



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: Oxford	
2. Dates of visit: 11 – 13 November 2008	
3. Visiting team:	
	Name
Leader	Neil Jackson
Visitor	Richard Howard-Griffin
Visitor	Stuart Cook
Visitor	Rang Shawis
Visitor	Nick Copp
Visitor	Robin Caley
Visitor	Rosalind Blackwood
PMETB observer	Jessica Lichtenstein/Sarah Beattie
4. Training providers/Trusts/Hospitals/GP training practices/NHS health boards visited:	
<ul style="list-style-type: none"> • John Radcliffe Hospital (Oxford Radcliffe Trust) • Stoke Mandeville Hospital (Buckinghamshire NHS Hospitals Trust) • High Wycombe General Hospital (Buckinghamshire NHS Hospitals Trust) 	
5. Contact to whom the visit report is to be sent for factual accuracy check:	
Deanery contact name(s)	Email address
Postgraduate Dean (Dr Michael Bannon)	mbannon@oxford-pgmde.co.uk
6. Existing reports referred to during the visit:	
<ul style="list-style-type: none"> • Deanery Annual Report • PMETB Audit Trail Documentation (Anaesthetics) • Oxford Deanery Quality Management of Specialty Training • NESC Deans Leadership Programme • Recruitment in the Oxford Deanery 2008 • Postgraduate Specialty Heads of School Reports • PMETB Audit Team Documentation • PMETB Quality Officer Report 	
7. Findings against PMETB's generic standards for training:	
The visiting team should identify notable practice as strengths of the provision, potential conditions as	

weaknesses and any actions that you consider essential or desirable under each of these domains. Each finding must be explicitly linked to evidence (either direct experience or from the evidence base presented).

Domain 1: Patient Safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

D1.1 The Deanery's quality management processes in relation to patient safety are still being developed. The team was told that there is no overarching process to bring existing areas of good practice together or to ensure that they are comprehensive. In one particular trust a combination of these factors had led to a specific area of serious and ongoing concern (see paragraph D1.4).

D1.2 The visiting team noted the following within this domain which positively influenced patient safety:

- Educational supervisors review trainees' knowledge and clinical competence regularly through the Royal Colleges' and faculties' assessment systems. This ensures that any shortcomings in performance likely to affect patient safety can be addressed quickly.
- Funding has been made available by the Deanery in 2008-09 for additional recruitment to middle grades in order to maintain a balance between service provision and training.
- £1.9m of additional funding has been made available by NHS Education South Central (NESC) to trusts that wish to strengthen their educational supervision.
- Trusts are encouraged by NESC to ensure a good balance between training and service delivery.
- The Deanery has an established Career Development Unit which has a structured approach to helping trainees whose performance is in question. A range of measures can be adopted to ensure that failing trainees are given the opportunity, with ongoing support, to develop as competent and safe practitioners.
- The Postgraduate Dean has a leading role in a project sponsored by the Department of Health to address the forthcoming 2009 changes to the European Working Time Directive and develop a strategy to ensure all posts are made compliant with the new regulations. A major theme identified for action is to develop ways to ensure that a correct balance is maintained between training and service delivery, which has particular implications for patient safety.

D1.3 The visiting team identified the following areas where it was felt that patient safety could be adversely affected, either directly or indirectly:

- the visiting team was told that there are no specific procedures or formal mechanisms at deanery level for addressing patient safety issues, although relevant information was gathered through indirect means;
- from the information supplied prior to the visit and collected during visiting team meetings with educators and trainees from a range of specialties, the following concerns were identified:
 - shortages of staff adversely affecting trainees' opportunities for training and also impacting upon clinical and educational supervision;
 - handover arrangements in anaesthetics and obstetrics and gynaecology between shifts were sometimes inadequate or not conducted at all;
 - lack of supervision in Milton Keynes gastro clinics;
 - Stoke Mandeville and Milton Keynes K GP specialty trainees expressed difficulties in

identifying their clinical supervisor;

- Royal Berkshire Hospital - need identified to increase emotional and psychological support to GP specialty trainees in Palliative Care; and
- Royal Berkshire Hospital - poor access to clinical supervision for GP specialty trainees during periods of absence of suitably qualified staff.

D1.4 The area identified as causing serious concern for patient safety arose as follows:

The Deanery's submission to PMETB included a document providing an audit trail relating to ongoing problems with training in anaesthetics and intensive care medicine within the Buckinghamshire Hospitals NHS Trust which gave cause for concerns for patient safety. This specifically concerned training at the Stoke Mandeville and High Wycombe Hospitals. The audit trail document identified problems with:

- trainees achieving adequate experience;
- clinical supervision;
- providing feedback to trainees;
- induction.

D1.5 A visit was undertaken in 2007 by a Deanery Panel which included the Regional Advisers in Anaesthetics and Intensive Care Medicine and the Deputy RA in Anaesthetics, who is now both Head of School and Regional Adviser. The unanimous recommendation by the panel was that a triggered PMETB visit was necessary. The report was also sent to the Royal College of Anaesthetists and the College's concerns were conveyed to the Deanery and PMETB in January 2008. An action plan had been in place since the Royal College visit in August 2006.

D1.6 The Trust Chief Executive informed the visiting team that the action plan was comprehensive and that good progress was being made. However, there were still difficulties with middle grade recruitment causing lists to be covered by locums, largely internal, which was impacting on training.

D1.7 The visiting team met separately with a group of educators and a group of trainees. The educators generally considered the action plan to be proceeding well, although they recognised that recruitment and retention to middle grades were still a cause for concern as was recent illness in the department, both of which had created additional pressure on training resources.

D1.8 In a group interview with trainees in anaesthetics from both hospitals, the following issues were raised which the team regarded as highly likely to impact adversely on patient safety:

- A small number of consultants, some of whom are also educational supervisors, were not engaging well with training programmes. This was adversely affecting the quality and quantity of training delivered. It was perceived by trainees that the problem was known to the trust management, since the rota writers routinely endeavoured to ensure that these individuals were scheduled to deliver fewer training sessions than their colleagues.
- Trainees reported that the problem with middle grade recruitment was having a significant impact upon training. The resultant pressures on fulfilling service commitments restricted trainees' ability to attend training sessions, reduced opportunities for on-the-job training and reduced clinical and educational supervision.
- The problem was so severe at times that some senior trainees had been asked to perform locum duties.
- Trainees cited some specific examples of threats to patient safety that had arisen as a result of these factors, together with the arrangement of accommodation at the hospitals in question.

- At High Wycombe, the ITU was estimated by trainees to be approximately 'two minutes' run' from the theatre suite. Trainees had found themselves working in the ITU unsupervised on occasions and felt that they would have difficulty in finding timely assistance in the event of an emergency situation arising which was beyond their competence to address.
- At Stoke Mandeville, trainees had on occasions worked unsupervised in the theatre located in Ophthalmic Block, which is remote from the main theatre suite (in a separate building separated from the main block by service roads and two car parks) and thus even further from sources of help in an emergency.

D1.9 These issues were considered by the visiting team to give serious concern for the safety of both patients and trainees. The matter was therefore raised with the Postgraduate Dean on the same day and referred to PMETB for further action at the end of the visit.

Domain 2: Quality Management, review and evaluation

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

D2.1 The Deanery has a robust strategy for quality management and the process is clear. It is delivered by the Deanery Services Management Team and served by heads of school with a collective awareness and commitment to quality improvement. Twelve heads of school have been appointed within the Deanery during the past year. In January 2009, a full-time quality manager will be appointed.

D2.2 The Deanery produced an annual report for PMETB and the visiting team felt this was of good quality, being appropriately informative and self-evaluative. It was underpinned by reports from heads of school and directors of medical education within partner trusts. All these deanery reports are based upon the PMETB generic standards and the template for reports is based upon the National Association of Clinical Tutors Data Sets.

D2.3 A wealth of information has been generated by this route for the first time. Meetings of the heads of school and associate deans are beginning to analyse the data with a view to bringing about improvements in the quality of training schemes through a joined-up approach to quality monitoring and management across the Deanery.

D2.4 Both trainers and trainees are fully aware of PMETB surveys and the use made of the results to enhance the quality of training.

D2.5 Discussion with trainers and trainees in anaesthesia, cardiothoracic surgery, and ophthalmology indicated that local education and training in these specialties at trust level in the LEPs visited, is delivered by enthusiastic educational supervisors with a clear commitment to enhancing the quality of education and training for their trainees.

D2.6 The Deanery has evaluated the quality of the educational training content of training posts. The Deanery indicated that a decision had been made this year to not grade any post as excellent, as the practical difficulty faced would be the definition of excellence.

D2.7 The Deanery has excellent working relationships with NESC which promotes a shared commitment to continuous quality improvement.

D2.8 Relationships with partner trusts are positive. However, hard evidence such as a regular profile for education and training and its quality control at trust board level as evidenced by minutes is lacking.

D2.9 The Deanery has an excellent lay representative group comprising 15 individuals who have all received training, and this lay group is valued by the medical profession. Lay assessors meet independently as a group, and members are actively involved in contributing to the quality management of medical recruitment; ARCP panels and approval panels.

D2.10 Relationships between the Deanery and Royal Colleges are less well developed. The perception of the visitors was that there was a suspicion of college involvement and college input has not been actively used in the visiting process to contribute to deanery quality management.

D2.11 Visits within the Deanery are restricted to high level visits between the Dean and trusts (usually chief executives) twice yearly. There is no evidence of externality in the visiting process to partner trusts.

D2.12 The Deanery is currently running a leadership programme for heads of school. This has been funded by NESCC. It is working particularly well and is much appreciated by the heads of school.

D2.13 Educational supervisors have been trained in anaesthesia, cardiothoracic surgery (all consultants) and ophthalmology. Not all consultants within a programme are educational supervisors. There is a high level of commitment to training from educational supervisors at the Oxford Radcliffe Trust.

D2.14 Trainee feedback at the John Radcliffe Hospital in the specialties audited was very positive about the level of trainer support.

D2.15 Trainee relationships with trainers tend to be more locally based. The relationship between the Deanery and trainees is one that could usefully be strengthened.

Domain 3: Equality, diversity and opportunity

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

D3.1 The visiting team found good evidence of the implementation of appropriate equality, diversity and opportunity policy and practice. Examples include the advertising of trainee posts and deanery recruitment and selection procedures. There is also evidence of adequate flexible training opportunity for trainees including job sharing between flexible trainees.

D3.2 Trainees with disability or difficulty because of health were appropriately supported by the Deanery.

D3.3 However, the visiting team noted that there were shortcomings regarding training in equality and diversity. For example, the Deanery's 'Educating the Educators' programme does not include training in equality and diversity. However, a nominated associate dean has been charged with the task of including equality and diversity in all education supervisor training courses from 2009 onwards. It is also proposed that NESCC will implement an equality and diversity programme for managers, recruitment and assessment staff as well as members of interview and short listing panels in 2009.

D3.4 The Deanery has implemented an on-line equality and diversity training package on its website.

D3.5 The Deanery also accepts that it needs to undertake more consistent monitoring of the

uptake of equality and diversity training. However, there is evidence that trusts are monitoring equality and diversity in relation to training.

D3.6 The Deanery has an associate dean with responsibility for less than full time training (LTFTT). It has a policy for LTFTT and guidance for trainees wishing to train flexibly. All recent applications have been approved and the number for job-sharing slots is increasing, particularly in general practice and paediatrics. Despite this, the number of trainees training flexibly is proportionally short of the Department of Health's target of 20 per cent by year 2010.

D3.7 The Deanery has a Career Development Unit which provides excellent support for trainees with a disability.

D3.8 Data were not available to monitor the effectiveness of policies regarding gender and ethnicity. No data were available at the Deanery as to members of staff who had received training in diversity and equal opportunities. However, data and evidence were provided by the John Radcliffe Hospital for members of staff on interview panels.

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 training.

D4.1 The Deanery did not have written processes and procedures in place for 2008 interviews. A key initiative for 2008-09 is to put in place written processes and procedures for all aspects of recruitment and trainee placement. Protocols are being drawn up by NESC incorporating national guidance, and will be used in 2009.

D4.2 For 2008 recruitment, the Deanery used paper copies of application forms which could be downloaded from the website as MTAS was not available. A generic personal details form was used for all specialties, and most specialties had comparable application forms. The Deanery used person specifications from the MMC website and candidates were asked for GMC numbers and rights to work. Data collection from applicants followed MMC 2008 processes and included optional information on ethnicity, gender and disability. All the Deanery's application forms and short-listing criteria were vetted by legal advisers.

D4.3 The Deanery's administrators and programme managers have responsibility for checking eligibility for training at application, including checking GMC registration, fitness to practise and immigration status. This is the first stage of the recruitment process and takes place prior to interview. Consultants on each short-listing panel have responsibility for ensuring that applicants can demonstrate Foundation competencies and assess overall level of competency based on previous experience. Successful applicants spoken to during the visit reported no difficulties in demonstrating that they met Foundation competencies, whether they had undertaken Foundation training or not, and this was confirmed by trainers. Successful candidates in anaesthetics reported that their competencies were checked again on commencement of work and Royal College of Anaesthetist's guidance on competency to undertake on-call work assessed, though the Head of School of Anaesthetics felt there was some mismatch between competencies and job placement.

D4.4 There is no single universal planned approach to interviewing style/structure and schools either follow national guidance or their own approach where national recruitment does not take place. It is the postgraduate development manager's role to coordinate the recruitment process communicating with trainees, trainers and panels and it is the Deanery's administrative team's role to keep track of which posts are available. The Deanery keeps a

database of trainees, including personal details, assessments, rotations, contract dates, study leave and qualifications. Deanery staff reported some issues with not getting the number of posts available correct and some posts remain unfilled. Allocation of posts is on the basis of scoring at application and interview and trainees' preference of post. Trainees reported problems regarding lack of information about available rotations and poor communication with the Deanery's programme managers.

D4.5 The Deanery has an appeals system for interview candidates and there were no appeals in 2008. Successful interview candidates were informed promptly within a day of interview, and the interview process was considered by successful candidates to be fair.

D4.6 The Deanery held an interview and recruitment training day for staff in September 2008. Records of attendance were not provided. The Deanery requires all those involved in recruitment to be trained in equality and diversity. Evidence that training has taken place is not comprehensive but available for some specialties. Interview training is a prior mandatory requirement for those undertaking interviews at South Bucks Trust. Training is provided by the Trust and Deanery. All interviewers at South Bucks Trust had mandatory equality and diversity training prior to interviewing.

D4.7 The Deanery is commended for its involvement of lay persons in the quality management process. In 2008 all interview panels had lay representation, all of whom received prior recruitment training.

Domain 5: Delivery of curriculum including assessment

The requirements set out in the curriculum approved by PMETB, must be delivered. The approved assessment system must be fit for purpose.

D5.1 The Deanery has introduced specialty postgraduate schools, each of which has a school board and is led by a Deanery-appointed head of school. The remit of each school is to manage specialty training in their specialties and ensure that it meets PMETB's training standards. There is representation on this committee from the programme director for the component specialties, from training providers, from a trainee and from the relevant Royal College/faculty to ensure that posts within that training programme meet the requirements of the curriculum. At LEP level, this was confirmed when the visiting team met trainers and trainees in ophthalmology and anaesthetics at the John Radcliffe and Stoke Mandeville hospitals. The college specialty tutor in ophthalmology at Stoke Mandeville had attended a training course in the content and delivery of the curriculum at the College of Ophthalmology and had cascaded this knowledge to her trainer colleagues at Stoke Mandeville. All the ophthalmology consultants had attended 'Training the trainer' courses. The college tutor in anaesthetics at Stoke Mandeville had been through a similar process.

D5.2 The trainees in ophthalmology and anaesthetics at Stoke Mandeville and the John Radcliffe Hospitals had fully protected time to attend weekly timetabled formal teaching programmes which covered all aspects of the curricula. In ophthalmology, these meetings were subject to trainee feedback which had resulted in changes in the programme to emphasise key learning topics. In anaesthetics, the content of the formal teaching programme was closely mapped to the college curriculum to facilitate examination success, which had improved greatly over the last two years. At Stoke Mandeville, trainees did not report any difficulty attending regional study days or courses relevant to their specialty. Trainees in emergency medicine and paediatrics have experienced difficulties attending teaching and regional study days. In paediatrics, adjustments have been made to the teaching programme to ensure bleep-free teaching time.

D5.3 Trainees reported good training opportunities but there are concerns that the introduction of the 48-hour week will affect acquisition of practical experience and this is a concern across the Deanery, especially in the craft specialties.

D5.4. The annual review of competence progression (ARCP) process is established for all postgraduate schools apart from radiology, for which Oxford Deanery is acting as the pilot. ARCP panel members receive formal training and the Deanery has produced a best practice document. The visiting team was informed about marked inconsistency of implementation of ARCPs across specialties and the Deanery's ongoing plans to address the wide variation in practice. The understanding of the purpose of ARCP panels by trainees was also variable.

D5.5. The system of workplace-based assessments (WPBAs) has been established throughout trusts in the Deanery and all specialties are using them for the ARCP process. Clinical staff in most specialties have received training in conducting WPBAs, giving feedback and recording assessments. However, the team heard differing opinions on the validity of WPBAs as an assessment tool. Some specialties had found them to be non-discriminatory while others thought they were highly discriminatory for assessing trainees' clinical ability.

D5.6 All trainees interviewed by the team stated that they received regular feedback on their performance from their educational supervisor. Educational supervisors are all trained in feedback as part of the mandatory educational supervisor training rolled out by the Deanery.

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.

D6.1 The team found that the process of trainee induction was well embedded both at trust and department level. The previous problem at Stoke Mandeville Hospital of poor uptake of induction in anaesthetics and paediatrics has been resolved with a web-based induction, followed by a shorter, more focused meeting, and trainees were positive about this. Ophthalmology at John Radcliffe Hospital, with the support of the Trust, has reduced theatre appointments from six to four when inducting junior doctors.

D6.2 Evidence was produced to demonstrate that educational supervisors met with trainees at the start of every post.

D6.3 The Deanery should be commended for its resourcing and input of training educational supervisors. The Deanery highlighted a shortfall of trained educational supervisors; it commissioned courses and is recording attendance. All the trainees the team met have a designated educational supervisor.

D6.4 Signed learning agreements are not being used across all specialties. Logbooks and portfolios are used, although this is not universally the case; for example, the School of Anaesthetics is awaiting the Royal College's E portfolio which is currently under development. E portfolio has been piloted in paediatrics and has now been rolled out in all schools. Concerns about E portfolio that were expressed to the team include the need for more clarity, the need for a lot of training to operate, the fact that some educational sponsors are put off, and the danger of a 'regression to bland' in report writing.

D6.5 Trainees were confident that they could share any concerns with an appropriate member of faculty, though none were expressed. Career development for trainees forms part of the Deanery's strategy.

D6.6 In relation to the EWTD, the team pursued a line of questioning which explored the tension between service provision and educational training. The team raised this as an area for improvement for the Deanery in order to minimise the impact on educational training. Cardiothoracic trainers stated that, although they were compliant, they did not think adequate training could be given within the new timescales. Ophthalmology has had an ongoing investigation which has now been resolved by the Trust appointing two additional staff and the first on-call going off duty at 11.30 pm.

D6.7 Trainees in Ophthalmology, Cardiothoracic Surgery, and Anaesthetics at John Radcliffe hospital are regularly involved in clinical audits and it is part of these specialty curricula.

D6.8 Although trainees were not aware of the Deanery's policy on bullying, they were aware of trust policies. Pastoral support was of good quality and trainees felt they would receive support if they had problems.

D6.9 Trainees from the three specialties involved in the visit all confirmed that they are able to learn from other healthcare professionals.

D6.10 Obstetrics and gynaecology previously had a problem accessing study leave, but the Deanery has now paid for an on-line facility. Paediatric trainees said it was not possible to go on courses due to time pressure.

D6.11 Inadequate funding for required trainee courses was highlighted as a concern by a number of specialties

D6.12 The partnership between the Deanery/Oxford University/SHA/NESC to set up a Clinical Academy is very impressive. Forty clinical academics have been recruited between 2006 and 2008. The visiting team consider that their aspiration to be a world-class centre is achievable through the enthusiasm of the three partners.

D6.13 Although standards for hospital trainers are not a mandatory PMETB requirement until 2010, the team looked at the progress to meeting this requirement. As already mentioned in para D6.3, the Deanery has been proactive in training educational supervisors to develop and enhance trainer standards. The team noted that, in general practice, 130 of the 170 accredited GP trainers have a Certificate of Medical Education.

D6.14 Heads of school praised the Dean's leadership programme funded by NESC and the team felt this was an excellent initiative to develop their leadership skills. Educational supervisors felt supported by heads of school and the team was impressed by the commitment to high quality education and training at both levels.

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 visiting team concluded after meeting with the Postgraduate Dean and NESC staff that the monitoring of the impact of the EWTD on postgraduate medical education should be enhanced by the Deanery working in partnership with NESC and the South Central Health Authority, to ensure the maintenance of an appropriate balance between service provision and education and training, given the reduction in hours of learning as the result of the implementation of the EWTD in LEPs. Following discussion with the Trust Chief Executive Officer and Board members at the John Radcliffe Hospital, the visiting team concluded that postgraduate medical education and training within the Trust did not have a proportionate role

and representation in the work of the Trust Board.

D7.2 The visiting team was impressed by the heads of school and associate deans who were all enthusiastic and focused in relation to their roles and responsibilities across the Deanery and its educational network. However, at present, the heads of school do not have dedicated administrative support and this issue needs to be addressed promptly by the Deanery.

D7.3 The visiting team was aware in advance of the visit that the establishment of a School of Ophthalmology was under consideration by the Deanery and the relevant STC Chair. At the time of the visit, ophthalmology was a part of the School of Surgery. The Ophthalmology Programme Director and trainers at the John Radcliffe Hospital emphasised the desirability of establishing their own school and presented a well-structured case for this with specific reference to the quality management of education and training. As this was a matter which more appropriately fell within the remit of the Postgraduate Dean, it was brought to his attention at the one-to-one meeting between the Lead Visitor and Postgraduate Dean at the end of the second day of the visit. In response, the Postgraduate Dean agreed to give the matter further consideration.

D7.4 During the visit, the team found evidence at various meetings that lines of communication between the Deanery and its educational network are in need of review and enhancement. In particular, this applies to the directors of medical education (DMEs) and postgraduate centre managers interviewed (for example, delays in notification from the Deanery about educational budgets for postgraduate centres) and to trainees.

D7.5 Evidence emerged at meetings with trainees that they were unaware of the Deanery's structure and function and its trainee-related policies, for example, the bullying and harassment of trainees.

D7.6 Trainees were also unaware of NESC/Deanery strategy and business planning in relation to postgraduate medical education and training. The visiting team felt that this was an area for improvement to ensure that appropriate input and feedback from trainees is taken fully into account in relation to NESC/deanery policy, strategic and operational planning and governance.

D7.7 The visiting team concluded after meeting with the jointly appointed Deanery/Trust DMEs that, since the advent of the schools, there is a need to clarify further their roles and responsibilities within both the Deanery and trusts as LEPs.

D7.8 The visiting team was impressed by the work of the Deanery's Career Development Unit in providing careers advice and supporting doctors with performance, conduct or health problems. The visitors also noted the provision of excellent pastoral care for trainees in terms of their general well-being by their programme directors and educational supervisors.

D7.9 At various points during the visit the visiting team explored the issue of externality with the Postgraduate Dean and deanery staff in relation to deanery policy and governance relating to the quality management of education and training. The visiting team concluded that the deanery definition, interpretation and implementation of the principle of externality did not have alignment with that of PMETB.

Domain 8: Educational resources and capacity

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

D8.1 The educational capacity of the Deanery to deliver training was regarded as more than adequate by members of the Deanery, heads of school, trainers and trainees, and this was confirmed by the visiting team.

D8.2 The Deanery's annual report highlighted concerns regarding the delivery of training in anaesthetics in both Stoke Mandeville and High Wycombe Hospitals. These concerns were reiterated during interviews with anaesthetic trainees in these hospitals.

D8.3 Educational facilities and resources in LEPs were regarded as highly satisfactory by trainers and trainees, including IT facilities and library access for books and journals.

D8.4 The Deanery has a particularly committed group of trainers. The time allocated to trainers for educational activity is not standardised, nor necessarily formalised across the Deanery. This is an area where further work and development would be of benefit.

D8.5 The Anaesthetics Department has simulators available locally as a training resource. The precise role for these simulators needs to be developed with a faculty appropriately trained to organise high quality training both within the Deanery and possibly beyond. No concerns regarding study leave were raised by trainees during the meetings, although they were invited to comment.

D8.6 At the John Radcliffe Hospital, the trainees' regard for their educational support staff as a resource for both training and pastoral support was high. This was particularly so in the Department of Cardiothoracic Surgery.

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 Progress from Foundation Year Two to specialty training, including general practice, is smooth. However, too many appointments for core surgery training with a promise of run-through to posts in higher surgical training presented a difficulty in the 2008 recruitment round because of a mismatch between the number of selected trainees and the number of posts available. Eventually trainees were all found higher surgical training posts but, for some, not in the specialties of their choice.

D9.2 RITA spreadsheets are available on outcome by grade but the data do not include ethnicity or gender for those trainees receiving RITA Ds and Es. However, the Deanery proposes that these data will be collected and analysed in the future.

D9.3 In anaesthetics, the first-time pass rate for trainees' specialist examination was above the national average.

D9.4 There is progression in most specialties to consultant level with no backlog. Anaesthesia had a backlog two years ago but currently there are no trainees waiting for a job more than one year post CCT.

D9.5 Data regarding research outcome and publications for individual trainees are not available with the exception of trainees/fellows in the academic medical school. These trainees all obtained higher degrees after enrolment, such as MS or PhD.

D9.6 The Deanery has an unusually large number of academic clinical fellows. Oxford University, NESC and the Deanery are setting up a Clinical Academic Graduate School, and it is

proposed that this should be part of the Deanery's establishment of postgraduate specialty schools. The inauguration is scheduled for January 2009.

D9.7 The outcome of reorganisation and management of training by the Deanery has included the creation of 12 postgraduate specialty schools with a further one under consideration.

D9.8 For the 2008 recruitment round, 236 applicants were successfully appointed from a total number of 4,726 applicants to the Deanery, and data are available on country of qualification of applicant and appointee, with a proportionally comparable overseas/British graduate appointee ratio.

D9.9 The visiting team concluded that it is difficult to measure the outcome of training comprehensively as yet, since most specialty training programmes (i.e. 2007 onwards) are at an early stage of development.

D9.10 Comprehensive data collection and tracking of the data are needed, with analysis from entry to Foundation Programmes through to completion of CCT. These data ideally should include:

- drop-out rate and conversion to other training;
- programmes/specialty and inter-deanery transfers;
- percentage of non-progression, delay in completion of training;
- academic achievements including postgraduate degrees/diplomas obtained.

8. Findings against PMETB's standards for deaneries

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

Standard 1: The postgraduate deanery must adhere to, and comply with, PMETB standards and requirements

S1.1 The visiting team confirmed that the local quality management of the Deanery is aiming to improve the quality of training as well as ensuring that it met national standards.

S1.2 The visiting team confirmed that the Deanery's quality management (QM) activities are set and reported within the PMETB published framework for standards and requirements for training.

S1.3 The visiting team confirmed that the Deanery is drawing upon the principle of educational governance. With specific reference to externality see comments in para D7.9.

S1.4 There is evidence that the Deanery's senior management team is discharging its responsibilities for the implementation of programmes within the principles of good regulation. However, in relation to post and programme approval, a number of problems have already been raised by PMETB with the Deanery and relate to approval reconciliation and communication between the Deanery and PMETB. These are currently under review.

S1.5 The Deanery's annual report to PMETB, submitted in advance of the visit, was supported by informative reports from heads of school and DMEs from local trusts.

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

S2.1 Trainees have opportunities to raise matters of concern both individually and collectively

to their educational supervisors, training programme directors and to school boards through personal meetings, RITA and ARCP processes and representation on school board committees. Trainees are also represented at LEPs' training committees. However, there is no trainee representation at Deanery senior management team level or above or in the NESC stakeholder group. The Deanery is looking to formalise trainee feedback at these levels, possibly by setting up a trainees' forum which will draw together trainee representatives from schools. Trainees report poor communications with the Deanery and this is further demonstrated by a lack of awareness among trainees of the Deanery's policies, such as the bullying policy. Improving opportunities for trainees to feed into the Deanery's high level structure is an area for development, as well as improving processes for disseminating policies and information to trainees.

S2.2 The Deanery has a policy on helping trainees in difficulty. A Career Development Unit was set up in 2004 which provides a performance support unit and offers support to those with a health problem and/or disability. The Unit incorporates a Medic Support Unit providing psychotherapy and psychology services for trainees and others with mild to moderate emotional and psychological problems. The service has received good feedback. The Unit is highlighted by the visiting team as an area of good practice.

S2.3 Trainees and deaneries share responsibility for ensuring that they seek prospective approval by PMETB for training where appropriate and necessary. See paragraph S.1.4 above with reference to post and programme approval.

S2.4 In terms of trainees' participation in quality management processes, trainees participated in the 2008 PMETB survey. Further surveys have been undertaken by almost all individual schools and trusts regarding quality management of posts and educational supervisors seek feedback from trainees on individual posts.

Standard 3: The postgraduate deanery must have structures and processes that enable the PMETB standards to be demonstrated for all training and trainees within the sphere of their responsibility

S3.1 The Deanery has encountered exceptional changes over the past two years and this has had the effect of slowing development of its quality management system for postgraduate medical education and training. Transition to the new South Central SHA created uncertainty for a protracted period, culminating in the formation of NESC in 2007. Initially, the budget for the Deanery was drastically reduced by South Central SHA in 2007 and only with the appointment of a Director of NESC in September 2007 was sufficient funding returned to enable activity to commence on meeting PMETB requirements fully.

S3.2 Funding for the Deanery's activities and related initiatives with hospital trusts has steadily increased and this has enabled the Deanery in the last year to establish a sound business plan and initiate a range of improvements to its quality management and governance processes, as well as specific initiatives with trusts and Royal Colleges/faculties to address PMETB requirements.

S3.3 The Deanery has developed a new QM system based on the PMETB *Standards for deaneries* and *Generic standards for training* and addressing the PMETB domains in its deployment and measurement systems. This work is being supported by the NHS Workforce Review Team.

S3.4 The QM system has not been fully deployed, although some elements are currently being piloted, notably the implementation of specialty schools. Eleven schools have been established

to date with a further one or two to come.

S3.5 There is currently no full-time quality manager, but the Deanery is in the process of appointing an associate dean to take on this role. Recruitment is planned for early 2009.

S3.6 NESc has been very supportive of the Deanery and has met every request for funding that has been made. The Chief Executive is planning a robust approach to providing funding to trusts in the future, for example, requiring them to prove that educational supervision time is protected before releasing funds.

S3.7 A governance structure has been developed for managing processes within the QM system. This includes governance structures for the specialty schools. A principle of the Deanery's approach to governance is that there will be a committee with a specific remit to manage quality. This will be an intrinsic part of its everyday activities and quality will be a standing agenda item for the main governance bodies identified.

S3.8 Overall, the visiting team considered the approach to quality management to be sound, although it needs to be fully implemented to meet the PMETB deadlines. Also, particular attention needs to be given to setting process targets and measures in addition to those for outputs.

S3.9 The team identified the following areas of specific progress within the Deanery:

- development of quality framework and governance structure;
- establishment of specialty schools with broad representation on boards;
- integration of the Deanery into the NESc structure;
- partnership approach to relationships with LEPs.

S3.10 The team noted the following areas which are already subject to review by the Deanery:

- How the deployment of QM processes is to be measured in addition to their outputs. Processes themselves need to be monitored closely as well as their content, with clear targets, timescales and measures of success.
- Formal visits to LEPs by the Dean have not yet been planned in detail or implemented.
- Trusts are not universally engaged in the Deanery's QM processes.

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

S4.1 The question of externality became an issue during the visit. It is apparent that the Deanery is not adhering to the expectations set out in PMETB's *Quality Framework*. The team heard several different definitions as compared with the documented evidence.

S4.2 Only general practice gets their external advisers from the College.

S4.3 Communication with the Royal Colleges is limited and the Deanery is suspicious about what authority will be taken back by the Colleges if they become involved.

S4.4 The Deanery does successfully use external lay advisers. Lay assessors have been recruited and trained, and are used extensively throughout the system. The team was very impressed by the lay advisers, who consider they are listened to and able to influence decision-making. External specialty advisers are also recruited from other deaneries (preferably not Wessex) for the Annual Review of Competence Progression (ARCP) panels.

However, the team did receive conflicting information as to whether reciprocal arrangements were made between the deaneries for ARCP panels and queried if this compromises externality.

S4.5 In relation to external advisers being used to promote comparability of the trainee experience between deaneries, the Postgraduate Dean highlighted the possible tension arising between external advisers offering truly 'independent' as opposed to 'political' opinions.

S4.6 The team recommends that the Deanery liaise with PMETB for assistance in reaching compliance with this standard.

Standard 5: The postgraduate deanery must work effectively with others

S5.1 The Deanery is an integral part of NESCS, which was set up to be the key resource in South Central for career and personal development through education and training. The establishment of NESCS has enabled the Deanery to take advantages of scale and offer a broader range of educational initiatives. Within NESCS, the Deanery has close links with the Strategic Health Authority which enables harmonisation of different activities, encouraging innovation and dissemination of good practice.

S5.2 The Deanery and trusts have jointly appointed DMEs who have an overview of education and training in their trust. The DMEs have the authority to take patient safety issues to trust governance boards and are the link with the Deanery with regard to difficult trainees, recruitment issues and managing the educational contract between the Deanery and trust. The team was not satisfied that the Deanery is trying to forge the appropriate degree of close links to the specialty Royal Colleges. This was evidenced by the lack of appropriate college externality apparent in Deanery panels.

S5.3 The team identified a major communication problem between the Deanery and postgraduate medical education (PGME) centre managers. Although the managers have quarterly meetings with the postgraduate school development manager, there was not enough day-to-day communication from the Deanery and, in particular, there was a delay in receiving the allocated deanery budget which resulted in late readjustment of study leave funding for trainees. The PGME managers stated that all deanery matters came through the DME and therefore they were reliant on good communication channels with the DME, which was not always the case. There was a similar communication issue raised by trainees when contacting the programme managers at the Deanery. More than one trainee had received little help or information relating to the LTFTT application process and others had experienced very late notification of post placements and even the wrong start date for a post.

S5.4 The Deanery has a policy of engaging different groups of stakeholders in a variety of ways. For example, the Deanery plans to have a trainee representative on each school board. The School of Paediatrics includes a trainee representative on ARCP panels, and other schools are planning to include trainees in panels by 2009. There is also trainee representation on the Deanery Approval Committee. The team was informed of a trainee forum with an accompanying website that was to be set up with the help of the Deanery. However, all these positive initiatives were in contrast to the opinions of trainees interviewed by the visiting team in the field. These trainees had little or no knowledge of the Deanery and its processes and generally felt very disengaged.

S5.5 The Deanery has been very active in involving lay representatives in all of their educational and quality management processes. They are to be commended for recruiting and

training a lay assessor panel. The input of lay assessors on ARCP panels has proved valuable where issues of patient safety are involved.

S5.6 LEPs interact with the Deanery through the governance framework. Local trust college tutors feed directly, and through training programme directors, into the school board structure. The DMEs in each trust receive feedback from college tutors through the local postgraduate medical education committee, act as a link between the Deanery and the trust, and are required to complete an annual self-assessment report for the Deanery.

Summary

Strengths

- The Deanery's Career Development Unit in supporting doctors for careers advice and doctors with performance problems. (paras D1.2, D6.5, D7.8)
- The lay assessors in their role of participating in various deanery activities and their contribution to the quality management of education and training. (paras D2.9, S5.5)
- The Deanery's deployment of resources and support for the development of educational supervisors. (para D6.3)
- The excellent provision of pastoral support for trainees by educational supervisors/programme directors. (paras D6.8, D7.8, D8.6)
- The impressive partnership between NESC and the Deanery in aspiring to world-class healthcare and postgraduate medical education and training. (para D6.12)
- The Dean's Leadership Programme. (para D6.14)
- The high level of commitment and enthusiasm exhibited by deanery staff, heads of school and members of the Deanery's educational network. (para D7.2)

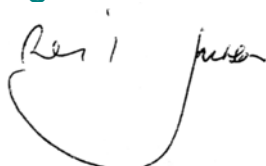
Areas for Improvement

- The continued risk to patient safety and the weakness in associated quality management processes at deanery, LEP and trust levels. (paras D1.1 to D1.9)
- The lack of alignment of the Deanery's definition, interpretation and implementation of the principle of externality with that of PMETB. (paras D2.11, D7.9)
- Shortcomings in equality and diversity training, and the absence of data held by the Deanery to monitor the effectiveness of policies regarding gender, ethnicity and staff training in equality and diversity. (paras D3.3, D3.5, D3.8)
- Inconsistency in the implementation of ARCPs across specialties and in trainees' understanding of the purpose of ARCP panels. (para D5.4)
- Inconsistency across specialties in the perceived validity of WPBAs as an assessment tool. (para D5.5)
- Monitoring the impact of the EWTD on postgraduate medical education, through partnership of the Deanery with NESC and the South Central Health Authority, to ensure

the maintenance of an appropriate balance between service provision and education and training. (paras D6.6, D7.1)

- The lack of trainee awareness of the Deanery's structure, function and trainee-related policies. (paras D6.8, D7.5, D7.6)
- Problems in the lines of communication between the Deanery and its educational network (DMEs, and postgraduate medical education centre managers). (paras D7.4, S5.3)
- Ensuring that appropriate input and feedback from trainees is taken fully into account in relation to NESC/deanery policy, strategic and operational planning and governance. (para D7.6)
- Standardising and formalising, across the Deanery, the preparation of trainers and the protected time for educational activity. (para D8.4)

Signature of Lead Visitor



Date

6 JANUARY 2009

Decision of VTD Panel

The provision at Oxford Deanery

Met with conditions the standards and requirements of PMETB.

Notable Practice:

1. The lay assessors in their role of participating in various deanery activities and their contribution to the quality management of education and training.
2. The impressive partnership between an organisation at the level of NESC and the Deanery in aspiring to world-class healthcare and postgraduate medical education and training.

Conditions:

(unless otherwise specified all conditions must be reported on in the next annual deanery report)

1. In the interest of patient safety the Deanery needs to continue to exhibit leadership in developing its quality management processes and its relationships with key stakeholders.

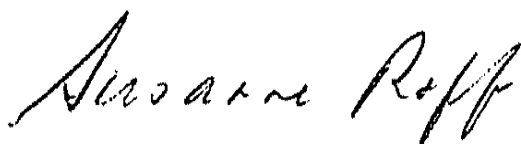
2. There are insufficient specific procedures or formal mechanisms at deanery level for addressing patient safety issues. This must be addressed and demonstrated by the Deanery (a report to PMETB in three months).
3. The Deanery needs to ensure the alignment of its definition, interpretation and implementation of the principle of externality with that defined by PMETB.
4. The Deanery needs to ensure the training of its staff in equality and diversity is improved through a process of effective data collection and management.
5. The Deanery should ensure that trainees can access their entitlements, for example, study leave, protected time to learn and personal support and that a record is kept and accessible.
6. The Deanery needs to work in partnership with NESc to develop a workable action plan and minimise the impact of the implementation of the EWTD on education and training
7. The Deanery needs to formalise and standardise the selection and training of educational supervisors across the Deanery and to ensure that educational supervisors have protected time in their job plans.
8. The Deanery should ensure that trainees are formally represented within the Deanery in relation to NESc/deanery policy, strategic and operational planning and governance.

Note: After consideration of the relevant evidence identified by the visit team (D1.4 to D1.9), PMETB has determined that a triggered visit to Stoke Mandeville Hospital and High Wycombe General Hospital in relation to anaesthetics and intensive care medicine is necessary. This visit is designed and planned to help ameliorate the situation at the hospitals, and lead to a positive outcome for trainees, and ultimately patients.

Recommendations:

1. The Deanery needs to review the broader aspects of assessment with trainees to enhance their understanding of the purpose of ARCP Panels and WPBA.
2. The lines of communication, both between organisations and individuals (LEPs, Education Centre Managers, Directors of Medical Education) need to be strengthened.

Signature of Chair of VTD Panel



Date 12 February 2009