



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: North Western Deanery	
2. Dates of visit: 10 – 12 June 2008	
3. Visiting team:	
	Name
Lead visitor	Jas Bilkhu
Visitor	Jeremy Heath
Visitor	Andrew Brooks
Visitor	Tony Rao
Visitor	Angela Killick
Visitor	Gordon Mott
Visitor	Allan Andi
PMETB observer	Sarah Beattie
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited East Lancashire Hospitals NHS Trust Stockport NHS Foundation Trust Central Manchester and Manchester Children's University Hospitals NHS Trust Bolton Hospitals NHS Trust	
5. Contact to whom the visit report is to be sent for comments	
Deanery contact name(s)	Email address(es)
Professor Jacky Hayden, Postgraduate Dean	j.hayden@nwpgmd.nhs.uk
Dawn Alker, PA to Postgraduate Dean	d.alker@nwpgmd.nhs.uk
6. Existing reports referred to during the visit: PMETB Deanery-wide visit report (DV001) 2006 PMETB/CoPMED Survey data (trainee and trainer 2007) PMETB Post and programme approval data North Western annual deanery report 2008	

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.

1.1 The Deanery takes the issue of patient safety very seriously. When the visiting team sought clarification on any issues raised during the visit, the Postgraduate Dean responded by investigating and providing reassurance within twenty four hours. Trainees are well supported by a named educational supervisor and work within the limits of their skills and competence. Patient consent by trainees is obtained only after appropriate training and experience. NHS Trusts within the Deanery are aiming to achieve EWTD compliance by August 2008, which is one year ahead of schedule.

1.2 There were few issues relating to patient safety encountered over the entire visit. However, attention is drawn to the handover following on-call at Blackburn Hospital, which is unstructured and could potentially affect patient care if left unresolved.

Domain 2: Quality assurance, review and evaluation

Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate, e.g. medical Royal Colleges/Faculties, specialty associations, training deliverers.

2.1 The Deanery operates a quality management system that is predicated on the PMETB standards for training. The same system has been rolled out to the local education providers. Any deficiencies are identified by the regular Deanery quality monitoring visits. Training is beginning in Independent Sector Treatment Centres (ISTCs), and quality management systems are being put in place to manage the education programme in ISTCs.

2.2 The team found good evidence of awareness of PMETB surveys with appropriate action plans being developed.

2.3 The Deanery has developed specialty schools which should facilitate recruitment, delivery of the specialty curriculum and assessment.

2.4 The Deanery develops and runs numerous courses for trainees and trainers. Regular feedback from attendees is used to improve the quality of courses.

2.5 The team received excellent feedback from geriatric medicine trainees for the support they received from their trainers.

Domain 3: Equality, diversity and opportunity

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

3.1 The Deanery has undertaken a careful and conscientious study of the possible reasons for differential outcomes with regard to trainees being awarded Record of In-Training Assessment (RITA) Grades D/E. Further work on this is underway.

3.2 Overall, the Deanery has effectively addressed issues of equality, diversity and opportunity (EDO). The recruitment of staff at the point of interview has been generally sound, although the difficulties generated by the Medical Training Application Service process were as evident in the North Western Deanery as elsewhere.

3.3 There was an overall sense of flexibility being exercised to accommodate the needs of

individuals with regard to their modes of working. There was appreciation of the Deanery's endeavours to meet training requests.

3.4 The Deanery's commitment to EDO is evident in its policies, and the training provided is valued by trainers and assessors. However, the self-assessment forms identified some aspects of training as below average. Additionally, in the context of a programme being progressively rolled out, only 65 per cent of consultants and 50 per cent of GPs had received EDO training in the past three years.

3.5 The response rate to PMETB Trainer Survey from the North Western Deanery Trainers was the highest in the UK, i.e., consultants' response 710 (27.2 per cent) and response from General Practitioners 204 (71.1 per cent).

3.6 Trusts are reporting specifically on progress in relation to EDO matters and identifying areas for on-going attention.

3.7 Palliative Medicine EDO training is included in the overall training programme. The visiting team found the Specialist Registrars interviewed had been supported in working with patients from varying faith, cultural, socio-economic and educational backgrounds. They had EDO training included in their overall professional development plans.

3.8 Equality and diversity policies are now recognised as a core component of the Deanery's strategic direction and business plan. The visiting team was provided with an impressive EDO training package.

Domain 4: Recruitment, selection and appointment

Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into the training.

4.1 Views were clearly expressed that the 2007 national recruitment for specialty training prevented open competition and reflected an unfair and ineffective system. However, there was general satisfaction with the interview process used to appoint eligible candidates. Having learned the lessons from the previous year, the 2008 recruitment process for core medical training scored well on an 'in house' audit and had an overall fill rate of 95 per cent for 2008. Trainees who had undergone subsequent open competition for Specialist Training Year 3 (ST3) posts voiced fewer concerns.

4.2 On one occasion, interviews were carried out collectively, resulting in lack of privacy/confidentiality, and the attendant distractions may have militated against some applicants performing to the best of their ability. Trainees were sometimes not given sufficient notice of an interview and thus inadequate time to prepare themselves.

4.3 Although equality and diversity training was acknowledged as mandatory, there was little evidence that policies filtered down to trainees for them to be better informed about recruitment/selection and RITA processes.

4.4 There was very limited current evidence of effective planning or action for improving the quality of future recruitment, selection and appointment. The Deanery will address this issue through the emerging Specialty Schools structure and within the annual report.

Domain 5: Delivery of curriculum including assessment

The requirements set out in the curriculum must be delivered.

5.1 Overall, there is evidence that all the PMETB standards for education and training and for assessment and appraisal are being met. In sessions held with the Chief Executive of the

Strategic Health Authority and the Senior Deanery Educators, the visiting team was impressed with the Deanery's commitment to provide high quality education and training experience for its trainees.

5.2 Trainee representatives at SpR level described their specialty training programme as very good and very well organised, and indicated that training in General (Internal) Medicine was adequate. Trainees completed annual report on their training experiences which was fed back into the specialty training programme.

5.3 The Deanery's 'teaching the (future) teachers' course was of good quality, popular, but over-subscribed, and should be made available earlier in training as SpRs are assessing/teaching CMT/Foundation doctors including the use of workplace-based assessment.

5.4 The target of at least 70 per cent attendance at training days is being met in most programmes. The RITA process for SpRs/ST3 upwards is robust with strong lay representation, and there are opportunities for feedback.

5.5 Greater clarity on contractual matters for those academic trainees employed by the University but working at a local education provider is required to secure confidence in arrangements all round.

5.6 The Annual Review of Competence Progression (ARCP) process is at present less well embedded, but functioning. Trainees' commitment to the procedures of the e-portfolio was not matched by that of some trainers/supervisors, whose knowledge of the process seemed deficient. The team considers that it is important to address this to avoid trainees who are investing time and energy in the process becoming disillusioned.

5.7 Trainees reported that educational supervision was not always effective and more feedback is needed, but assessment was being strengthened by the use of workplace-based assessments.

5.8 Some trainees were unaware of the Deanery's 'doctors in difficulty' support mechanisms, e.g. access routes.

5.9 Trainers/school of medicine leads felt they had little accurate knowledge of the level of training of trainees or their needs, and that they needed more support from the Deanery to help with this.

5.10 Some trainees reported dissatisfaction with ARCP, it being more bureaucratic and providing less feedback than RITAs, but it is acknowledged that this is in the context of the initial stages of ARCP.

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 and time to learn.

6.1 There was impressive evidence of the belief in, and commitment to, the promotion of quality in education and training across the leadership of the Deanery and trusts.

6.2 Trainees were generally pleased with their training and its education content and, overall, were appreciative of the support they receive, with some high praise.

6.3 Trainers were enthusiastic and committed, but there were tensions where job descriptions or other work pressure did not allow protected time for teaching. Most educators

were not appraised for their role as educators during their regular annual appraisal, although it is acknowledged that this is a national issue.

6.4 The support and enthusiasm for academic training appears exceptional, but the practical housekeeping, e.g. contractual arrangements, needs review to ensure that contracts are issued to trainees before they enter the first post in their rotation.

6.5 There was evidence of a strong drive to inculcate management awareness and leadership skills techniques into generic training.

6.6 Good progress has been made on the timeliness and content of induction but further work is required to spread best practice, capture all new starters and extend the requirement for trainees to sign for receipt of induction packs.

6.7 There is evidence of some painstaking local and higher level support, but the trainees are not universally aware of what support and assistance might be available to them. There is no systematic approach for doctors in difficulty.

6.8 The welcome adoption of 'lead' employers for trainees will facilitate the development and promulgation of best practice in support and training.

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.

7.1 The Deanery is aware of the importance of its strategic and business planning processes, integrating the involvement of local education providers (LEPs), tutors, trainers, and trainees. There is an ethos of continuous quality improvement and a review of the strategic plan is underway. Senior Educators in Primary and Secondary Care have close working relationships.

7.2 Regular meetings and a good rapport between the Deanery and the Strategic Health Authority (SHA) are evidenced in a shared vision of workforce planning, including increased delivery at community level and the medical advocacy of healthy lifestyles.

7.3 The Deanery and primary care trusts have regular contact and jointly appoint GP tutors.

7.4 Comprehensive evidence exists of good links with the medical schools at Lancaster, Liverpool and Manchester and of Royal Colleges' input to postgraduate medical schools.

7.5 The quality of individual trainers and training schemes is being actively addressed with the intention of focusing resources to promote best practice. This will ensure all trainers will achieve a minimum standard for their educational role.

7.6 The introduction of a unified employer for trainees should clarify the referral pathway to the Deanery for doctors in difficulty.

7.7 The Deanery encompasses a multi-ethnic area with complex interactions between trainees and patients and the visiting team was impressed by the way in which these were addressed at local levels.

7.8 Introduction of Modernising Medical Careers was generally well handled with the trainees who had experienced interviews at other deaneries complimenting the execution of the 2007 and 2008 processes.

7.9 Education managers are enthusiastic, motivated and effective, and share the Deanery's quality vision.

7.10 There was general satisfaction with the handling of the study leave budget and plans to devolve this.

Domain 8: Educational resources and capacity

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

8.1 Educational facilities and resources to support development were satisfactory across the Deanery, with structures in place to monitor and review standards.

8.2 There were capacity/access issues expressed pertaining to a popular course 'teaching the (future) teachers', and the Deanery needs to ensure that there are sufficient of these courses to meet the need of all their educators. There is a projected programme to deliver training to experienced educators to standardise the delivery of teaching new assessment modalities..

8.3 There are new initiatives in the delivery of electronic educational resources for trainers and trainees to support existing programmes, with clear plans and review processes in place to assess efficacy.

8.4 The SHA is fully supportive of study budgets, and the Deanery's study and travel leave policies were perceived as flexible and supportive.

8.5 Educational supervisors were clearly defined and generally accessible, and senior educationalists were frequently empowered to effectively deliver to the educational needs of trainees; however, time constraints were identified by local clinical and educational supervisors. The Deanery needs to review this carefully and ensure movement towards developing protected teaching time in job plans.

8.6 Communication with outside organisations and individuals is generally good across the Deanery; however, this area could be improved between the administrative staff and trainees.

8.7 The Deanery's website was seen as a useful resource by the trainees, but needs development and routine, prompt updating if it is to serve as an effective medium of communication.

Domain 9: Outcomes

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

9.1 The team was impressed with the evidence-based approach adopted by the Deanery, wherever this was possible. The current EWTD project and work within the research section provided evidence for this.

9.2 Each of the 15 trainers/educational supervisors in the respiratory medicine Specialty Training Committee could attend four deanery training modules (equality and diversity, workplace-based assessments, appraisal, interview skills) and only one had attended none. Overall, 49 out of 60 modules had been attended according to the 2008 survey.

9.3 A total of 1,380 RITAs were carried out in 2007-08, of which 955 were grade C, 45 grade D and 34 grade E. The Deanery is investigating the correlation, if any, between the university of qualification, country of origin and the award of a RITA grade D or E.

9.4 Overall, 214 RITA grade Gs were issued in 2007-08 and 150 of 151 GP Registrars obtained their Certificate of Completion.

9.5 The School of Medicine carried out an audit of its processes for trainees appointed in the 2008 CMT selection process. There was a satisfaction score of 7.6/10 for the short-listing process, 8.2/10 for interview, and 8.2/10 for the Deanery's arrangement of process.

8. Findings against PMETB's principles for deaneries

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

Principle 1: The postgraduate deanery

P.1.1 Monitoring systems are in place to ensure continuous quality improvement. This is evidenced by the recent appointment of an Associate Dean for trainer development. PMETB generic standards are used to monitor the quality of educational delivery, which meets the principles of good governance.

Principle 2: Assessment and curriculum

P.2.1 There was evidence of consistent implementation of the curriculum and assessment in the specialties seen in the North Western Deanery.

P.2.2 The principles, procedures and processes of the RITA in established specialties were satisfactory, but those in the new academic medicine posts need some refinement. The ARCPs are underway in the Deanery, are being monitored, and will need further development.

P.2.3 RITA and ARCP assessment decisions are being recorded and documented accurately and systematically.

Principle 3: Trainees

P.3.1 There is good liaison through trainee representatives, with programme committees and mechanisms of feedback for trainees to raise issues concerning education and training.

P.3.2 Programme and course support, in addition to study leave, was on occasion funded by the Deanery and well received by trainees.

P.3.3 Educational and clinical supervisors are advised to act as sources of support for trainees. However, no definitive guidelines exist for trainees to seek impartial help, advice and guidance in their local areas.

P.3.4 Recent recruitment issues were raised regarding interviews being conducted in a large room with minimal privacy. This has since been fed back to the Deanery by trainees. The Deanery is committed to rectifying this in future recruitment rounds. The previous recruitment application process and the concomitant support for Specialist Trainees Year One (ST1) was to a satisfactory level.

P.3.5 Trainees reported that the Deanery website was a good informational source but was not always updated to their level of expectation.

P.3.6 Deanery staff were generally accessible but there were two incidents regarding flexible trainees experiencing difficulty in communicating with the staff. The issues have subsequently been recognised and resolved.

Principle 4: Structures

P.4.1 There is consistent evidence that the Deanery has appropriate structures, groups and committees to enable the active and effective involvement of external partners.

P.4.2 There is good evidence of effective working with specialties, including the Royal Colleges, and further progress can be expected following the appointment of a quality assurance manager.

P.4.3 The Deanery's draft policy for educational governance proposes the establishment of a Schools Board to facilitate the sharing of good practice across training programmes and schools as well as across local education providers, thereby extending what appears to be happening informally.

Principle 5: Processes

P.5.1 There is clear evidence that programme monitoring takes due account of PMETB generic standards for training. There has been scrutiny of programme approval from a joint Deanery/SHA sub-committee. Specialty Schools have the responsibility of scrutinising the quality of posts and programmes.

P.5.2 Risk management of posts and programmes is evident and the principle of externality is clearly borne out by taking into account the views of other organisations such as Royal Colleges and key policy drivers such as the Tooke Report.

P.5.3 There is evidence that the Deanery is in the process of addressing the results of the National Trainers and Trainees Survey and taking action on any resulting shortcomings..

Principle 6: The postgraduate deanery must have a system for use of external advisers

P.6.1 There is extensive evidence of independent Royal College advisors in the specialty school and RITA assessment processes.

P.6.2 A well established, stable, enthusiastic and trained cohort of lay advisers participates in RITA and selection committees.

P.6.3 Lay advisers are clear that the selection and assessment practices they have witnessed have always been fair and sound.

P.6.4 The Deanery sets clear boundaries between the Programme Director and the Royal College of Physicians external adviser roles, and the chain of responsibility is understood.

P.6.5 The inclusion of external advisers' comments in the annual report and, in particular, their identification and endorsement of areas of good practice would benefit other deaneries.

Principle 7: The postgraduate deanery must work effectively with others

P.7.1 The systems in place to secure and promote liaison and collaboration with other organisations and those working within them, specifically trainees, are an evident strength of the North Western Deanery.

P.7.2 Time and energy have been given over to engaging with local education providers (LEPs) to try and ensure coherence and complementary working and understanding. Appreciation of the strong lead and support provided by the Deanery was expressed by trusts. There are sound processes in place to allow the views of trainees and trainers to be taken into account.

P.7.3 Representatives of the Royal Colleges are recruited to the Deanery's newly established schools and actively involved in LEPs.

P.7.3 The visiting team found ample evidence of multi-professional learning and team-working across the Deanery.

Summary

Strengths

- Strong and effective leadership is provided by the Postgraduate Dean. Members of her senior team and educators in LEPs attested to her dedication and commitment. (para 6.1)
- Commitment to providing high quality education and training was demonstrated by the senior Deanery team. This was embedded in, and delivered throughout, the Deanery and there is a culture of continuous quality improvement. (paras 2.1, 6.1, 6.3, 6.5, 7.1)
- Close and effective relationship with the Strategic Health Authority and external partners, including colleges and primary and secondary care trusts. This will improve the way education is delivered, e.g., through a lead Trust employer arrangements. (paras 6.8, 7.2, 7.3, 7.4)
- Good practice in the recruitment processes, delivery of curricula and assessment. (paras 3.4, 4.1, 4.4, 5.9, 7.1)
- Continual development of new education and training courses by the deanery, e.g., training the trainers, the Leadership programme, the generic curriculum and the MSc in Geriatric Medicine. These will be made more widely available. (paras 2.4, 3.8, 5.7, 6.1, 8.2)
- The involvement of senior deanery personnel at regional and national levels. This helps spread good practice and promotes learning. (paras 5.1, 7.1, 7.2, 7.6, P6, P7.3)
- Support for trainees in securing and benefiting from study leave. In addition to their allocated amount they can apply (and often receive) additional funding to obtain higher qualifications. (paras 7.1, 7.4, 8.4, P3.2)
- Biennial deanery visits are an example of an effective system to operationalise quality management through quality control, and are based on PMETB generic standards. The effectiveness of biennial deanery visits was enhanced by involvement of trainees and lay representatives. (paras 2.1, 2.3, 8.1, P6.3)
- Effective engagement between primary and secondary care educators. They shared the same work space and collaborated on many projects in the field. (paras 5.1, 7.1)
- Commitment by the Deanery to research and innovation. (paras 3.1, 9.1, 9.3, 9.5, P5.3)
- New initiatives in the delivery of a range of electronic educational resources. This will lead a more efficient and effective delivery of educational materials accessible to learners at any time and place. (para 8.3)
- The move towards lead employer arrangements. This will provide stability for trainees and clarity of contractual arrangements. (para 6.8)

Areas for Improvement

- Pastoral support for doctors in difficulty. Not all trainees are sufficiently aware of sources of help and there is no apparent systematic approach. (paras 5.8, 6.7)
- Access to the deanery's teaching the (future) teachers generic curriculum module should be increased. (paras 5.3, 8.2)
- The implementation of an appraisal process for the training role of educators is variable. This is recognised by the Deanery and they are actively working with Trusts to ensure a satisfactory settlement is reached. (para 6.3)
- Communication between the Deanery and those who relate to it is generally good, but there is scope for improvement. (paras 6.5, 8.6)
- The website would benefit from continuous development. The Deanery is aware of the current limitations. (para 8.7)
- Empowerment should be given to the educationalists in the local education providers, through the job planning process, to allow them to deliver education and training programmes effectively. Trusts and Deanery recognise the importance of this. (para 5.10, 6.3, 8.5)
- The Deanery needs to ensure that there is a uniform process for content and timeliness of induction. The Deanery is aware of this and actively seeking to promote best practice. (para 6.6)
- The Deanery should ensure that the interview panels for selection of academic trainees are appropriately constituted. Contractual arrangements for the successful candidates should be made clear and communicated to them before their training commences. (para 5.4)
- The ARCP process is at an early stage in its introduction nationally and the Deanery needs to work with others to ensure the validity of the work-based assessments and that trainee feedback is included in the process. The Deanery is keeping a close eye on the effectiveness of the first round with a view to improving this in the future. (paras 2.3, 5.6, 5.11, P2.2, P2.3)

Signature of Lead Visitor

JAS BILKHU

Date **25 July 2008**

Decision of VTD Panel

The provision at North Western Deanery has:

Met the standards and requirements of PMETB

Notable Practice:

- Close and effective relationship with the Strategic Health Authority and external partners, including colleges and primary and secondary care trusts. This will improve the way education is delivered, e.g., through a lead Trust employer arrangements.
- Biennial deanery visits are an example of an effective system to embed quality management through quality control, and are based on PMETB generic standards. The effectiveness of biennial deanery visits was enhanced by involvement of trainees and lay representatives.
- Effective engagement between primary and secondary care educators, who collaborated on many projects in the field.
- New initiatives in the delivery of a range of electronic educational resources. This will lead a more efficient and effective delivery of educational materials and increase accessibility to learners.

Recommendations:

1. All trainees should be aware of the deanery policies for doctors in difficulty.
2. The deanery should improve access to training for trainers and future teachers.
3. The implementation of an appraisal process for the training role of educators is variable. All trainers should be appraised for their educational training role.
4. All trainers should be trained in Equality, Diversity and Opportunity. PMETB would expect that at least 80 per cent of trainers would meet this requirement by the time of the next annual deanery report to PMETB.
5. All trainees should receive EDO training at some point in their training, and PMETB would wish the deanery to provide evidence of their achievement regarding this within the next annual deanery report.
6. Recruitment, selection and appointment should be addressed within the scope of the deanery's quality management strategies. PMETB would expect to see evidence of how recruitment, selection and appointment is being quality managed in the next annual deanery report.
7. Trainers and School of Medicine leads should have knowledge of the curriculum, the use of e-portfolio and of the Annual Review of Competence Progression.

Signature of Chair of VTD Panel

A handwritten signature in black ink, appearing to read "Anis Aouf". The signature is written in a cursive style with a large initial 'A'.

Date 27/08/08