

VISIT TO DEANERY- COMBINED SPECIALTY AND FOUNDATION PROGRAMME

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: South East Scotland	
2. Dates of visit: 10 - 13 May 2010	
3. Visiting team	
	Name
Lead visitor	Nick Copp
Visitor	Angela Carragher
Visitor	Richard Tubman
Visitor	Martin Warren
Visitor	Nelson Lo
Visitor	Chris Barrett
Visitor	Kate Thorpe
Visitor	Ruth Heseltine
Visitor	Andrew Beggs
GMC officer	Jennifer Barron
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4. Training providers/trusts/hospitals/GP practices/NHS health boards visited: NHS Lothian - Royal Infirmary of Edinburgh NHS Borders NHS Fife – Victoria Hospital	
5. Contact to whom the report is to be sent for factual accuracy check	
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Professor William Reid	William.Reid@nes.scot.nhs.uk
6. Existing evidence referred to during the visit	

7. Background to visit

8. Findings against GMC generic standards for training and Standards for training for the Foundation Programme

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 Specialty trainees seen during the visit (clinical radiology, gastroenterology, paediatrics) reported an appropriate level of clinical supervision. The visit team noted good levels of clinical supervision in gastroenterology, with direct consultant supervision out of hours that provides an excellent experience for trainees.

D1.2 Foundation year 1 (F1) and Foundation year 2 (F2) trainees within NHS Lothian reported that they were occasionally asked to take consent for procedures for which they were not trained. Specialty trainees interviewed did not raise concerns regarding taking consent. A consent policy was available on the NHS Education for Scotland (NES) website.

D1.3 It was reported that when cross-covering neurosurgery, F2 trainees rotating within NHS Lothian, were asked to administer intrathecal antibiotics out of hours without sufficient training. When raised by the visit team, there was reassurance from the Dean that this specific case, and the general issue of trainees being asked to perform activities outside their competence, were addressed as a matter of urgency.

D1.4 Trainees are aware of clinical risk reporting systems and how to access them. At the local education provider (LEP) level, there are well-defined procedures in place for the identification of clinical incidents. Trainers and LEP senior management reported that outcomes from clinical incident investigations were fed back to trainees.

D1.5 There were no issues reported regarding patient handover. Dedicated time is given for handover within on-call rotas in specialty training. F1 trainees reported that handover was working well in NHS Borders but not as well in NHS Lothian and NHS Fife.

D1.6 On paper, rotas for specialist trainees in NHS Lothian and NHS Fife have been compliant with the European working time regulations (EWTR) for several years. F1 and F2 trainees within NHS Lothian reported that, during diary card exercises, they perceived that pressure was applied by some trainers and LEP management staff to submit monitoring information that would be compliant.

D1.7 NHS Lothian and NHS Fife trainees and trainers reported that there were problems with rota gaps in paediatrics, but systems are in place to minimise the effects. The rota gaps in paediatrics at NHS Fife are a particular problem, exacerbated by the fact that the rota is split site. Currently, two rotas consist of seven trainees when there should be ten present. General practice (GP) trainees within these paediatric hospital posts may have to provide cover for each other to attend courses and examinations, as they may not be able to take time off for study leave. In addition, there is pressure on GP trainees within secondary care posts to stay late and cover weekend shifts at the last minute. It is perceived that the majority of problems with the rota will be resolved once the service is on a single site.

D1.8 Trainers and trainees at NHS Lothian reported that discrepancy meetings to discuss and learn from critical incidents and errors in clinical radiology were held inconsistently.

D1.9 At the time of the visit, the radiology department of RIE did not have a sufficient number of consultants to operate a 'duty' radiologist system for dealing with urgent enquiries. RIE is planning to recruit several additional consultant radiologists in the near future, which will enable the introduction of a 'duty' radiologist system, support the ethos of collective learning, and facilitate further quality improvements in training.

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 a comprehensive quality management framework (QMF) supported by a Scotland-wide NES educational governance process. The NES QMF is reviewed through the Medical Directorate Executive Team, a committee which includes the four Scottish PGDs. Access to ideas from Scottish deaneries is regarded as valuable by the Deanery's Quality Management (QM) Team, as is involvement in the overall NES approach to quality and use of a 'lean' concept of business improvement.

D2.2 QM is overseen by an Associate Postgraduate Dean (APD) for Quality and a Quality Improvement Manager, supported by a small team. Deployment of the QMF is managed through the Deanery's Quality Management Group (QMG) which includes wide representation from within the Deanery, including the PGD, all the APDs, the Associate Director for General Practice, the Deanery General Manager, lay and trainee representation, and others. The QMG also reports to the NES Medical Quality Management Group as an important element of the overall governance of postgraduate medical education and training (PMET) within NES. The Deanery's QMF will be formally reviewed by NES in 2010, and consultation was undertaken with QMG members during a recent update of the QMF.

D2.3 An important element of the QMF is the provision for a cycle of deanery quality management review visits to LEPs and individual training programmes. These are based upon the specialty visits to deaneries visit structure and include exception reporting and action planning. Although the LEPs respond well to the structured nature of the QM review process and value the outcomes, the team found no evidence of formal quality control (QC) processes in place at the LEPs visited by the visit team. The team were however encouraged to see progress in the development of QC processes in the operation of a Medical Education Strategy at NHS Lothian and the use of Foundation end of placement questionnaires.

D2.4 Deployment of the QMF is not yet mature. Key members of the QM team have been in place for less than a year and many areas of the QM approach are not yet fully embedded. In particular, measurement systems within QM are not yet well developed, with a lack of clarity about what outcomes data should be collected, and who has responsibility for collecting and disseminating this data. Additionally, outcomes data to identify trends has not yet been analysed. Regular measurement has commenced in some areas, such as continuous feedback from Foundation and some specialty trainees through post assessment questionnaires (PAQs). The Deanery is keen to extend PAQs to all specialties and is currently working with central NES to agree a PAQ for specialty training across Scotland. The visit team heard that analysis of data collected through PAQs, triangulated with other sources of evidence, had prompted a QM visit to address inconsistencies identified by Foundation trainees in trauma and orthopaedics at the RIE. The LEP has put in place an action plan which is being monitored by the Deanery.

D2.5 The visit team considered that, overall to date the Deanery had been reliant on the results of the national surveys as the only source of data driving its annual deanery report (ADR) and action

plans; there was not yet a comprehensive evidence base across the spectrum of training. Nevertheless, a great deal of progress has been made in this short period to develop other sources of evidence and the visit team was impressed by the widespread support for QM within the Deanery, the LEPs visited and among the trainee representatives interviewed.

D2.6 The ADR to PMETB 2008-09 includes an action plan to guide the resolution of problems identified. The progress of the action plan is monitored by the QMG by means of a 'tracker' spreadsheet maintained by the QM team. Data for the spreadsheet is obtained from reports provided by directors of medical education (DMEs). Risk management is applied to action items and a risk register is maintained by the QM team.

D2.7 There are currently no formal agreements between the Deanery and its LEPs to govern the delivery of PMET by LEPs. However, NES is in the process of producing a standard service level agreement (SLA) for this purpose. The QM team does not see the absence of a formal SLA as a major shortcoming and considers that the success of the QMF lies within the close working relationships forged with LEPs and open lines of communication, rather than a document. The QM team perceive that LEPs regard service provision as their first priority and that this impacts upon QC and, in turn, their own QM activities.

D2.8 The Deanery has a formal Trainee Advisory Group (TAG) to gather input to the development of the QMF from its trainees. Members of the group are elected by their peers in each specialty, as well as within each year of Foundation training, and their role was explained to them by the Deanery. The group was formed in November 2009 and has met only twice, so it was not possible for the visit team to gauge its effectiveness. The group was generally enthusiastic and appreciative of the opportunity to provide feedback to the Deanery.

D2.9 All rotas within the Deanery are compliant with EWTR on paper, and have to be approved by the postgraduate dean. However, the visit team was told by trainee representatives that a significant proportion of rotas have gaps. This, together with service pressures, was causing trainees to be asked to work extra hours in some areas. These problems are currently being addressed in a reactive manner, however the national pressures on workforce mean that it has not been possible to put in place a clear strategy for resolving the issue overall.

Domain 3: Equality, diversity and opportunity

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

D3.1 The Deanery has Scotland-wide and local policies relating to equality, diversity and opportunity (EDO) on its website. Implementation of these policies is underway. The visit team found evidence of training courses for EDO, and of monitoring of this training for supervisors and those involved in recruitment. Data collection is undertaken but there is a lack of interpretive and evaluative mechanisms to allow detailed monitoring of compliance. Total compliance with EDO training among trainers has not yet been achieved. Data on EDO training is being gathered by DMEs to inform the next annual report.

D3.2 NES and the Deanery require all educational supervisors (ESs) to have undertaken EDO training; however, there was inconsistency in reporting compliance with EDO training for ESs across both specialty and Foundation. ESs in radiology at NHS Lothian believed that they were only required to undertake EDO training if they were participating in recruitment activities. However, trainers in NHS Fife and those from the Foundation programme all reported undertaking EDO training which was monitored annually through appraisal.

D3.3 There is a NES single equality scheme and progress on its application is reported annually. However, evidence of formal implementation of EDO and Doctors in Difficulty (DiD) policies, as

reported by trainers and trainees, related mainly to EDO training for trainees within induction programmes and training/guidance with regard to DiD. Gastroenterology and clinical radiology trainees stated that induction programmes contained information on EDO and informal sources of support for trainees. Some had also attended training days on DiD.

D3.4 The Deanery uses a computer database called Pinnacle as a repository of trainee records, including outcomes. This does not currently include information on concerns regarding trainees' performance. The Deanery aims to analyse proactively the geographic distribution of DiD and compliance with EDO monitoring.

D3.5 The Deanery reported that not all trainers and trainees may be aware of the DiD policy. Foundation training programme directors (FTPDs) were aware of action taken when Foundation doctors experienced difficulties, including referral to the Deanery's DiD process. However, they were not aware of any formal guidance for dealing with issues at a local level prior to escalation. The visit team found that trainees and trainers interviewed were aware of the policy and local operational procedures. NHS Lothian uses the web-based DATIX system to report incidents involving trainees and produces reports for the Medical Director and trainers at directorate level.

D3.6 Information about training programmes is clearly identifiable on the NES website, in which the postgraduate deanery website is embedded. NES monitors and publishes recruitment and selection data to inform EDO. Trainees are able to access information on recruitment and selection on the NES website, and trainee representatives ensure wide awareness of this among trainees through trainee fora and e-mail.

D3.7 Training programme directors (TPDs), trainers and trainees cited examples in gastroenterology and clinical radiology of flexibility in the mode of organisation and delivery of training and responsiveness to the needs of individual trainees, which had been met without need to access the formal DiD process. These examples related to adjustments to rotas for trainees who required it. Communication with the Dean or other deanery staff members and ESs was identified as a formal mechanism for accessing such assistance. Trainers described a clear system for the management of DiD. Trainees and trainers reported the ease and speed of facilitation of requests for inter-deanery transfer within Scotland.

D3.8 FTPDs and trainee representatives provided the visit team with a range of examples of self-disclosed trainee problems and reported that the Deanery's support systems were effective. Adjustments had been made to rotas and training programmes for trainees with disabilities or ill health, including changes to the physical environment, working hours and resource funding.

Domain 4: Recruitment, selection and appointment

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

D4.1 Responsibility for the recruitment and selection of specialty doctors is coordinated on a Scotland-wide basis by NES through Scottish Medical Training (SMT). Written information on recruitment and selection policies and processes is available for applicants on the SMT website. The application process is online, and information such as the recruitment timetable and vacancies is also available. The Deanery supports this process through representation on the Selection and Recruitment Delivery Board. This Board has commissioned an annual recruitment and selection review. The Deanery has been invited to provide feedback to the terms of reference of this review. HR leads were not fully aware of this review and had not yet had the opportunity to contribute to it, this review was still in the process of being set-up at the time of the visit.

D4.2 Foundation trainees are recruited and selected through the UK Foundation Programme Office's processes and procedures. Candidates are assessed by a systematic application,

recruitment and selection process and there is a Scotland-wide complaints and appeals procedure. Deanery appointment to the Associate Dean for Foundation post was made following an open selection process.

D4.3 Trainers who had participated in the recruitment and selection process for specialty training in paediatrics commented that the system felt fairer, was more effective than the previous system, and was less biased and delivered good specialty trainees. HR leads commented on the improvement in the quality and fairness of the recruitment and selection process/services provided by SMT.

D4.4 Successful candidates for Foundation training programmes in the past were asked to provide curricula vitae (CVs). There was some confusion among trainees as to how these CVs were used in the allocation of programmes within the two-year programme. TPDs confirmed that CVs were not used as part of allocation, but provided additional information about the trainee. The visit team was advised that CVs were not requested for the allocation of 2010 appointments.

D4.5 The visit team was advised that participants in selection panels had received training in recruitment and selection, and there is a formally documented requirement for this at NES level. The responsibility for the selection and training of panel members lies with the specialty training boards (STBs).

D4.6 Lay members for recruitment and selection panels have been recruited through open advertisement and interview by NES on a national basis. The visit team found evidence of the use of lay members on some recruitment panels, and noted that they would be participating only as observers. Trainers at NHS Fife reported the inclusion and participation of lay members in recent recruitment and selection training events. There appeared to be variability across the specialties with regard to lay representation on recruitment panels apart from GP, where their inclusion is an established feature.

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 (specialty programmes).*

D5.1 When asked about the Foundation curriculum, F1 and F2 trainees seen by the visit team were unaware of the curriculum's content, importance and relevance to their training.

D5.2 The allocation of posts for F2 incorporates an element of trainee choice for one of the three four-month blocks; there was evidence that this could allow programmes to be themed towards specialty rather than providing a generic experience. The visit team notes the deanery is undertaking an exercise to map the Foundation curricular competences to programmes and posts.

D5.3 ESs and Foundation doctors reported to the visit team that the multi-source feedback tool in current use required input from four individuals, and this was undertaken three times each year. Some Foundation doctors stated that they only asked assessors whom they knew would give them good feedback.

D5.4 Trainees in gastroenterology reported high quality training, a well structured training programme and excellent clinical experience, with feedback available regularly on their practical skills and a "superb" academic backdrop to training. The gastroenterology programme is regarded within the Deanery as an example of excellence, and the national survey results for 2009 were cited as evidence of this.

D5.5 Paediatric trainees informed the visit team that they considered they had opportunity to

acquire sufficient clinical experience, despite the pressure of significant rota gaps.

D5.6 Trainees in radiology reported significant improvement in receiving feedback from the appraisal process. The recent appointment of a designated ES for these trainees, with strong support from the deanery and TPD, has improved the educational aspects of this post.

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.

Support, training, and effective supervision must be provided for Foundation Doctors.

Support, training, and effective oversight must be provided for local faculty (Foundation Programme).

Standards for trainers (specialty programmes)

D6.1 The visit team found evidence of consistent delivery of deanery and hospital inductions, while departmental inductions were variable, with no formalised QC mechanisms identified at LEP level. The Deanery had previously identified induction as being variable. Within GP, the induction process was structured and consistently applied, and its quality was recognised by the Deanery's senior management team and specialty trainees.

D6.2 Educational supervision for specialty trainees was regarded by most trainers and trainees to be adequate. The Deanery had previously identified and resolved a lack of clinical supervision in clinical radiology, and all trainees now have a named ES.

D6.3 Educational supervision for Foundation trainees was variable. Foundation trainees have a different supervisor for each four-month post, who undertakes the role of both clinical and educational supervisor. The e-portfolio was used as the principal mechanism for communication between trainees and their supervisors. FTPDs had responsibility for monitoring the overall attainment of competence and career and educational development of 30-36 trainees, allowing for two meetings per trainee per year. The visit team considered that this was insufficient contact to provide appropriate oversight of trainee progression. Where members of staff were undertaking multiple roles in the supervisory structure (educational/clinical supervisor, FTPD, associate dean of Foundation programme), the structures for trainees to raise concerns were unclear.

D6.4 Ongoing difficulties with recruitment to posts in specialty training caused an increase in service provision activity by trainees at the expense of training opportunity. For example, inappropriate working patterns as a result of rota gaps were identified in paediatrics, with trainees working more than 50 per cent of shifts out of hours. The Deanery, specialty training committees (STCs) and LEPs were employing innovative solutions to try to minimise the impact on training, including employing specialist nurses, altering rotas and increasing consultant presence.

D6.5 Supervision to learn new skills was variable. Some specialty trainees seen had excellent supervision opportunities, but some F2 trainees spent excessive time in service delivery and were allocated to cover an F1 rota.

D6.6 Some female F1 trainees reported feeling undermined in their clinical practice by nursing staff. The male F1 trainees said they had not experienced problems of this sort, but acknowledged seeing their female peers being treated differently. Foundation trainees were unaware of anti-bullying policies. There was variable awareness of anti-bullying policies among specialty trainees.

D6.7 The visit team found evidence that formal teaching sessions were not "bleep-free" for Foundation trainees. At NHS Fife, only seven out of 25 F1 doctors had attended 70 per cent of required F1 teaching in the first four months of Foundation training. Paediatric trainees however reported a strong educational programme in NHS Fife. The visit team also noted very high quality

education in gastroenterology, with a structured training programme that provides excellent experience for trainees.

D6.8 Trainees were aware of study leave policies. ESs in the Foundation programme were supportive of study leave, as were TPDs. However, there were reports of some GPSTs having to swap shifts in paediatrics at NHS Fife in order to secure study leave.

D6.9 The visit team found evidence of good academic training opportunities being provided, with multiple entry point opportunities available to trainees. Educational support for academic training was regarded as strong, with opportunities to pursue higher level qualifications up to and beyond Certificate of Completion of Training level.

D6.10 The visit team found evidence of well-supported audit activity, with trainers encouraging audit at all levels. However, GP trainees on four-month placements within secondary care felt that they were unable to participate in audit.

D6.11 ESs that the visit team met were trained in their roles for supervision, feedback and assessment. Senior trainees had some experience of undertaking workplace-based assessments but had variable experience of training in conducting workplace-based assessments (WPBAs). Trainees from F2 to Specialty Training year 3 reported having received variable preparation for undertaking WPBAs.

D6.12 The Deanery had identified that the majority of ESs had undertaken training for trainers. The Supporting Clinicians on Training in Scotland website provided multiple training modules.

D6.13 Some trainers were appointed to their roles by formal recruitment. However, the majority of ESs were assigned their role in response to trainee allocation within individual departments.

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 Educational governance arrangements are laid out in the NES QMF and the NES PMET governance documents. These documents, along with the Local Delivery Plan for South East Scotland, clearly set out the training infrastructure within the deaneries in Scotland and, in particular, the key roles of PGDs, APDs, TPDs, DMEs, and educational and clinical supervisors. PGDs, APDs, TPDs, DMEs are appointed by interview and have job descriptions outlining their roles, responsibilities and objectives.

D7.2 LEPs have DMEs in place but they do not sit on the Health Board at director level. Rather, they are accountable to the boards through the medical directors, or report by intermittent presentations to the boards. They are supported in their work at hospital level by recently appointed associate directors of medical education.

D7.3 There are regular meetings in a wide variety of areas, including QM, recruitment and workforce planning, between the PGD, APDs, TPDs and DMEs, which the participants feel are useful vehicles for QM of PMET.

D7.4 There is a Scotland-wide policy on DiD which has been disseminated at all levels of the Deanery and LEPs. There is an APD for DiD who is developing the relevant deanery processes in association with LEPs. Trainees are able to access specialist support services such as psychology or occupational health at deanery level, funded by the PGD as necessary. This service is largely reactive and not yet fully developed in terms of analysis of outcomes and QM of

processes, but these are planned. Trainers and trainees were aware of the APD for DiD, the practical steps to take in this situation, and also of the lines of communication to follow within the Deanery and LEPs should a doctor be perceived as being in difficulty.

Domain 8: Educational resources and capacity

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

D8.1 Annual deanery monitoring reports indicate that adequate educational facilities are available. This was confirmed during interviews with trainees in Foundation years from NHS Lothian, trainees and TPDs in gastroenterology at RIE and trainees in paediatrics from NHS Fife. However, both trainees and trainers in radiology at the RIE consider that there is a limited range of radiology journals available online, and restricted access to educational websites due to local IT security policies. The reduced opening hours of the Napier University library in NHS Borders during weekends and evenings had been a concern in trainee surveys. The Board and trainers are working towards greater provision of e-learning as an alternative.

D8.2 Regular discrepancy meetings to facilitate collective learning from radiology discrepancies and errors and thereby improve patient safety, as recommended by the Royal College of Radiologists (RCR), are not well established at RIE. Discrepancy meetings are organised regularly at the Western General Hospital and the visit team was told that, in future, trainees based at RIE will be encouraged to attend.

D8.3 The trainee survey 2009 indicated a concern regarding trainees gaining insufficient exposure to plain film reporting because of the extended role of radiographers. During the visit, there were some instances in which the extended role of nurses and radiographers was thought to reduce training opportunities, for example within acute psychiatry, endoscopy and clinical radiology. The visit team found that trainers have now altered their working arrangements to facilitate the trainees' exposure to this aspect of the radiology curriculum and adjustments to rotas have been made to address these issues elsewhere.

D8.4 Although LEP managers, DMEs and medical directors recognise the value of teaching activities, the amount of supporting professional activities time in trainers' job plans is not uniformly standardised across LEPs and is considered inadequate in some instances among trainers and local faculty.

Domain 9: Outcomes

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

The outcomes for F1 and competences for the Foundation Programme are published. All doctors should meet these outcomes and competences before successfully completing the Foundation Programme.

D9.1 Collection and monitoring of training and education outcomes within the Deanery were mainly based on the e-portfolio systems which operate within most specialties. This enables the Deanery to collect data on WPBAs completed and the results of the review of in-training assessment (RITA) and annual review of competence progression (ARCP) processes. At a national level, RCR implementation of the radiology e-portfolio is still in early stages. There is potential for the Foundation programme to collect 'exit' data from its trainees during the end of attachment meetings held to review their career progression.

D9.2 The visit team was told that a process for collecting more detailed outcomes data is under development by MDET, and that further investment in the PINNACLE computer system is planned. At present, only a minimum data set including outcomes of RITAs and ARCPs of all

deanery trainees was stored in the system. In future, this system will aim to collect data on trainees in difficulty, attrition rates and career progression.

D9.3 There was no clear policy and guidance as to what outcomes data should be collected at LEP level to aid the Deanery in discharging its QM responsibilities. There was not yet access to, or understanding of, the function of PINNACLE among TPDs or the management team at NHS Lothian, which had an impact on the amount and ease of information that could be shared between the deanery and its stakeholders. There are plans to extend PINNACLE to TPDs.

D9.4 The visit team was unable to find any data on benchmarking activity from documents provided by the Deanery and reports from LEPs.

9. Findings against GMC's standards for deaneries

These standards are statutory for specialty training only. 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, GMC standards and requirements

S1.1 The visit team observed enthusiasm and a high level of expertise within the Deanery, the LEPs visited and among GP trainers, with all concerned committed to improve the quality of training. Throughout the visit there was acknowledgement within the Deanery of areas requiring further development.

S1.2 The Deanery's ADR and Foundation ADR were submitted to GMC in advance of the visit, along with associated risk registers and action plans. All were based on GMC standards and were in keeping with the principles of educational governance and good regulation. These documents were further supported by reports from LEPs, TPDs and QM review targeted visits which also followed the GMC standards.

S1.3 The Deanery's routine monitoring and analysis of data collected by LEPs is limited and inconsistent. With the exception of GP, the visit team considered that there was reliance on the national surveys as the only evidence source to detect potential areas of concern.

S1.4 Many of those with designated educational roles have been appointed recently and quality management structures are still evolving.

S1.5 The QM infrastructure is not yet mature and clear lines of communication between the Deanery's QM and the LEPs' QC systems are not uniformly well established.

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

S2.1 Specialty trainees at both NHS Lothian and NHS Fife reported that they had clear understanding of the procedures through which to report matters of concern to the Deanery. There are clear procedures available on the NES website.

S2.2 Trainees reported that they have all been encouraged to complete the trainee survey and felt that this was a requirement of their job.

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

S3.1 The Deanery has a well-documented local QMF based on the NES QMF. Both frameworks are closely aligned with GMC standards. Since the appointment of the APD for Quality and his team in May/June 2009 the Deanery has made a good deal of progress in implementing the QMF; however, this is still relatively immature, with the process only having started one year prior to the visit. An appropriate structure of committees and groups has been set in place, enabling input to the Deanery's QM processes by relevant stakeholders, though not of patients at present. This rapid implementation was facilitated by the prior existence of the Scotland-wide approach to QM and associated governance structure developed by NES. Not all committees and groups are fully functional and limited monitoring data has been collected to date.

S3.2 The Deanery's QMF includes the QMG and a system for reviewing QC processes within LEPs by means of exception reporting followed-up by deanery visits. The deanery QM systems are well understood by LEPs and the resultant action plans provide the basis for ongoing monitoring and improvement. However, the LEPs visited do not have formal QC processes based on the GMC standards, and at the time of the visit there was no formal SLA to provide guidance on what was required of them.

S3.3 Some of the QMF groups and committees have been formed only recently and not all participants are fully aware of their roles. For example, the NES structure of STBs, which supports the QMF, provides input to the review and development of training by Royal Colleges, faculties and specialty associations, but there is a lack of awareness within local faculty in the South East of Scotland deanery of the purpose of these boards or their role. The TAG, however, is well regarded by the trainees nominated to it (although only two meetings have so far been held), as is the involvement of trainees in other groups/activities. Lay representatives have also been recruited and trained and are beginning to participate in QMF activities.

S3.4 The Deanery has a corporate plan and the ADR includes an action plan to address exception items. External consultants are involved in reviewing and developing these plans and risk management is used in the monitoring process. In the case of the ADR action plan, a risk register is kept and reviewed monthly at action plan monitoring meetings.

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

S4.1 Lay members are appointed through a systematic process. The lay member interviewed by the visit team reported that this had been a fair process. They are provided with written guidelines for their roles. They contribute directly to deanery QM processes, including visits to specialty, and GP programmes, inter-deanery transfer and ARCP/RITA panels, and observe the recruitment and selection processes. Afterwards, they submit a structured written report on these activities to the Deanery.

S4.2 Although there is guidance from the Academy of Medical Royal Colleges and the Conference of Postgraduate Medical Deans on the role of external specialty advisers on the NES website, there is not yet an agreed deanery operational policy on how these advisers are identified and used within QM processes such as ARCP panels.

Standard 5: The postgraduate deanery must work effectively with others

S5.1 The visit team found that the Deanery had systems and processes in place to work with NES, University of Edinburgh, Royal Colleges and LEPs for the delivery of training and education. Although these arrangements with the LEPs were not at the time of the visit formalised through SLAs.

S5.2 A consistent comment made to the visit team concerned the friendliness and easy “approachability” of the Postgraduate Dean and members of his senior team by trainers, trainees and LEP management teams. This was regarded as a significant positive element in the working relationships within PMET in South East Scotland. The establishment of a Regional Planning Consortium to facilitate clinical networking among LEPs has further advanced the sharing of good practice in education, training and workforce planning.

S5.3 Engagement with trainees at all levels is facilitated by the set up of links between the TAG and Deanery through the DME, with support from TPDs and the management teams of LEPs. However, the large size of this group, with representatives from all specialties, together with its low meeting frequency, had raised questions regarding its ability to deal with specific issues for individual specialties.

S5.4 Concerns identified from the trainees’ and trainers’ surveys are disseminated to relevant programme directors, LEPs, departments and trainees openly. The Deanery has an effective process for QM visits to LEPs following GMC standards and the monitoring of resultant action plans ensures that improvement opportunities are followed up.

S5.5 The working relationships between the Deanery and central NES were described in an inconsistent manner, ranging from extremely helpful in allowing deaneries to share good practice, to being considered by LEPs as of doubtful relevance and cost effectiveness.

10. Summary

Strengths

1. There is high quality training in gastroenterology, and levels of clinical supervision, particularly consultant contact out-of-hours, are excellent. (para D1.1).
2. The Deanery has a comprehensive quality management framework supported by an educational governance process, and the visit team was impressed by the widespread support for quality management within the Deanery, the LEPs visited and among the trainee representatives interviewed. (paras D2.1, D2.5)
3. There is flexibility in the mode of organisation and delivery of specialty training and responsiveness to the needs of individual trainees. (para D3.7)
4. Within general practice, there were well established quality management processes. For example the induction process was structured and consistently applied, and its quality was recognised by the Deanery’s senior management team and specialty trainees. (paras D4.6, D6.1, S1.1, S1.3)
5. Good access to academic training opportunities is being provided, including multiple-entry points, strong support and opportunities to pursue academic opportunities up to and beyond Certificate of Completion of Training level. (para D6.9)

Areas for Improvement

1. There were several patient safety concerns within the Foundation Programme:
 - Trainees on Foundation years 1 (F1) and 2 (F2) within NHS Lothian were occasionally asked to take consent for procedures for which they were not trained
 - F2 trainees at the Royal Infirmary of Edinburgh working in neurology were asked to administer intrathecal antibiotics out of hours without sufficient training
 - F1 and F2 trainees within NHS Lothian reported that, during diary card exercises, pressure was applied by trainers and health board management staff to submit monitoring information that would be returned as compliant. (paras D1.2, D1.3, D1.6)
2. Implementation of the quality management framework is not yet mature. There is no clear

policy, guidance, or SLA to support the outcomes data that should be collected at LEP level to aid the Deanery in discharging its quality management responsibilities. Clear lines of communication between the Deanery's quality management and the LEPs' quality control systems are not uniformly well established. (paras D2.4, D9.3, S1.5)

3. There is a lack of detailed monitoring of EDO compliance, and total compliance with EDO training among trainers has not yet been achieved (para D3.1)
4. Inconsistent use of lay members by NES within selection panels. (para D4.6)
5. There is insufficient longitudinal oversight of Foundation trainees throughout their programme. (D6.3)
6. The process for the allocation of posts for F2 is not robust and may allow programmes to be themed towards specialty rather than providing a generic experience. (para D5.2)
7. Departmental inductions were variable, with no formalised QC mechanisms identified at LEP level (D6.1)
8. Service provision by trainees is at the expense of training opportunities in some specialties, as a result of rota gaps contributing to inappropriate working patterns. (para D6.4, D6.5)
9. Evidence that some Foundation trainees were being subjected to undermining behaviour, and did not know who to raise their concerns with; and a lack of awareness of anti-bullying policies. There was variable awareness of anti-bullying policies among specialty trainees also. (para D1.6, D6.6)
10. Educational sessions for Foundation programme trainees are not "bleep-free", which is preventing trainees from attending required teaching. (para D6.7)
11. There is variability in the experience of trainees in undertaking WPBAs and of the training of senior trainees in conducting WPBAs with Foundation trainees. (para D6.11)
12. The limited range of radiology journals available online and the restricted access to educational websites. (para D8.2)
13. There is a lack of regular discrepancy meetings for clinical radiology at the RIE. (D8.)
14. The amount of supporting professional activities time in trainers' job plans is not uniformly standardised across LEPs and is considered inadequate in some instances among trainers and local faculty
15. With the exception of general practice, there was reliance on national surveys as the only source of evidence to detect potential areas of concern. (para S1.3)

Signature of Lead Visitor



Date 23/06/10

Final Decision for Training

The provision at the South East Scotland Deanery has:

Met with conditions the standards and requirements

Notable Practice:

1. There is high quality training in gastroenterology, and levels of clinical supervision,

particularly consultant contact out-of-hours, are excellent. (para D1.1).

2. Good access to academic training opportunities is being provided, including multiple-entry points, strong support and opportunities to pursue higher level qualifications up to and beyond Certificate of Completion of Training level. (para D6.9)

Conditions:

1. The deanery must ensure that Foundation trainees do not take consent for procedures which they are not competent to take consent.
2. The deanery must report back on its investigation into F2 trainees at the Royal Infirmary of Edinburgh working in neurology being asked to administer intrathecal antibiotics without sufficient training.
3. The deanery must monitor EDO training, and provide evidence of this monitoring in their ADR.
4. The deanery must provide transparent information for trainees within the Foundation programme about choices in the programme and how they are allocated.
5. The deanery must ensure that all trainees are not subjected to undermining behaviour, know who to raise their concerns with, and should be made aware of anti-bullying policies.
6. The deanery must ensure that educational sessions for Foundation programme trainees are bleep-free.

Recommendations:

1. The deanery should take steps to ensure that F1 and F2 trainees are not subject to pressure to submit monitoring information that would be erroneously returned as compliant.
2. The RIE should establish its own regular discrepancy meetings for clinical radiology.
3. There should be adequate access to educational resources for clinical radiology trainees in NHS Borders.
4. The deanery should work with LEPs to ensure that the amount of time in trainers' job plans for supporting education and training is appropriate.

Signature of Chair of VTD Panel

Namita Kumar

Date 26/07/10