satisfied with the recruitment and selection processes that led to their current employment. Trainees who had been unsuccessful in 2007 had been given helpful feedback from an interviewer.
- D4.3 Lay representatives are regularly used in the recruitment process, although there was no evidence of formalised training of lay members beyond that described above.
- D4.4 Upon appointment and at each change in LEP, induction is provided. Most LEPs provide a doctor-specific induction that ranges from two days to one week. The programme varies widely between LEPs. This is a key area for discussion among trainees and for the Deanery. The use of an 'induction passport', with additional universal electronic packages, has been agreed but is not yet implemented, although a paper version has been piloted. Further work is required to recruit all LEPs to the proposal. Despite assurances that all trainees met the LEP requirements for induction, there were still trainees who have not been inducted to the department.

Domain 5: Delivery of approved curriculum including assessment

- D5.1 In all specialties visited, the individual formalised teaching programmes reflected the current national curricula. Trainees access their curricular information through the individual Royal Colleges. The majority of trainees felt that the programme

teaching was of a good standard and they participated in feedback on these sessions either weekly or on a termly basis. The trainees agreed that their feedback was acted on and helped mould future sessions. However, in the case of ACCS, the visit team had difficulty in confirming delivery as the national curriculum is not yet fully developed, although the Deanery and LEPs are doing their best and there was no reason to think that the posts taken together will not deliver the requirements.

D5.2 Trainees were generally able to attend training days, courses, and other learning opportunities within the constraints of current rotas. However, there were some problems. Trainees seen by the team in clinical and medical oncology did not have 'bleep free' programmed teaching. There had been trials of a number of ways to protect this time, but none appeared to have succeeded. The majority of trainees the visit team met from anaesthetics, emergency medicine and radiology did have programmed protected teaching time, although these were generally more junior and involved in ST programmes.

D5.3 There was evidence that more senior trainees in anaesthetics did not have protected teaching time. Two trainees reported that they had been unable to attend a course because of their rota. One trainee had been unable to attend examination revision due to rota requirements. Trainees from ACCS felt that their programmed teaching within their host specialty was not useful. They felt that a regional teaching programme would better suit their needs. Such a separate programme was considered by the trainers not to be appropriate or logistically sound.

D5.4 In general, the purposes of each and all components of the approved assessment systems are specified and available to trainees, trainers, professional bodies including the regulatory bodies, and the public. In the case of radiology, work place based assessments (WPBAs) have not yet been implemented nationally. However, the Deanery has acted as a pilot for the development of elements of the system and the trainees have been involved in this. WPBAs were taking place as specified, but there was generally a mixed feeling about whether there was adequate time to complete them. Trainees expressed some apprehension in approaching trainers for WPBAs, as they were conscious that these were time-consuming. Some trainers felt that the processes formalised how they taught already and hence do not take much more time. Others articulated a lack of time during a routine clinical day to complete these assessments and expressed the view that they 'have to make time'.

D5.5 The ARCP process is established for the postgraduate schools and is administered by the Specialty Training Education Committee (STEC) and schools. There was no evidence that lay people were used in the ARCP process. The Deanery Senior Management Team expressed an intention to develop a formal pool of lay people for 2009 ARCP's. There was evidence that trainees gave feedback on their posts to the postgraduate schools as part of the ARCP processes. This is not considered to be good practice. In all specialties visited, the ARCP was a face-to-face procedure and all trainees and trainers were unanimous that this is the most appropriate way for it to be conducted. However this is not the process outlined in the gold guide. There is written guidance for trainers in the Deanery that includes details on ARCP and appraisal processes.

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

- D6.1 All trainees met by the visit team had undergone induction from their LEP and, nearly all, from their department. The trainees found that the LEP inductions were repetitive as they moved posts frequently, but they found departmental induction useful.
- D6.2 The trainees seen by the visit team had a designated supervisor for education, with whom they met regularly to discuss the educational framework of the post and to develop a Personal Development Plan. They all had portfolios and, in one specialty, logbooks are being reintroduced. All trainees receive regular feedback through informal contacts and their regular educational supervision as well as the RITA/ARCP process.
- D6.3 Although trainees had a designated supervisor, a number of different terms were used for this person, who might also be described as a clinical supervisor, clinical tutor or college tutor. The roles of college tutors, educational supervisors, clinical supervisors and programme directors have been clearly defined by the Deanery, but these definitions did not yet seem to be universally accepted at the time. This made for some initial difficulty in understanding roles but there was no lack of supervision. In the ACCS programme there was confusion among the trainees as to who was taking on this role, although a supervisor was finally reported to have been identified as a result of trainees' persistence. Several of the ACCS trainees reported feeling like a 'lost tribe'. They said that they were not called for ARCP until they highlighted to the programme director that it had not occurred. This tended to be confirmed by a trainer who thought they 'might have been forgotten in the first year but the problem was now resolving'. Documentation provided by the Deanery confirmed that ARCP had taken place for all trainees.
- D6.4 The trainees had multiple ways of feeding back their views and concerns about training in the Deanery. This included the PMETB annual survey, surveys from the Deanery associated with the AAV process and surveys from the individual schools.
- D6.5 The visit team met with the Deanery's careers team. There is careers advice for the trainees within their schools and also on a Deanery level through the 'Windmill Programme'. This was originally set up for the Foundation years but is also tasked with training the trainers in providing careers advice. The careers team were met during the visit and careers advice is provided through the windmill programme.
- D6.6 The Deanery runs courses on diverse subjects such as management, interview skills, basic research methods, leadership and other medical-related topics. The majority of trainers met were aware that the Deanery provides courses for trainees. Only a minority of the trainees met had attended these courses, and those that had were all senior trainees/registrar. However, their collective feedback was positive. Trusts provide several in-house courses, supported by the Deanery to provide training for the trainers. This includes 'Train the Trainers' and 'Tools of the Trade' (WBPA training). Different schools receive different support from the Deanery and LEPs for the senior educational roles such as head of school, programme director and regional adviser.
- D6.7 No trainee met by the visit team was subjected to behaviour that undermined their self-esteem. The Dean's annual report to PMETB covers several episodes of bullying behaviour reported. They were all dealt with quickly by the Deanery although, for some of these episodes, the paperwork provided did not show evidence of the closure of the feedback loop. All LEPs visited had a formal

procedure for dealing with bullying and harassment. Clinical oncology has trained one of its trainees in the Deanery's bullying and harassment policies to enable that person to be a point of contact for trainees, should the need arise. This was in part a response to issues identified by the Deanery.

- D6.8 There were two reports to the visit team of trainees providing service to the detriment of educational activities. At one hospital, senior anaesthetic trainees were reported as only getting one or two supervised lists a week. It was suggested that this was due to the Deanery not being able to fill all training posts (80 posts were reported as filled out of a possible 103) and the effect of the EWTD. At one hospital, trainees reported that, when they were on a six-month specialist paediatric module in the emergency department, they were seeing very few paediatric patients. Although the team received confirmation that there was an overall supervisor for this module, the trainees interviewed were not able to identify anyone for this role. There was no evidence of analysis by the deanery of how issues around service delivery and the non-filling of posts was affecting training.
- D6.9 Whilst trainees generally reported that they were able to attend relevant, timetabled educational meetings and have protected time for this activity, two ACCS trainees reported they were not released for departmental teaching. This was discussed with senior staff providing training for ACCS, who believed that all trainees had protected teaching.
- D6.10 The practice of multi-disciplinary learning was explored with University Hospital Aintree which has a Medical Education Board whose terms of reference cover undergraduate, postgraduate and multi-disciplinary education and training. New estate will enable further implementation of the multi-disciplinary strategy, which currently consists of advanced practice nurses teaching clinical skills to medical undergraduates and postgraduates as well as nursing students. Pharmacists are also involved in teaching both undergraduates and postgraduate trainees. Other LEPs have similar structures.
- D6.11 All trainees were aware of how to apply for study leave and were able to take it up. All trainees, trainers and postgraduate medical education managers attested to the excellent provision of study leave and budget. A flexible approach to matching funding and educational needs of the individual was the key to the resounding success of how it is managed across the Deanery. There have been no appeals relating to the allocation of the study leave budget in the last seven years.
- D6.12 The visit team noted that academic pathways need developing and the Dean is aware of this. The introduction of NIHR trainees is fully supported by the Deanery and the University of Liverpool, and the visit team was shown a schedule of academic posts already established and in the process of establishment. Academic trainees met felt supported in both their clinical and academic work. Considerable thought has been put into identifying and guiding junior trainees and undergraduates who show aptitude for, and interest in, an academic career. The visit team did not learn of any plans, as yet, for programmes with multiple entry and exit points.
- D6.13 Systematic educational governance is slowly being rolled out across the Deanery. For example, a document has been produced explaining the levels of training and the Deanery is providing one-off funding to kick-start this process. The majority of trainers met have achieved equality and WPBA training. The trusts are now

beginning to embed this process into the annual consultant appraisal. The Deanery does not yet have accurate data on which levels trainers are at, but is working towards producing a comprehensive database.

D6.14 The selection of trainers for additional roles is part of the process of education for trainers and other educators currently being implemented across the Deanery. The 'Train the Trainers' course is focused on PMETB standards and the whole framework of training in the Mersey Deanery is structured towards the same standards.

D6.15 GP trainers are trained in accordance with deanery guidelines. Training has also been put in place for course organisers (equivalent to programme directors).

Domain 7: Management of education and training

D7.1 The Deanery has invested time and effort in developing its management of education and training. Strategic and business plans, which are monitored on a regular basis, support this. The visit took place at the end of a three-year cycle of strategic planning and prior to the construction of a new strategic plan. The SHA confirmed that the alignment of strategies between its own processes and those of the Deanery has been successful and important. The SHA meets with both its postgraduate deans on a quarterly basis, and the SHA Workforce Director meets the Postgraduate deans monthly, and more frequently on an informal basis. The Dean believes that both he and the staff are very much engaged, and there is a history of joint work.

D7.2 The directors of medical education (DMEs) feel that the Deanery strategy is well disseminated and that the Deanery is open to listening and will act on suggestions. There is an annual away-day with a major focus on communications. The Deanery's strategic plan has input from DMEs and medical directors (MDs). There is another away-day planned shortly to consider the next plan and the Deanery is seen to be approachable, with a number of contact points.

D7.3 The Deanery meets DMEs and MDs quarterly, and the medical education managers meet on a quarterly basis. The effective use by the Dean of a Medical Directors Forum was noted. The Dean's meeting will also, in future, include MDs of PCTs, although this has yet to be established. The medical education managers feel that communications with the deanery have improved greatly, but if correspondence is directed to chief executives it can take a while to reach them and can then be too late.

D7.4 The responsibilities and accountabilities of all those involved in medical education are set out in a number of documents reviewed by the visit team. The Senior Management Team meets regularly and the Dean's Advisory Group (DAG) meets weekly. All associate deans have worked together for a long period of time and this, together with the Action Plan ensures unity of purpose.

D7.5 The Deanery currently has 12 schools supporting the provision and supervision of education in the specialties. There are varying arrangements between the schools regarding their structure and funding. The visit team initially had some difficulty in establishing the relationships between the schools and the Deanery. This reflected some variation in individual perceptions and a lack of clarity about how the

relationship had developed in practice. Financial support for individual roles within the schools also varied, but there is a clear intention from the Deanery that there will be funding for programme directors from 2009-10. Although the visit team had some difficulty in clarifying these relationships, there seems little doubt that the overall impact of the development of schools within the Deanery had been favourable, and they were described as the 'glue' that held together programmes for trainees spanning a number of trusts.

D7.6 The Deanery has a lead employer model for most trainees. This means that trainees have one employer throughout their training in the Deanery but that, as they rotate through trusts, they will often be working in a different trust from that which holds their contract. The Deanery has not been able to establish a single employer for all trainees and therefore trainees from different schools often have different employers. There were differing experiences reported about this model. One trust has felt it necessary to write its own guidance for trainees who may find themselves in difficulty. A number of trainees reported that there were communication difficulties between their lead employer and the Deanery and that, although individual situations might be dealt with, the problem was a recurring one.

D7.7 The joint role of Undergraduate and Postgraduate Dean is thought to be unique and seen locally as potentially very helpful. The additional strain on the resources of the Dean has been recognised by a number of changes. This has involved an enhanced role for the Deputy Dean. There have also been a number of additional sessions created for pre-existing and newly appointed associate deans. These senior members of the Deanery, together with the Director of General Practice Education, plus Head of Business Development and Strategy form the DAG which provides the means for cohesive working. It was not within the remit of the visit team to explore the support for the joint role from the undergraduate side, but this is clearly also of importance.

D7.8 An important feature of the SHA strategy has been the fostering of a multi-disciplinary approach to education across NHS North West. An element of this is the use of a multi professional educational contract, the Learning Development Agreement (LDA) which is new to the Deanery. A single sign-off is required from the trusts for multi-professional education which has to meet PMETB standards.

Domain 8: Educational resources and capacity

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

D8.1 The LEPs visited all had sufficient capacity to provide the practical experiences required and all had educational programmes with other healthcare professionals.

D8.2 It was universally reported by all trainees met that they had access to adequate facilities for learning and all postgraduate centre managers met thought they provided good facilities. This included resources such as information technology and libraries. Wirral University Teaching Hospital NHS Foundation Trust had invested considerably in the postgraduate medical education centre which was of a very high standard, providing facilities for multi-disciplinary education throughout the hospital.

D8.3 The trainees met by the team felt well supported. The trainers all had two to two and a half programmed activities allocated in their job plans for training and felt

that, overall, the trusts were supportive of their role.

- D8.4 Information on training programmes and their content and purpose can be found, to some degree, on the Deanery's website. However, the trainees reported difficulty in using the website. Trainees met by the team reported that the deanery website was difficult to navigate, contained out-of-date information and did not have all the required links. However, trainees and trainers in emergency medicine commented how effective the School of Emergency Medicine was in providing information.

Domain 9: Outcomes

- D9.1 The Deanery's progression rates are satisfactory. The Deanery's dataset provided before the visit contained data from August 2007 to July 2008 listed by programme and specialty, as demonstrated by the RITA/ARCP. It would be helpful to maintain a formal record of examination results, and time from commencement of training to award of a Certificate of Completion of Training and consultant appointment. Some anomalies had been noted in the dataset immediately prior to the visit and these were the subject of correspondence between the Deanery and PMETB. During the visit, the Deanery produced a further document to address the anomalies, although the visit team was unable to evaluate it fully. Attrition rates of trainees who have left the programmes were also noted.
- D9.2 Trainees have limited knowledge of deanery-wide outcomes. Trainees interviewed were familiar with progression rates only for their peer groups and specialty.
- D9.3 Trainees struggling with their training are identified through a robust system, the 'Doctors in Difficulty' support framework, normally triggered by the education supervisors. Support is successfully tailored to each trainee's specific needs.

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 visit team confirmed that the Deanery's QM activities are set and reported within the PMETB standards and requirements for training. The 'Train the Trainers' programme provides training for adherence to PMETB Generic standards for training.
- S1.2 There is evidence that the Deanery Senior Management Team is discharging its responsibility for the implementation of programmes within the principles of good regulation. The deanery's approach to regulation includes a comprehensive governance structure.

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

- S2.1 The trainees were clear about their appreciation of the training they receive and the support from all concerned with training. The visit team noted problems with the completion of the PMETB surveys and also a general lack of awareness among trainees of deanery policies and strategy.

- S2.2 On each STEC, there is a trainee elected representative. There is no trainee representation at the postgraduate school executive board or on the Deanery Senior Management Team. There are two trainee representatives on the Deanery's Flexible Training Committee. The trainees unanimously expressed an ease of discussing issues with the consultants whom they found to be approachable and enthusiastic. In addition, in the school of radiology there was a meeting with SPRs specifically to discuss feedback from posts. At University Hospital Aintree, the Chief Executive made contact with, and gave feedback to, the trainees through the medical mess president, but trainees felt that this was not adequate, as a foundation doctor filled the post.
- S2.3 The postgraduate centre managers are a useful source of information for trainees. Trainees themselves felt that, if they were in difficulty, they could speak to trainers or consultants within their departments to help resolve issues.
- S2.4 Trainees' participation in quality control was evident from the feedback given in relation to posts and programme teaching. Their participation in one aspect of QM was disappointing as, although there was a general awareness of the PMETB trainees' survey, very few of the trainees had participated in any of the surveys to date. However, there was evidence of involvement with Royal College surveys, trust trainees service surveys and deanery trainee surveys. Some trainees attributed their lack of involvement to 'survey fatigue'. Communication problems featured prominently in reasons given for non-completion. The Deanery has recognised this issue and has discussed changing its communication arrangements as well as trying to ensure better updating of information by trainees. The Deanery has proposed using the preferred e-mail addresses of trainees and the medical education managers have provided these to the Deanery.
- S2.5 There was a universal lack of awareness among trainees met by the team of the Deanery's documents, policies and strategy. The Deanery regularly has away-days but none of the trainees that the team met had any knowledge of this link. There was also no recognition of the Deanery's newsletter.

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 There was universal appreciation by the trainees of their training. The structures and processes in place enable the standards to be demonstrated. The trainees met by the visit team felt the quality of the training they received was generally excellent and all would recommend it to others.
- S3.2 The deanery-led AAVs to trusts take account of the views of all concerned. In particular, all trainees are required to complete a questionnaire before the visit and the visit is then tailored to ensure that PMETB's generic standards are met.
- S3.3 The Deanery takes action on the national survey results. It has identified areas in which its performance gave rise to concern by a system of traffic lights which reported to Trusts and a response sought from them. These areas are also followed up on AAVs.

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

- S4.1 The visit team did not identify any specific system in relation to the scrutiny by external advisers, although reference has been made to the close collaboration with the SHA and the regular work within the Deanery by the SHA's Executive Director of Workforce. Other specific examples include working across NHS North West and with the University of Liverpool and Edge Hill University.
- S4.2 Medical advisers are usually drawn from the medical Royal Colleges or other specialist groups, but there is no formal system implemented. Local representatives of the medical Royal Colleges and specialist societies are members of the boards of postgraduate schools; however, this does not comply with PMETB's definition of 'external'.
- S4.3 Lay advisers are recruited for their special skills.

Standard 5: The postgraduate Deanery must work effectively with others

- S5.1 The Deanery works with many other bodies and there was ample evidence that this work is effective. The relationships include those with the SHA, University of Liverpool, LEPs and medical Royal Colleges. The visit team met with representatives of all these bodies and found that relationships are productive. The deanery has benefited from the involvement of local non-executive director in its Senior Management Team and is looking to recruit a number of additional people to fulfil other roles.
- S5.2 The Deanery meets on a regular basis with the LEPs and in the annual visits made to each of the Trusts. The associate deans are all allocated to specialties and to various initiatives, and liaise with the LEPs. Feedback is through the DAG and the Senior Management Team's weekly meetings. Regional advisers also meet with the Deanery on a regular basis.
- S5.3 Trainees and trainers are engaged through the LEPs and trainees also have representation on the STECs. There are six Lead Employers in the Deanery and there is an inconsistent engagement with them which reflects on some trainees (radiology, for example) who feel unsupported by their trusts. No evidence was offered of patient or lay engagement on a regular basis.
- S5.4 There is good support from the Deanery for LEPs to develop and to maintain training programmes and posts by a generous allocation of study leave for the trainees and all consultants across the Deanery to have a minimum of two programmed activities allocated for training. All trainees are able to attend formal and informal training and would appear to have a very positive approach to training across the trusts and the Deanery.
- S5.5 There is a strong relationship between the North West SHA and the Deanery. This relationship is key to the SHA for future workforce planning in the North West.
- S5.6 The interaction with the University of Liverpool is reported to be effective, with the unique situation created by the appointment of the Postgraduate Dean. The visit team were able to participate in a discussion that highlighted the potential for partnership working. The appointment of further NIHR academic trainee posts is planned for 2009-10.
- S5.7 A number of associate deans and members of the postgraduate schools have

additional responsibilities, such as acting as regional advisers for Royal Colleges. Interaction with Royal Colleges is further supported by the joint training initiatives such as 'Train the Trainers'. The Deanery has commissioned the Royal Colleges of Physicians and Surgeons to support the training of facilitators and trainers within the Deanery. Trainees met knew about or had participated in a Royal College trainee meeting. There was also evidence of participation from Mersey Deanery at a national level, involving deanery staff and SHA personnel.

S5.8 A medical director forum is hosted by the Deanery to enhance communication with LEPs. The Deanery has sought to improve the clarity of relationships with the LEPs through the development of a learning development agreement. This concept is designed to lift educational governance to trust board level, as the learning experience offered by trusts would be directly coupled to the funding provided by the Deanery. The chief executives of trusts met by the visit team attested to the excellent communications with the Postgraduate Dean and his Senior Management Team.

S5.9 Medical education/postgraduate centre managers felt that communication and direction from the Deanery had improved considerably in the past 18 months, particularly with formal quarterly meetings, but they did not know of the business or strategic plans in place in the Deanery and did not recall having been formally consulted on these. The trainees' views on the role of the postgraduate medical education centres varied, but all agreed that study leave management was flexible and efficient.

S5.10 While there is involvement of lay people in the recruitment and selection processes, this is missing in the educational and quality management processes such as annual assessment visits and the RITA/ARCP processes. The visit team did not see any evidence of development of direct relationships with patients or patient groups, although this was cited in the vision in the 2006 strategic plan.

Summary

Strengths

1. The approach to flexible training. (paras D3.3, D3.4)
2. The provision of study leave. (para D6.12, S5.9)
3. The definition and classification of the educational needs of trainers and other educators. (paras D6.15, D6.16)
4. The high degree of satisfaction expressed by all trainees with their experience in the Deanery and the excellent support provided by their trainers. (paras S2.1, S3.1)
5. The existence of a multi-disciplinary board at Aintree whose terms of reference cover undergraduate, postgraduate and multi-disciplinary education and training. (para D6.10)
6. Recognition by the deanery of the need to meet with commissioners of PCTs (para D7.3)
7. Universal agreement from trainees met of adequate access to learning. (para D8.2)
8. Protected teaching time in job plans of all trainers met at the LEPs visited. (para D8.3)

Areas for Improvement

1. Completing and documenting the quality management processes. (paras D1.2, D6.8, S3.4)
2. Obtaining feedback from trainees, as demonstrated by the low the response rate to the PMETB surveys of trainees and trainers. (paras D2.4, S2.4)
3. The accessibility of the information on the Deanery's website. (para D8.4)
4. Formalised selection and training for lay members and the involvement of patient groups. (para D4.3, S5.3, S5.10)
5. Departmental induction does not occur for all trainees. (para D4.4, D6.1)
6. Not all trainees are given intrusion free training time (paras D5.2, D5.3)
7. The lack clarity of organisational and educational support for trainees in the ACCS programme. (paras D5.2, D5.3, D6.3)
8. Terminology for trainers is not uniformly used across the deanery. (para D6.3)
9. Uptake of deanery led courses, such as management, interview skills, basic research skills and leadership, is low amongst the trainers. (para D6.6)
10. Lack of robust management for ensuring curricula delivery. (para D6.8)
11. An overarching education governance strategy for the deanery is lacking. (para D6.13)
12. The lack of clarity of the place, and understanding of the role, of the postgraduate schools within the deanery structure. (para D7.5)
13. Lead employer model provides inconsistent engagement with trainees that leads to them feeling unsupported, and there are communication difficulties between the lead employers and the Deanery that lead to recurring problems. (paras D7.6, D7.7, S5.3)
14. The communications between the Deanery and the network of trainees/trainers, particularly around communication of policies and procedures. (para S2.4)
15. The lack of a coherent system to engage external advisors, particularly medical external advisors in alignment of PMETB's definition. (paras S4.1, S4.2, S5.10)
16. The lack of analysis of data and trends, particularly around progression rates and exam results. (paras D9.1, D9.2,)

Signature of Lead Visitor



Date 01/04/09

Decision of VTD Panel

The provision at Mersey Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The existence of a multi-disciplinary board at Aintree whose terms of reference cover undergraduate, postgraduate and multi-disciplinary education and training.
2. Protected teaching time in job plans of all trainers met at the LEPs visited.

Conditions:

1. The deanery must ensure that embedded within the quality management system are mechanisms that ensure issues are clearly concluded and that this resolution is documented.
2. The deanery must ensure robust management of posts and programmes to ensure that trainees can achieve the curriculum requirements of each post, and that trainees are able to access intrinsic training opportunities to allow them to do this.
3. The deanery must ensure effective communications with trainees and trainers, both with regard to the dissemination of policies and procedures, and the obtaining of feedback.
4. Systems for external advisors 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.
5. The deanery must work with LEPs and specialties to ensure that every trainee starting a post accesses a departmental induction.

Recommendations:

1. The deanery should ensure that the nationally agreed terminology for trainers and supervisors is uniformly used across the deanery.
2. The ARCP processes is not a recommended forum for the postgraduate schools to gather trainees feedback on their posts, and an alternative forum should be created to allow confidential feeding back of views.
3. The deanery should work with the Trusts to ensure a consistent approach to the implementation and processes of the lead employer arrangements.
4. The deanery should liaise with the Royal Colleges and Faculties to maintain a formal record of exam results, and this data should be made accessible to trainees.
5. The content of and availability of information on the deanery's website should be reviewed.
6. The deanery should look at ways in which it might promote and increase the uptake of deanery led courses, such as management, interview skills, basic research skills and leadership.

7. The deanery should work to ensure that there is uniform clarity of the place and role of the postgraduate schools within the deanery structure.

Signature of Chair of VTD Panel

A handwritten signature in black ink, appearing to be 'John King', written in a cursive style.

Date 08/05/09