



## 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: Northern Ireland Medical and Dental Training Agency	
2. Dates of visit: 25 <sup>th</sup> -28 <sup>th</sup> January 2010	
3. Visiting team	
	Name
Lead visitor	Steven Heys
Visitor	Mani Das
Visitor	John Holemans
Visitor	Marsha Prescod
Visitor	Katherine Simpson
Visitor	Graham Saunders
Visitor	Tudor Thomas
PMETB observer	Sarah Beattie
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
<ul style="list-style-type: none"> <li>- Royal Victoria Hospital (Belfast Health and Social Care Trust)</li> <li>- Royal Jubilee Maternity Hospital (Belfast Health and Social Care Trust)</li> <li>- Craigavon Area Hospital (Southern Health and Social Care Trust)</li> </ul>	
5. Contact to whom the visit report is to be sent for factual accuracy check	
Deanery contact name(s)	Email address(es)
Dr Terry McMurray	<a href="mailto:Terry.McMurray@NIMDTA.GOV.UK">Terry.McMurray@NIMDTA.GOV.UK</a>
6. Existing reports referred to during the visit	
<p>Annual Deanery Reports to PMETB: 2007-2008; 2008-2009            PMETB evidence including surveys data            NIMDTA Annual Report 2008-2009            Deanery Visit Reports and action plans            Quality management of postgraduate medical education in Northern Ireland            Deanery Training Climate surveys            Annual Local Education Provider Evidence-Based Reports (Southern Health and Social Care Trust and Belfast Health and Social Care Trust)            The NIMDTA website, <a href="http://www.NIMDTA.gov.uk">www.NIMDTA.gov.uk</a>            Other deanery documentation relating to quality management</p>	

## 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 All trainees met by the visit team reported that the safety of patients was their primary concern. The Deanery, Department of Health, Social Services and Public Safety (DHSSPS) and specialty schools have also made patient safety a primary concern. This was demonstrated by the development of new induction procedures and systems for reporting serious and critical adverse incidents and subsequently disseminating information.

D1.2 There was a well developed system for reporting critical incidents and all trainees met by the visit team were aware of the procedures to be followed.

D1.3 To ensure educational governance the Dean was notified of any trainee's involvement in a critical incident by the DHSSPS, who received the information from the Trusts. The Dean then informs the head of school regarding the incident, who investigates and acts accordingly.

D1.4 At the Belfast Health and Social Care Trust, issues involving patient safety were addressed within 48 hours and feedback to trainees was undertaken through their educational supervisor. In obstetrics and gynaecology at the two sites visited within the Trust, clinical incidents were discussed in weekly multidisciplinary team risk management meetings, which are attended by trainees, consultants and midwives. In addition a published bulletin is available to all staff at Craigavon Area Hospital.

D1.5 The deputy Chief Medical Officer indicated that approximately 75 per cent of all rotas in Northern Ireland were EWTR compliant. Rotas were reported by the Deanery to be European Working Time Regulations (EWTR) compliant, where funding was in place for a compliant rota.. Trainees interviewed indicated that there were commonly gaps in rotas, particularly at the ST1 and ST2 level. In the Belfast Health and Social Care Trust, there were significant gaps in the rota at ST1 and ST2 levels (mainly in O&G) and, while out-of-hours cover was usually provided by locum doctors, during the day trainees had to cover the shortfall, and this had implications for patient safety and loss of their training opportunities.

D1.6 Trainees were obtaining consent for procedures within their levels of competence. Heads of school reported that, in surgery, trainees and trainers sought consent together until the trainees were judged to be competent to undertake it alone. In obstetrics and gynaecology, trainers countersigned consent forms which had been signed by patients and trainees.

D1.7 Appropriate handover was in place in trauma and orthopaedics and obstetrics and gynaecology. There was a very clear process in obstetrics and gynaecology, with a good multidisciplinary team handover (trainees, anaesthetist, midwife, paediatrician, consultant) at the Royal Jubilee Maternity Hospital and Craigavon Area Hospital occurring at specified times. Similarly, handover was very good in trauma and orthopaedics at the Royal Victoria Hospital.

D1.8 Trainees in trauma and orthopaedics at the Royal Victoria Hospital had raised concerns about the level of clinical supervision within the PMETB 2008-2009 National Survey of

Trainees. In contrast, the visit team found that trainees in trauma and orthopaedics at this hospital reported very good supervision and support by their trainers. To ensure patient safety, operating lists in Trauma and Orthopaedics were cancelled in the event of consultants not being present.

D1.9 The visit team found that trainees in clinical radiology reported very good supervision and support by their trainers.

D1.10 Trainees in obstetrics and gynaecology at the Royal Jubilee Maternity Hospital and Craigavon Area Hospital reported lower levels of clinical supervision within the PMETB 2008-2009 National Survey of Trainees.

D1.11 At Craigavon Area Hospital in obstetrics and gynaecology, trainees confirmed that labour ward supervision was good.

D1.12 Trainers from Daisy Hill Hospital stated that the hours of labour ward cover by consultants were less than half that recommended as minimum cover in the guidelines of the Royal College of Obstetricians and Gynaecologists (RCOG). The Associate Medical Director (education) and acting Chief Executive of the Southern Health and Social Care Trust confirmed that they were aware of this issue and the recommendations. Trainees at this hospital stated that sometimes they were unaware of the named consultant whom they should contact if needed. It was reported that trainees had undertaken caesarean section operations without formally knowing who was the covering consultant. This issue had been discussed on the deanery's visit to the hospital, and the consultants now had a rota in place for cover.

D1.13 At the Royal Jubilee Maternity Hospital the admissions unit was busy and included gynaecological emergencies. Junior trainees were often left with inadequate supervision because more senior doctors were in labour ward or theatre. It was also stated that at this hospital labour ward supervision was variable and dependent on the particular consultant. The Clinical Director, Medical Director and Chief Executive of the Belfast Health and Social Care Trust confirmed that the provision of labour ward cover during the working day was significantly below the minimum cover recommended by the RCOG. The Chief Executive of the Belfast Health and Social Care Trust was aware of this situation and told the team that he was reassured that patient safety, as reflected by mortality figures, readmission rates and infections acquired, were satisfactory.

D1.14 The visit team was informed that the Regulation and Quality Improvement Authority (RQIA, <http://www.rqia.org.uk/home/index.cfm>) had evaluated obstetric services and a report was expected soon. The Dean had highlighted the wider political issues intensifying the training difficulties with the team prior to the visit. Although the deanery were aware of these issues at Daisy Hill Hospital and the Royal Jubilee Maternity Hospital, and were closely monitoring the situation through deanery QM visits and action plans from the LEPs in response, practical solutions to rectify the lack of labour ward cover were dependent on the outcomes of the RQIA service review which the team understood was expected soon and awaited by the LEPs, trainers and Deanery.

## **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 has established a well defined quality management (QM) framework, comprising of three key elements: the use of PMETB and deanery trainee surveys; specialty

school annual reports and local education provider (LEP) annual reports sent to the Deanery. Deanery visits were either part of a routine three-yearly cycle, targeted due to areas of weakness identified by the QM framework (or other informal mechanisms), or follow-up visits that assessed progress against action plans resulting from previous visits.

D2.2 Annual LEP reports and specialty school reports changed in format in 2009 and mapped to the PMETB domains of the Generic standards for training. These had been completed by specialty schools to a variable depth of detail.

D2.3 The Deanery has made two senior appointments to enhance the QM of training: an Associate Dean for specialty training (secondary care) who has responsibility for QM, and an Associate Dean for careers and personal development, which includes responsibility for careers guidance and doctors with difficulties. The Deanery has provided funding for sessional time for these duties to be undertaken.

D2.4 A QM group was established within the Deanery in 2009 to lead QM, and was chaired by the Associate Dean. The composition of the group included rotating representation from four of the specialty schools as co-opted members, a hospital training coordinator and a specialty training coordinator.

D2.5 The Deanery undertook a survey of its trainees as part of the QM framework. However, the response rate for these was low, and specialty schools reported that they did not find the surveys very useful. The Deanery has recognised this and the QM group was reviewing this process..

D2.6 The Deanery has established a heads and deputy heads of school forum, chaired by the Dean meeting every two months. The visit team was told that this was a key forum which allowed the sharing of information and the dissemination of areas of good practice.

D2.7 The recently appointed five directors of medical education (DMEs) in each of the trusts were key individuals for establishing quality control (QC) processes within the LEPs.

D2.8 The Deanery viewed external and lay representation as an important feature of its Quality Management visits, however use of this was variable. The Deanery's different types of visit to LEPs (as described in paragraph D2.1) usually included lay representation within the visit team. The Deanery recognised that external specialty representation was important, this did not occur in all visits.

D2.9 Written and verbal feedback were provided to the LEP following deanery visits, with items which required an immediate response specified in writing to the DME on the next day, followed by a written draft report within four weeks. Subsequently, the Deanery required action plans from the LEP to address issues arising.

D2.10 QC mechanisms within the LEPs were at an early stage of development. In each LEP, an education committee was being developed which included deanery representation, but no trainee or lay representation. At the Belfast Health and Social Care Trust, specialty schools felt that these were not yet fully supporting training, but recognised their early stage of development.

D2.11 The Deanery and LEPs produced the Learning and Development Agreement, which detailed clearly what was required for postgraduate medical and dental education. It defined roles and responsibilities of the Deanery and the LEPs. This was not in place at the time of the visit but both the Deanery and LEPs stated that it would be later in 2010. This Learning and Development Agreement was recognised as a key factor in QM and QC in the Deanery

and LEPs.

### **Domain 3: Equality, diversity and opportunity**

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

D3.1 The Deanery had well documented policies in place for equality, diversity and opportunity, which were available on the Deanery's website and were in line with Section 75 of the Northern Ireland Act, 1998. The responsibility for implementation lay with the Chairman of the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Dean. The NIMDTA annual report for 2009 stated that no complaints were received under the terms of section 75.

D3.2 All educational and other policies produced by the Deanery were required to be screened for possible equality implications and where necessary had an equality impact assessment performed prior to ratification by the deanery board.

D3.3 Equality, diversity and opportunity training was available for trainers. The PMETB trainer survey in 2009 identified that 78 per cent of trainers and 90 per cent of training programme directors (TPDs) who responded to the survey had completed equality, diversity and opportunity training. It was stated that that all trainers involved in recruitment and selection procedures were trained with regular updates and this was confirmed by trainers.

D3.4 Equality, diversity and opportunity awareness training was available to trainees as one of the modules of induction training. Some trainees were aware that equality, diversity and opportunity training run by the Deanery was available, but few senior trainees at Belfast Health and Social Care Trust had further training.

D3.5 The Deanery had a less than full time (LTFT) training policy. The Associate Dean for careers and professional development was the lead for this and for trainees with disability. The percentage of LTFT trainees within the Deanery was below the national average.

D3.6 The Deanery had a budget for supernumerary LTFT training posts (more popular than other forms of LTFT training) but acknowledged there were some delays in accessing this. The visit team also heard trainee concerns about access to LTFT training although they stated that the Deanery was very supportive in seeking solutions. The Deanery was actively working with LEPs, specialty schools and trainees to create other LTFT training opportunities which were not supernumerary. The Deanery had held a training day to promote LTFT training and inform trainees.

D3.7 The Deanery published information on its website on how doctors with disabilities can seek advice and support. The Deanery demonstrated assistance and support of doctors with disabilities or special needs.

D3.8 Information about training programmes, their content and purpose was publicly accessible through the Deanery's website, and trainees reported that this was useful.

D3.9 An analysis, on the basis of equality and diversity data, of those appointed into training programmes was not available. The visit team was told by the Deanery that this was dependent on the acquisition of a further module to the Deanery IT system (Intrepid) before they were able to analyse fully the results of selection to meet the full requirements of the Northern Ireland Act, 1998.

### **Domain 4: Recruitment, selection and appointment**

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

D4.1 Recruitment was undertaken by the Deanery for all specialties at all trainee levels. Except for selection into general practice, selection for all posts and specialties was undertaken locally in Northern Ireland.

D4.2 The Deanery published an annual recruitment strategy and guide available to all applicants. It set out clearly the application process, timetable, eligibility criteria and selection process. The Deanery held an annual careers fair to inform applicants about the recruitment process, careers in individual specialties and opportunities. The visit team was told that applicants were more likely to apply for posts in a number of specialties all in Northern Ireland than jobs in the same specialty across a number of deaneries.

D4.3 The eligibility criteria for all posts at all levels were set out clearly in the *Applicant's guide to recruitment and selection into specialty training in Northern Ireland* and a standard procedure was followed.

D4.4 The composition of interview panels was clearly defined and included representation from the Deanery, from specialty schools and LEPs. Each selection panel included lay representatives who have undergone appropriate training.

D4.5 There was a clear complaints and appeals process set out in detail in the applicant's guide. The Deanery informed the visit team that, while there had been appeals raised two years ago following selection for foundation programme level 2, there had been no appeals against selection decisions for specialty appointments.

D4.6 There were difficulties in recruiting into training programmes for paediatrics, obstetrics and gynaecology and emergency medicine, leading to vacancies and rota gaps. The visit team was told that in October 2009 following the 2009 recruitment process, there were 57 posts unfilled out of a possible 1,746 posts. It was anticipated that a similar situation would occur in 2010. The Deanery was working with the DHSSPS to manage this.

D4.7 The Deanery, DHSSPS, and LEPs, working with other agencies, were actively pursuing initiatives to recruit doctors to Northern Ireland. Attempts were being made to fill posts through Tiers 1, 2 and 5 processes to increase non-EEA international medical graduates, especially through the Medical Training Initiative Scheme.

D4.8 The visit team found that there was unanimous support and contentment with the management and organisation of recruitment and the selection process by the Deanery; this was considered to be good practice. LEPs were satisfied with the recruitment and selection process and their involvement. Those trainees whom the visit team asked about the recruitment process felt that it had been fair and were not aware of any issues.

## **Domain 5: Delivery of approved curriculum including assessment**

*The requirements set out in the approved curriculum must be delivered and assessed.*

*The approved assessment system must be fit for purpose.*

D5.1 Training programmes were designed to deliver the approved curricula and provide sufficient practical experience. They were generally considered to be adequate by the Deanery, heads of school, training programme directors, trainers and trainees, with exceptions discussed below in more detail.

D5.2 A curriculum management group had recently been established as part of QM of the delivery of curricula to ensure that programmes delivered in practice all that was required.

D5.3 Scheduled regular meetings between trainees and educational supervisors supported

monitoring of the trainees' progress through the curricula.

D5.4 As part of the training programmes, there were regular formal training sessions in obstetrics and gynaecology, trauma and orthopaedics and clinical radiology in all LEPs. Trainees' attendance was variable and not all trainees were able to attend due to the intensity of clinical workloads.

D5.5 Trainees in trauma and orthopaedics at Belfast Health and Social Care Trust and obstetrics and gynaecology trainees both here and at Southern Health and Social Care Trust confirmed that work intensity was very high as a result of rota gaps due to failure to recruit to posts and the impact of the EWTR. This had also resulted in further reductions in the ability to take up educational opportunities, especially for trainees in obstetrics and gynaecology.

D5.6 Trainees at the Royal Jubilee Maternity Hospital stated that ST1 and ST2 (including general practice) trainees were caring for large numbers of patients in the admissions unit without senior support. This was because more experienced doctors were busy elsewhere, for example, in the labour ward. As a result, there were significant losses of learning opportunities.

D5.7 Trainers and trainees expressed concern about the impact of EWTR, and the subsequent reorganisation of rotas, on training opportunities, particularly practical experience in the operating theatre. Junior trainees in obstetrics and gynaecology (ST1 and ST2) and those in short-term posts were concerned that all of these issues, together with the organisation and provision of clinical services, were impacting on their achievement of the required competences and progression to the next stage of training.

D5.8 The trainers and the Head of School of Obstetrics and Gynaecology were aware of this and were trying to address these issues within the context and demands of the provision of the clinical service. It was widely acknowledged that the current distribution of obstetrics and gynaecology units in Northern Ireland, together with the volume and case-mix of different units, was not optimal for training.

D5.9 The School of Obstetrics and Gynaecology had developed a monthly teaching programme for all trainees. However, trainees in obstetrics and gynaecology in the Royal Jubilee Maternity Hospital could attend only up to 50 per cent of formal teaching sessions, due to excessive workload especially in antenatal clinics and the admissions unit.

D5.10 Core trauma and orthopaedic trainees in the Belfast Health and Social Care Trust reported that formal teaching sessions were scheduled to occur at the same time as for more senior trainees, which caused problems with provision of clinical service if all were to attend. So far, preference had been given to the senior trainees although, in the future, these training opportunities would be shared between junior and senior trainees.

D5.11 Assessments were based on the curriculum appropriate to the level of training and information was available so that trainees could understand this. Trainees received regular feedback on their performance through regular meetings with educational supervisors, the appraisal and assessment process, workplace-based assessments and record of in-training assessment (RITA)/annual review of competence progression (ARCP).

D5.12 Trainers and trainees indicated the difficulties in undertaking workplace-based assessments in certain areas, for example, antenatal clinics, due to the pressures of service provision. However, they indicated that it was possible to undertake these in other clinical areas. Adequate time was essential in trainers' job plans to undertake this activity in a way

that was beneficial to trainees.

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

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

### **Standards for trainers.**

D6.1 Induction processes have been developed and comprised a combination of electronic modules (on line and CD) and meetings for trust and departmental inductions. Trainees reported that issues raised in the PMETB trainee's survey in 2009 had been addressed by these processes. Trainees commented that those who began programmes working on nights, or those joining programmes other than August or February, did not necessarily receive full inductions.

D6.2 All trainees seen in obstetrics and gynaecology, trauma and orthopaedics and clinical radiology had a learning agreement discussed between them and their educational supervisor when starting their post. This was discussed regularly with their trainers during their attachments, although not always at three-monthly intervals in Craigavon Area Hospital. This was being addressed.

D6.3 Trainees had a designated educational supervisor and knew who this was and also knew who their named clinical supervisors were. All trainers met by the visit team were aware of the requirements for their training programmes. There was some lack of clarity among trainers as to the differing roles and responsibilities of clinical supervisors and educational supervisors, and this was also indicated in the PMETB 2009 trainers' survey. At Craigavon Area Hospital there was no consistent approach to the selection and appointment of educational supervisors.

D6.4 Trainees had log books or portfolios that they regularly updated and discussed with their supervisors. These were assessed formally as part of the RITA/ARCP process.

D6.5 Clinical supervision had generally been very good in trauma and orthopaedics and clinical radiology. Trainees in obstetrics and gynaecology at Craigavon Area Hospital and Royal Jubilee Maternity Hospital reported specific concerns in relation to antenatal clinics and admissions units, detailed in paragraphs D1.6-D1.9.

D6.6 All trainers met by the visit team were aware of the need to integrate learning and teaching with service provision but were concerned that the need for service provision was impacting on learning opportunities for trainees in LEPs. The support from, and work carried out by, the Head of School of Obstetrics and Gynaecology was clear, and trainees commented on the improvements in training in the last two years. The development of operating lists for training was being pursued by the Head and Deputy Head of the School of Obstetrics and Gynaecology, but has not been possible due to service targets and pressures. The Clinical Director at the Royal Jubilee Maternity Hospital confirmed his support for this, but was not clear when it would happen.

D6.7 All trainees whom the visit team met confirmed that they were able to access career advice when required and the Head of School of Obstetrics and Gynaecology had been particularly supportive in this area. There were robust systems of career advice and provision of information for trainees led by the Associate Dean for careers and personal development.

D6.8 The PMETB National Survey of Trainees had indicated that behaviour leading to undermining of trainees was occurring in different specialties, including obstetrics and gynaecology. However, the trainees met by the visit team all stated that they were not being subjected to such behaviour, nor to bullying or harassment. Trainees in obstetrics and

gynaecology indicated that relationships with midwifery colleagues could be difficult on occasions but this was usually with more junior trainees.

D6.9 All trainees confirmed that they had been involved with clinical audit and had opportunities to participate. However, trainees and trainers in the Belfast Health and Social Care Trust stated that there had been a reduction in trust audit sessions which occurred on 10 afternoons per year. In addition, the trainees and trainers stated that administrative support had been withdrawn, for example, collecting clinical records for this purpose, and trainees were not allowed to access the clinical records themselves. This had resulted in trainees not being able to undertake retrospective audits.

D6.10 The Medical Director and Chief Executive of the Belfast Health and Social Care Trust confirmed that there had been a reduction in these audit sessions from the planned total of 10 sessions to eight, to allow an increase in clinical activity (two sessions were cancelled in the year to April 2010). The visit team was told that from April 2010, there were plans to increase audit sessions to their previous level, and that the Medical Director would investigate the lack of administrative support.

D6.11 Trainees in obstetrics and gynaecology at the Belfast Health and Social Care Trust were routinely carrying out non-educational tasks such as intravenous cannulation, venesection and baby checks that significantly reduced training opportunities. Trainees in Craigavon Area Hospital were also performing these tasks, including urine analysis, venepuncture and blood pressure recording in antenatal clinics, due to the lack of supporting staff.

D6.12 Trainers reported that there were academic opportunities available to all trainees and these are advertised. However, academic aspirations and contributions did not appear to be prominent among the trainees interviewed. The Deanery has worked with Queen's University Belfast to develop three academic clinical fellow and three academic clinical lecturer posts, available by open competition. Further developments in the provision of academic posts were planned. There were other sources of funding to allow trainees to undertake periods of academic research leading to a higher degree, although the number was not known.

D6.13 The PMETB survey 2009 reported that not all trainers had been trained in workplace-based assessments (WPBAs). However, the trainers and trainees stated that they are involved in regular WPBA. Some trainers reported that they have very busy workloads and consequently have very limited time for completing WPBA activities to give maximal benefit to the trainee. Many trainers were involved with the ARCP process and training was undertaken by all involved in ARCP panels. The Deanery has developed guidance on how this should be undertaken so as to ensure consistency across schools.

D6.14 The Deanery has actively supported those with a special interest in education and training by funding 20 individuals to undertake a one-year postgraduate certificate in education course. A smaller number of those would proceed to diploma and master's courses in education, also funded by the Deanery. This was hoped to lead to an increase in educational expertise and capacity within the Deanery, and to develop other trainers.

D6.15 The Deanery has categorised the learning requirements of trainers into specific levels, thereby identifying training to have been undertaken. For example, level 1 was for clinical supervisors whilst level 2 required more educational training and was being targeted at educational supervisors. A Faculty Development Group has been set up, working with the DMEs, and was establishing what training the trainers have had. This programme was called 'Finding the Gap' and would allow the establishment of a database of all trainers, and the Deanery to know the requirements of all trainers and plan appropriate training in all areas,

for example, appraisal and WPBA. The visit team was told that this was in the early stages of development and no further information was available.

D6.16 Although the PMETB 2009 trainer survey had indicated formal training of trainers was low (in WPBA and how to provide feedback), the Deanery reported to the visit team that more than 900 out of a total of approximately 1,300 consultant staff had undertaken a half day 'Train the Trainers' course. This course focused on adult learning patterns, learning styles, facilitation of learning, assessment and feedback.

D6.17 The Deanery has developed an appraisal document to be used in appraisal of a trainer's educational role. Trainers stated, however, that there was no consistent approach to an educational appraisal (few had undergone this) or evaluation of the performance of the trainers. The Deanery has noted that there have been issues with the engagement of trainers and was trying to address this as explained in para D6.15.

D6.18 The Deanery has developed a document *Guidance for trainers in Northern Ireland* to ensure that the PMETB standards for trainers are met. The DMEs and the trainers whom the visit team met were aware of this.

## **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 had a clear, well developed structure and a strong senior management team comprising the Dean, three associate deans, a general practice director and an administrative structure led by an administrative director. The Deanery was within the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Dean was also the Chief Executive of NIMDTA. The Dean was accountable to, and appraised by, the Chair of NIMDTA, a special agency, which was itself accountable to the DHSSPS.

D7.2 Ten specialty schools have been established by the Deanery. These comprised a School of General Practice and nine specialty schools for secondary care. Each school had a head of school (appointed by competitive process) and a deputy head. The schools had a school board with appropriate representation, including TPDs (the number depending on the specialties covered by the school) and with lay, deanery, trainee and external specialty representation.

D7.3 The overall budget for postgraduate education and training that NIMDTA was allocated by DHSSPS amounted to approximately £52million. The majority of this budget, approximately 87 per cent, was used to fund the salaries of trainees. The money for these salaries was allocated to LEPs through a service level agreement which was to be replaced with a new learning and development agreement in 2010.

D7.4 The visit team was informed that the Northern Ireland health budget, through the DHSSPS, was approximately £3.8 billion per annum and that this was to be reduced by approximately £114million in 2010-11. The Dean expressed concern over how this would impact on training, as there were already in place efficiency savings of 3 per cent per annum, which is £158,000 in 2009-10 and £259,000 in 2010-11. The Deanery was actively considering the implications, as this could only be achieved by either reducing training posts and/or reducing the Deanery's infrastructure. The Deputy Chief Medical Officer said that this issue was recognised within the DHSSPS and he was aware of the effects on health care that would occur should there be a reduction in trainee numbers.

D7.5 The Deanery had developed a learning and development agreement for 2010, although this was not in place at the time of the visit. This agreement sets out clearly the expectations

of both the Deanery and LEPs and their respective responsibilities for education and training, using the PMETB domains as its framework. It had been discussed, and suggested modifications had been made by the five DMEs at the LEPs. The visit team was informed by both senior deanery management and the LEPs that this is now ready to be signed.

D7.6 Recently, all five trusts in Northern Ireland had appointed, by competitive interview, a DME (called an associate medical director (education) in the Southern Health and Social Care Trust), the appointments being made jointly by the Deanery and their LEP. They were accountable to the Trust Medical Director (an executive director) and the Deanery.

D7.7 The DMEs were responsible for the delivery of postgraduate medical education within the LEP. It was recognised by the Deanery and the LEPs that the development of the educational organisational infrastructure within the different LEPs in each trust was progressing but is at a relatively early and variable stage within LEPs. For example, there was a lack of clarity particularly about the role of educational supervisors, clinical tutors and clinical supervisors within trusts.

D 7.8 In the Belfast Health and Social Care Trust, trainers and trainees indicated that there had been a reduction in audit time, reduction in teaching rooms, pressure to prioritise service workloads and financial pressures on the Trust. In addition, there were concerns from trainers over their release from clinical duties to undertake teaching commitments and concerns over whether the time to be allocated in their job plans for educational activities would be sufficient to undertake these satisfactorily.

D7.9 The Chief Executive, Medical Director and DME for the Belfast Health and Social Care Trust described the approach that the Trust was adopting. For each trainer, efforts were made to identify and formalise the contributions made to education and training within the job planning process, to ensure accountability for all time in the job plan. They also described areas where developments had been made by the Trust in education and in support of education had been made, for example, new IT facilities, hospital-at-night developments and induction processes.

D7.10 There were processes, led by the Associate Dean for careers and personal development, led processes for supporting trainees who had difficulties related to conduct, health, progress and performance. The Deanery has published detailed guidance in relation to the management of doctors and dentists in difficulty. The trainees and trainers that the visit team met stated that they were all aware of the guidance and knew what steps they should take to deal with a doctor in difficulty or if in difficulty themselves.

## **Domain 8: Educational resources and capacity**

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

D8.1 The educational capacity to deliver the training programmes was generally considered to be adequate by the Deanery, heads of school, training programme directors, trainers and trainees. Specific areas that trainees had highlighted are addressed in paragraphs D1.7-D1.9 and D5.6-D5.10.

D8.2 Trainers in all specialties were very concerned about the availability of adequate time being allocated and recognised for teaching and educational activities in the job planning process. Trainers stated that, if this was not recognised appropriately, they had serious concerns about the delivery of postgraduate teaching and training to the required standards within the Belfast Health Social Care Trust and the Southern Health and Social Care Trust. (see D7.9)

D8.3 Job planning was in progress for the next 12 months. It was reported that LEPs wished

to move to a contract with 1.5 'core' supporting professional activity (SPAs), which included an allocation of time for teaching. There was one further SPA available for other activities which could be recognised for teaching but this would be discussed and approved by the LEP.

D8.4 The Deanery had produced an 'educational tariff' which all LEPs (senior management and DMEs) were aware of. This detailed clearly the time allocation that was recommended for inclusion in consultants' job plans for education and which depended on their particular role. For example, this was up to 0.25 PA (programmed activities) per week for a clinical supervisor, and for educational supervisors there was an allowance of 1PA per week for every 16 trainees for whom they were responsible.

D8.5 The visit team was informed by the senior management of the Belfast Health and Social Care Trust and the Southern Health and Social Care Trust that they supported the Deanery's educational tariff. However, it was not clear what the exact allocation would be and when this would be included in the job plans of all consultants involved in education, in the way suggested in the guidance to ensure the appropriate delivery of training.

D8.6 Study leave was available to trainees. The budget for study leave was held by NIMDTA and was approximately £800 per annum for each trainee, although the issues relating to additional costs of travel from Northern Ireland were important for trainees. There was a clear process for application for study leave, with the LEP responsible for authorising the required time away from clinical duties and the Deanery approving and providing the funding. Trainees reported that the system worked well as long as applications were planned in advance, although administrative delays for obstetrics and gynaecology trainees at the Royal Jubilee Maternity Hospital had occurred regularly.

D8.7 Simulation training and training for procedural skills (anaesthesia, paediatrics, clinical radiology) had been identified by the Deanery as an important area for development across all specialties. Developments had included the purchase of simulators for laparoscopic training and the use of external courses where required, for example, for anaesthetic trainees. Trainees in obstetrics and gynaecology had limited access to a laparoscopic simulator at the City Hospital Belfast. The Deanery had recognised this and had begun a scoping exercise to define the current provision of simulation training and the actual requirements.

D8.8 The Deanery, schools, LEPs and trainees had recognised the need to enhance provision of internet access and IT facilities to ensure comparable access in all areas. Specifically, the amalgamation of six trusts to form the Belfast Health and Social Care Trust, with differences in IT systems, led to an "unstable" electronic platform. This is recognised by LEPs and DHSSPS and is being addressed.

D8.9 The DMEs reported that there had been recent developments in the provision of computers and internet access, for example, 30 new computers on the Belfast sites and a new computer suite in the Royal Jubilee Maternity Hospital. It was recognised that more computing facilities would be required. IT and computing facilities were very good in Craigavon Area and Daisy Hill hospitals, with education centres (supported by 1.5 and 1.25 FTE administrative staff) containing IT suites on site.

D8.10 Trainees were able to complete electronic portfolios where required.

D8.11 Trainees reported that other educational resources (library, journals, books, meeting rooms and audiovisual aids) were generally good. Two exceptions were that there was a need to develop the library text book resources for clinical radiology and, at Musgrave Park Hospital, there was no dedicated meeting/teaching room, leading to tutorials being

conducted in the fracture clinic.

## **Domain 9: Outcomes**

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

D9.1 The numbers of trainees completing training programmes and obtaining certificates of completion of training (CCT) were given for all specialty schools, with the exception of the School of Surgery, in the Northern Ireland Deanery Quality Manual.

D9.2 The pass rates for examinations in some specialties were reported in the 2008-2009 Deanery Annual Report to PMETB. A detailed breakdown of the results is given for trainees in anaesthesia, clinical radiology, emergency medicine, medicine, pathology and orthopaedic surgery, but not for other specialties. Schools were not able to provide this information where it had not been provided by the Royal Colleges, although this was monitored by the School of Obstetrics and Gynaecology.

D9.3 Trainees did not have access to the outcomes of examinations for each programme benchmarked against other programmes, as this information is not available to the Deanery and specialty schools.

D9.4 In recent examinations, third-year trainees in radiology had obtained the highest marks in the UK in parts 2A and 2B of the Fellowship of the Royal College of Radiologists examinations and had been awarded medals for this success.

D9.5 The numbers of trainees meeting with the Associate Dean for careers and personal development were tracked and available. In the previous year (August 2008-09), 20 doctors in difficulty had been assisted.

D9.6 Information on the trainees obtaining RITA D and E between 1998 and 2005 (when the ARCP process was introduced) was provided and analysed according to the type of trainee (national trainee, visiting trainee, fixed term trainee) and according to nationality, country of qualification and gender of trainee. There were no obvious relationships between RITA results and these variables.

D9.7 RITA and ARCP spreadsheets, and specialty school reports, detailed the outcomes of these processes and reported trainees' grades and outcomes. The outcomes for trainees in obstetrics and gynaecology, clinical radiology and trauma and orthopaedics were comparable with those reported by other deaneries. All trainees met by the visit team had undergone the necessary RITA/ARCP process. This data has not been examined with respect to gender and ethnicity.

D9.8 The Deanery had tracked trainees who had attended the final-year management course in the previous year to determine outcomes post CCT..

D9.9 Outcomes and rates of progression of LTFT trainees were not separately collated or compared with those of full-time trainees.

## **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 There was a strong ethos of educational governance within the Deanery to maintain and improve education and training and to demonstrate accountability for education and training.

S1.2 There was clear evidence that the Deanery aimed to improve the quality of training within the PMETB framework of standards and requirements. The intention was to deliver this by an established QM framework which is described in paragraphs D2.1-D2.5.

S1.3 The Quality Management Group in the Deanery was central to improving the quality of training and utilises information from end-of-year surveys, PMETB surveys, CCT outcomes and RITA/ARCP outcomes, as well as from specific deanery visits and LEP reports, to enhance training quality.

S1.4 The Deanery provided a comprehensive annual report which was structured in the PMETB domain format, together with action plans to address issues which have been raised. The annual school and LEP reports to the Deanery were also provided in PMETB domain format.

S1.5 The Deanery ensured governance for education and training through its specialty schools structures, specialty training programme directors and the DMEs in each of the five trusts in Northern Ireland which are responsible for the delivery of training in the LEPs. The educational governance in the LEPs required further development, and the Deanery, DMEs and senior management in the LEPs were aware of this.

S1.6 The strong formal links that the Dean and NIMDTA have with the DHSSPS and the Chief Medical Officer through the accountability review meetings, which are held twice yearly and where NIMDTA is held to account by the DHSSPS, were vital in educational governance in Northern Ireland.

S1.7 The Deanery ensured that all external advisors who were involved with it in various ways are trained and understand its work with reference to the PMETB standards.

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

S2.1 The Deanery has appointed an Associate Dean for careers and personal development to take the lead in this area. Both defined policies and written material was available about career management, produced by the Deanery for the support of trainees, managing doctors in difficulty and LTFT training. The Deanery was currently tracking the progress of doctors in difficulty but was still to have outcome data on these doctors.

S2.2 The Deanery's website ([www.NIMDTA.gov.uk/careers](http://www.NIMDTA.gov.uk/careers)) has developed a careers section, and written material and guidance have also been developed by the Associate Dean for careers and personal development to provide help to trainees in their choice of career. Heads of school also provided important support in this area. The School of Anaesthesia had developed a system of counselling, given by trainers who were not involved with the School but would provide guidance and support to trainees.

S2.3 The Deanery has provided written material, guidelines and lines of accountability regarding its policies on bullying, harassment, and whistle-blowing for trainees. This has also been circulated by email to trainees and training programme directors and was included in induction.

S2.4 The Deanery confirmed that each LEP had in place policies for dealing with bullying and harassment. Trainees all confirmed that they were aware of these and were confident of being able to raise concerns if necessary. The Dean stated to the visit team that he had previously removed trainees from a post where this problem had occurred and the Deanery

had now adopted a zero tolerance policy to such behaviour.

S2.5 Trainees had the opportunity to raise issues through trainee representatives, confidentially in writing to trainers, and during deanery visits. There was a specific focus in the RITA/ARCP process which involves asking all trainees about issues such as bullying and harassment. Trainee representation was included in the specialty school boards and deanery visits and there were fora for trainees to raise issues in the LEPs.

S2.6 Trainees were informed during induction about the procedures that are followed if out-of-programme training or research is going to be undertaken.

S2.7 The Deanery was committed to ensuring that trainees comply with the completion of PMETB surveys and also local deanery surveys, as they were important in the Deanery's QM framework. The trainee response to the Deanery's own survey was lower than that of the PMETB survey. The Deanery has therefore rationalised this process to minimise the number of surveys carried out by having just one local survey at the end of each year. Trainees had to provide evidence of completion of the surveys for satisfactory completion of RITA/ARCP.

### **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 NIMDTA is a special agency sponsored by the DHSSPS responsible for commissioning, managing and delivering postgraduate medical and dental training in Northern Ireland. The Dean was also Chief Executive, with a Board comprising a chair, three lay members, one dental and one medically qualified member.

S3.2 The Associate Dean for specialty training and the specialty school structure, as described in paragraphs D2.3 and D7.2, have contributed well to achieve PMETB standards and their monitoring. The specialty board structure of the school allowed for representation from, and working effectively with, the Royal Colleges, lay individuals, trainees and LEPs.

S3.3 The Quality Management Group within the Deanery, was central to the monitoring of programmes through the QM framework. Although the Deanery was developing a QM risk grid, this was not seen by the visit team.

S3.4 The Deanery's strategic plan and business plan were integral to these structures in delivering postgraduate medical education. External national and specialty guidance was facilitated by the Royal College advisors who were involved in the specialty schools and in the LEPs' education and training structures.

S3.5 The Deanery monitored training programmes through a variety of mechanisms as described in paragraphs D2.1, D2.2, D2.5 and D2.8 which include the PMETB National Survey of Trainees and the Deanery's own trainee survey. The response to the PMETB survey had increased in 2009 and trainees provided evidence of completion of the survey as part of the RITA/ARCP process to ensure a maximal response. The Deanery's responses to issues raised were detailed in its annual report to PMETB, together with actions taken or planned.

S3.6 The Deanery confirmed that it responded to issues raised with an action planning process as part of QM. The visit team requested examples of action plans which the Deanery had developed following visits to LEPs. A representative sample was provided by the Deanery which had addressed several issues and resolved them, these included action plans given by the Deanery to the LEPs for the on-going issues in obstetrics and gynaecology at Royal Jubilee Maternity, Daisy Hill and Craigavon area Hospitals.. Interviews with trainees

confirmed that other issues raised by the PMETB trainees survey had been dealt with effectively, for example, bullying and harassment.

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

S4.1 The Deanery appreciated the importance of external advisers and had involved them in recruitment, selection, training and assessment. External advisers had clearly defined roles and responsibilities set out in the terms of reference of specialty school boards. The Deanery has explicitly defined 'external' as meaning external to NIMDTA for its own deanery and inspection visits to LEPs.

S4.2 The Deanery has actively recruited and trained lay advisers who had a clearly defined job description and person specification and were remunerated for their work.

S4.3 Both lay and external advisers have undergone a short training programme which explained their role and responsibility and focused specifically on the PMETB standards, patient safety, confidentiality and equality, diversity and opportunity. In addition, they were provided with further insight into, and experiences of, postgraduate educational processes and systems by a GMC/PMETB visitor from an external organisation.

S4.4 Both lay and external advisers were used in some of the Deanery's various training processes, including recruitment and assessment (RITA and ARCP panels). If a trainee had issues related to performance, then external advisers were always involved. External advisers for these purposes were appointed by Royal Colleges or other deaneries. Lay representation was present in the Deanery's visits but there was not always external representation on these visits.

S4.5 There was no provision for integral lay, trainee or external representation on the Deanery's QM group in the composition described, unless they were co-opted members.

S4.6 External representatives provided written feedback to the Deanery with their views of the processes which they had observed and in which they had participated.

S4.7 The Deanery had requested the Royal Colleges and faculties to nominate external advisers to take part in, and feed back about, ARCP panels and visits to LEPs. Royal College representatives sat on the specialty school boards.

S4.8 The Deanery also used other organisations as external advisers, such as the British Medical Association, Regulation and Quality Improvement Authority and the Academy of Medical Royal Colleges.

S4.9 The chair of the NIMDTA board was a lay person and informed the visit team that he (and other board members) regularly attended and observed visits to LEPs to see and understand training issues himself and to meet trainees and to give advice to NIMDTA. However, it was recognised that this is not external representation.

#### **Standard 5: The postgraduate Deanery must work effectively with others**

S5.1 The Deanery had links that have been developed by the Dean, associate deans and deanery administrative staff with all stakeholders involved in postgraduate education.

S5.2 There was a close working relationship between the Dean and the DHSSPS through meetings every two months between the Dean and the Chief Medical Officer. In addition,

there were strong informal links between the Dean, Chief Medical Officer and DHSSPS staff.

S5.3 The Dean was a member of the DHSSPS's Medical Education Group( MPEG, formerly the MMC Steering Group) , the DHSSPS Liaison Group (formerly the Implementation Support Group, and the Recruitment Initiative Group), and advised on issues which impact on education and training. These included advising on rota design, cross-cover, role substitution and hospital-at-night projects.

S5.4 The development of the posts of Associate Dean for specialty training (secondary care) and Associate Dean for careers and personal development has facilitated effective links with the schools specialty training committees, training programme directors, Royal Colleges and with the educational structures being developed in the LEPs.

S5.5 The establishment of the Specialty Schools Forum, which met every two months and was chaired by the Dean, allowed exchanges between schools to facilitate and develop training..

S5.6 The newly appointed DMEs were leads for postgraduate medical education in order to develop links between the Deanery and LEPs. They met quarterly with the Dean and were involved with specialty schools; regular meetings were also held between the DMEs themselves to facilitate a consistent approach to education across LEPs.

S5.7 The Deanery, the DMEs and the LEPs stated that DME posts had recently been created and the development of education committees and quality control processes within LEPs was at an early stage of development and was on-going.

S5.8 The Dean and senior staff were working to increase the engagement of trainers in all the LEPs. There has been the development and introduction of local training courses, for example, Train the Trainers, appraisal training, WPBA training and courses facilitated by the the Royal Colleges of Surgeons, Anaesthetists and Physicians to increase availability of courses within Northern Ireland.

S5.9 The Deanery was working with other organisations, including Queen's University Belfast and the DHSSPS to plan the future workforce for Northern Ireland to develop appropriate opportunities, including academic ones.

## Summary

### Strengths

1. Well developed systems for reporting and supporting learning from serious adverse incidents and critical incidents. (paras D1.1, D1.2, D1.3)
2. The development and introduction of electronic generic induction training. (paras D1.1, D6.1, S2.6)
3. The strong ethos of educational governance within the Deanery and the quality management framework led by the Quality Management Group and Associate Dean for specialty training. (paras D2.1, D2.2, D2.3, D2.4, D5.2, D7.1, S1.1, S1.3, S3.3)
4. The Heads of Schools Forum and its approach to dissemination of best practice and consistency across the specialty schools. (paras D2.5, S5.5)
5. The joint appointment by the Deanery and trusts of Directors of Medical Education at each of the five trusts in Northern Ireland. (paras D2.8, D7.6, D7.7, S5.6)
6. The organisational structure and management of the Deanery and its clear lines of accountability. (paras D3.1, D7.1, S3.1)
7. The development and training of lay people to support the Deanery in recruitment,

- selection, and assessment. (paras D4.4, D7.2, S4.2, S4.3, S4.4)
8. The support, management and organisation of recruitment and the selection process by the Deanery. (D4.8)
  9. The commitment and enthusiasm of many trainers to provide high quality training and support. (paras D6.2, D6.3, D6.5, D6.6, D6.7)
  10. The establishment of high quality academic training programmes by the Deanery with Queen's University Belfast. (para D6.12)
  11. The Deanery's commitment to faculty development and training for all trainers and specifically the support for higher training and qualifications in teaching. (paras D6.13, D6.14, S1.7, S5.9)
  12. The formal and informal working relationships between the Dean, the Chief Medical Officer and the Department of Health Social Services and Public Safety. (paras S1.6, S5.2, S5.3)

### Areas for Improvement

1. Rotas are not all EWTR compliant, and some are inadequate to provide training and present a potential patient safety risk. (paras D1.4, D4.6, D4.7, D5.5, D5.7, S5.9)
2. Clinical supervision of obstetrics and gynaecology trainees was inadequate within the admissions and labour unit in Royal Jubilee Maternity Hospital, and in the labour wards of Daisy Hill Hospital, which has implications for patient safety (paras D1.7, D1.9, D1.10, D1.11, D1.12, D1.13)
3. Due to the intensity and pressures of the clinical workload, and reductions in supporting staff, trainees in obstetrics and gynaecology at the Royal Jubilee Maternity Hospital and Craigavon Area Hospital were undertaking non-educational activities, and junior trainees were concerned that they would not achieve their competences. (paras D1.10, D5.5, D5.6, D5.7, D6.11)
4. Trainees in obstetrics and gynaecology at Daisy Hill Hospital did not always have a clear knowledge of who was the supervising consultant when undertaking caesarean sections. (para D1.11)
5. Quality control of education and training, and educational governance, are at an early and variable stage of development within the local education providers. (paras D2.8, D2.10, D2.11, S5.7)
6. The learning and development agreement detailing roles and responsibilities of the Deanery and the local education providers has not been confirmed and signed. (paras D2.11, D7.5)
7. Less than full time (LTFT) training opportunities are currently low within the Deanery and there have been significant waiting times for these opportunities previously. The provision of LTFT should be reviewed by the Deanery and the LEP's (paras D3.5, D3.6)
8. The intensity and pressures of clinical work have prevented trainees in obstetrics and gynaecology and trauma and orthopaedics from accessing formal teaching. (paras D5.5, D5.6, D5.7, D5.8, D5.9, D5.10)
9. The concerns expressed by trainers, specifically at the Belfast Health and Social Care Trust, regarding time allocation for education and training to the appropriate standard. (paras D5.12, D6.13, D7.8, D7.9, D8.2, D8.3, D8.4, D8.5)
10. There has been a reduction in opportunities in the Belfast Health and Social Care for trainees to participate personally in audit. (paras D6.9, D6.10)
11. Not all trainers have been through a selection, and training process specific to their education role: educational roles are not fully understood by all trainers; Systems for appraisal/demonstration of effectiveness as a trainer have not been consistently implemented; (paras D6.15, D6.16, D6.17, D6.18) A database of all trainers and a record of the training they have undertaken, together with their requirements for further training, has not been completed. (paras D6.15, D6.16)

12. An analysis, on the basis of equality and diversity data, of those appointed into training programmes was not available. (D3.9)

### Signature of Lead Visitor



### Date

### Decision of VTD Panel

#### The provision at Northern Ireland Deanery has:

**Met with conditions the standards and requirements of PMETB**

#### Notable Practice:

1. The Heads of Schools Forum and its approach to dissemination of best practice and consistency across the specialty schools.
2. The Deanery's commitment to faculty development and training for all trainers and specifically the support for higher training and qualifications in teaching.

#### Conditions:

1. The deanery must be capable of demonstrating that all trainers undergo a selection and training process for their educational role.
2. The deanery must ensure that all trainees are able to attend formal teaching.
3. The deanery must analyse and make available the results of recruitment with regards to equality diversity and opportunity.
4. The deanery must ensure adequate supervision of obstetrics and gynaecology trainees at the Royal Jubilee Maternity Hospital and Daisy Hill Hospital. An update on progress in this area should be provided in 3 months - by 9 July 2010.
5. The deanery must ensure that obstetrics and gynaecology trainees at the Royal Jubilee Maternity Hospital and Craigavon Area Hospital are not subjected to an unreasonable workload intensity, and are not undertaking activities of limited educational value that block the acquisition of competencies. An update on progress in this area should be provided within 6 months - by 1 October 2010.

### Recommendations:

1. The Deanery, working with the Belfast Health and Social Care Trust, should be able to demonstrate that all trainees have an opportunity to be involved in audit.
2. The Deanery, working with the relevant LEPs, should review time in job plans for trainers to ensure that appropriate time is included for training.
3. The Deanery should review its provision of flexible training, and work with LEPs to ensure adequate support is available.
4. The Deanery should assess the impact of the EWTR on postgraduate medical education and training, and patient safety.

### Signature of Chair of VTD Panel

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

Date 16.04.10