



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: South West Peninsula	
2. Dates of visit: 13th – 15th January 2009	
3. Visiting team	
	<u>Name</u>
Lead visitor	Arthur Hibble
Visitor	Jane Nicholson
Visitor	Ruth Limburg
Visitor	Palani Muthu
Visitor	Paul O'Hare
Visitor	Shahid Quraishi
Visitor	Suhayr Xavier
PMETB observer	Jessica Lichtenstein
PMETB observer	Sarah Beattie
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
<ul style="list-style-type: none"> • Plymouth Hospitals NHS Trust • Royal Devon and Exeter NHS Foundation Trust • South Devon Healthcare NHS Foundation Trust • Devon Partnership NHS Trust 	
5. Contact to whom the visit report is to be sent for factual accuracy check	
<u>Deanery contact name(s)</u>	<u>Email address(es)</u>
Professor Martin Beaman	martin.beaman@peninsuladeanery.ac.uk
6. Existing reports referred to during the visit	
<ul style="list-style-type: none"> • Deanery Annual Report • Deanery Annual Review Visit reports • LEP self-assessments • South West Peninsula Deanery Quality Assurance Framework • South West Strategic Health Authority Equal Opportunities policy • PMETB Visit report 2006 and associated follow-up • PMETB Quality Officer Report • PMETB Survey data 	

7. Findings against PMETB's generic standards for training

The visit team should identify notable practice as strengths of the provision, potential conditions as weaknesses and any actions that you consider essential or desirable under each of these domains. Each finding must be explicitly linked to evidence (either direct experience or from the evidence base presented).

Domain 1: Patient safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

- D1.1 The team found that trainees prioritise patient safety. Cardiology and emergency medicine trainees at the Royal Devon and Exeter Hospital had support in this area from the senior executive team where the chief executive officer (CEO) had sent a message out to all staff thanking them for their professionalism and commitment. The emergency medicine department at the Royal Devon and Exeter Hospital reported that it has a low threshold for clinical incident reporting, and juniors are encouraged by their consultants to complete and follow through incident forms and promote learning from near-miss events. In addition, some general practice specialty registrars (GPStRs) across the Deanery had given up their study leave to ensure good service provision.
- D1.2 Trainees in general practice across the region stated that they had a good range of supervisors to contact when working in their various hospital specialty placements. The GP school staff team reported that they regularly review learning and assessment portfolios to identify those trainees in difficulty. GP trainees felt that, following selection processes from 2007, in some instances they had been allocated placements operating at a more junior level that were effectively "dumbed down", thereby not allowing the trainees to obtain enough experience to practise at an appropriate level.
- D1.3 Both senior specialty registrars and consultants in cardiology and emergency medicine at the Royal Devon and Exeter Hospital reported that there was appropriate clinical supervision but expressed concerns that more junior specialty trainees were not developing confidence and autonomy proportionate to their seniority. This was felt to be due in part to over-supervision by some clinical supervisors, often because of the time pressures of service delivery. Additionally, consultants and senior trainees reported that they sometimes find it quicker and easier to undertake more complex tasks themselves, thus not allowing junior colleagues the opportunity to develop their decision-making skills.
- D1.4 The team was made aware that consent for procedures in cardiology at the Royal Devon and Exeter Hospital was sometimes inappropriately obtained by more junior trainees. This practice of delegating responsibility for taking consent is potentially at odds with the overall prioritisation of patient safety within the department. This was not an issue in emergency medicine, as reportedly only the consultants undertake the few complex procedures which require consent (patient sedation) and will not delegate this task to juniors.
- D1.5 The South West Strategic Health Authority (SHA) Workforce Directorate reports compliance of rotas with the working time directive (WTD) of 70 per cent across the whole of the SHA. The psychiatry trainees at Devon Partnership Trust confirmed that they had fully compliant rotas with the WTD for 2009 and stated that they are not exceeding their working hours. Cardiology and emergency medicine trainees at the Royal Devon and Exeter Hospital reported that they do not exceed their working hours. Trainees interviewed stated that they felt the process for monitoring hours was transparent.
- D1.6 Handover in the Royal Devon and Exeter Trust was reported as comprehensive in emergency medicine, where it happens three times daily, and in cardiology and medicine, where there is a full multidisciplinary team handover. However, the Deanery is aware that handover quality can be inconsistent across trusts and specialties and has action plans to address this.

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 There are processes in place to monitor compliance with the working time directives, including the monitoring of hours. The Deanery uses the SHA policy on data protection and freedom of information.
- D2.2 The Deanery has appointed a quality manager who administers and follows up the deanery monitoring visits to trusts, and confirms the reports prepared by the heads of school. These reports include examination results and their comparison with the national average, number of specialty training and core training posts, critical incidents, copies of trainees' and trainers' surveys, whether the curriculum is being delivered to PMETB standards, highlighted areas of good practice and areas for development. There is a good relationship between the Deanery and trusts but no formal procedure is in place to evaluate the effectiveness of communications, which mainly rely on goodwill and good interpersonal communication.
- D2.3 Deanery and respective trusts, trainees and trainers showed awareness of the PMETB trainees' and trainers' surveys, their importance and impact on practice. The reviews of in-service training assessments (RITA) and ARCP processes are run effectively.
- D2.4 Local educational providers confirmed their understanding of PMETB's standards and the importance of adhering to them. However, there was no evidence of robust processes in place within the Deanery to ensure that quality improvements are followed through by local education providers (LEPs). The Deanery has appointed an associate dean to ensure quality management in the "Training the Trainers" events.
- D2.5 The visit team found no evidence of action following trainees' feedback for improvements in the educational process, training and programme management. The Deanery takes into account feedback from educational supervisors' reports and course questionnaires, but there was little evidence produced of a feedback loop. However, there are plans for trainee forums to be re-introduced.
- D2.6 Trainees interviewed reported that their feedback to LEPs and the Deanery about educational processes, training and programme management is ineffective. This is despite the re-establishment of trainee forums described in the deanery report.

Domain 3: Equality, diversity and opportunity

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

- D3.1 The SHA has a published policy document on equality, diversity and opportunity and the need for trainers and trainees to receive training in these areas. All trainees seen were aware of the policy but were not sure how to access the training. All trainees received induction packs from the Deanery and employers but had difficulty recalling their contents. They relied on asking the deanery staff, whom they described as being "fantastic".
- D3.2 Training in equality and diversity is mandatory for all staff involved in recruitment and assessment panels. There is a rolling three-year training programme where attendance is monitored to ensure compliance and identify any further training needs. Equality and diversity training is part of the mandatory or obligatory induction of trainees at all the trusts visited; they were aware of relevant issues and did not indicate any problems.
- D3.3 There are lay members who chair the recruitment panels and who feed back on the panel members' performance to the Deanery.
- D3.4 It was demonstrated, with specific cases, how provision had been made for trainees with disabilities or special education needs.
- D3.5 The Deanery had previously been below the national average for less than full-time training.

However, in collaboration with the SHA, the policy has been revised and extra funding established for placements. There is currently no waiting list for flexible posts.

D3.6 Trainees interviewed at all the trusts visited were aware of bullying and harassment policies, and confident that they could obtain support if needed.

D3.7 The Deanery has required trusts to establish trainee forums whereby issues may be raised, although there are concerns about their effectiveness (see para D2.6).

Domain 4: Recruitment, selection and appointment

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

D4.1 There is considerable enthusiasm and sense of purpose among recruitment and programme managers and administrative staff. Senior deanery staff are experienced, approachable and available, offering consistent support.

D4.2 Postgraduate recruitment and selection procedures are regularly updated on the Deanery's website and there is evidence of a considered, timely response to enquiries from potential candidates. Some places at the specialty-specific careers events are offered to external applicants. Feedback from these events is positive and is incorporated into development work of the careers service.

D4.3 The Deanery has in place processes for verifying trainees' original documents presented at the time of recruitment and assessing the trainees' portfolios of competencies. These processes are due to be reviewed in spring 2009.

D4.4 All selectors are required to receive training in equality and diversity, and advanced interviewing skills at least every three years. The Deanery commissions an external training provider, and completion is monitored. Feedback on the events is positive. Feedback on performance in panels is monitored and reported on by the lay chairs.

D4.5 An innovative and commendable Department of Health pilot selection project for anaesthesia and acute care common stem was completed in December 2008. Over 80 per cent of candidate ratings demonstrated strong approval of the selection tools. It is intended to roll this selection methodology out to other specialties.

D4.6 Psychiatry trainees felt that the impact of the 2007 selection process had resulted in their undertaking inappropriate placements and being disadvantaged in being prevented from taking college examinations. The Deanery is aware of these problems and is working with the college towards a resolution. The psychiatry trainees reported a favourable experience of their selection process in 2008.

D4.7 The Deanery gathers information on gender, race, age, ethnic origin, nationality, sexual orientation, religion and any disability of all applicants for specialty recruitment 2008. The report was made available to the team.

D4.8 There is a published appeals system, although there have been no appeals by trainees against the process.

D4.9 Interviewers are given prepared questions from which they are instructed not to deviate. Pairs of interviewers work together and there is evidence that they know where to raise any concerns about their interviewing partners.

D4.10 The Deanery's administrative staff are supernumerary at selection, rotating through the selection stations and providing overall monitoring. The lay chairs produce a written report on the interview process.

Domain 5: Delivery of approved curriculum including assessment

The requirements set out in the approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose.

- D5.1 Trainers and trainees from cardiology and emergency medicine reported that all programmes are able to deliver all the elements of the curriculum. Trainees from the Devon Partnership Trust psychiatry programme reported difficulty in getting psychotherapy placements. GPStRs in programmes that were based on six-month placements in hospital reported that they felt they were not able to obtain a broad and balanced programme. The six-month placement structure of some of the GPStR and Core Training programmes means that these trainees feel they do not obtain a good breadth of experience relevant to their career specialty.
- D5.2 The Deanery's website contains brief descriptions of the specialties, which provide information on the potential placements in the programme. The educational planning cycle does take account of learning needs when planning actual placements.
- D5.3 All trainees interviewed were aware of the principles of Good Medical Practice.
- D5.4 In meetings with trainers and trainees there were reports of variable implementation of the workplace-based assessments (WPBAs). This included the use of assessors who were too junior or were peers or were not trained competent assessors. Trainers indicated a variable level of engagement with the process. In psychiatry, non-medical assessors such as senior nurses and psychologists have not been made aware of their role or responsibility in this area. Trainees also reported that they felt a lack of confidence in their capability, despite being signed off as competent by their assessor. Some cardiology and emergency medicine trainees reported that a few junior trainees, despite being deemed competent by their annual record of competency progression (ARCP) process, lacked the confidence to progress to higher training and were therefore voluntarily taking time out of formal training to broaden their experience.
- D5.5 The Deanery was not fully aware of these problems at the time of the visit, although the trainers and trainees in psychiatry had communicated their concerns to the School of Psychiatry. The Devon Partnership Trust is undertaking an inter-professional programme of staff training in assessment. The trainers from emergency medicine indicated that all their staff had been informed.
- D5.6 Trainers in emergency medicine at Royal Devon and Exeter NHS Foundation Trust hold regular weekly meetings at which the progress of individual trainees is discussed, using information from the WPBAs and personal observations of performance. Signing off the educational supervisors' reports is a team process that is duly recorded.
- D5.7 The RITA and ARCP processes, including panels, are well documented, with the panel outcomes fed back to trainees, supervisors and programme directors. The processes are managed centrally by a dedicated team in 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, personal support and time to learn.
Standards for trainers.

- D6.1 Trust and departmental comprehensive induction is a deanery standard that is now actively implemented by LEPs, but evidence from trainees suggests that they were unaware of opportunities for equality, diversity and opportunity training.
- D6.2 The Deanery provides educational signposting and pastoral care through a small team of committed, enthusiastic, approachable and highly competent deanery and LEP administrative staff who provide frontline support mechanisms for trainees at all levels.
- D6.3 All trainees interviewed were able to identify their educational supervisor. Trainees and trainers report variability in the number of educational supervision sessions. A required annual session and six-monthly sessions usually occur, but many of the three-monthly sessions do not take place.

- D6.4 Trainees reported on their use of log books, some of which are now electronic. GP trainees have some difficulty in getting their secondary care supervisors to engage with e-portfolios.
- D6.5 The Deanery is aware of the problem and is supporting a programme of assessment training. Personal pastoral care for trainees provided by the Deanery and trusts was coordinated, well funded by the SHA, well communicated, and seamless in transition from medical school through foundation to core and specialty training. The Deanery has developed a careers advisory service. It employs one full-time and one 0.8 wte enthusiastic and effective professional careers advisers to help trainees and medical students with career choice taster opportunities and skills in making applications and presentations. This activity was commended by all involved. It represents true innovative partnership between the SHA, postgraduate and undergraduate teams, and reflects their leadership.
- D6.6 Trainees rotating through acute general medicine at the hospitals visited raised concerns and trainers echoed the problems of balancing increasing acute medicine emergency workload and trainees' more specialist training needs. As a result of deanery monitoring visits, LEPs were putting into place action plans to improve staff shortages, changing work patterns, using non-medical staff where appropriate and enhancing trust grade, non-training posts to ensure service delivery. Overall, trainees did not feel this compromised their being able to achieve competencies or pass assessments or national examinations.
- D6.7 The previous problem reported of inappropriate workload resulting from cardiac catheterisation that impinged on training time had been resolved by trainers and the Deanery, and trainees were satisfied with the solutions.
- D6.8 Because of previously reported problems from the PMETB trainee survey, trainees were specifically questioned on induction and application of deanery and LEP policies on bullying and harassment. While acknowledging the increasing pressure of workload, trainees were aware and able to signpost this support and reported no incidents. They felt supported by staff at all levels in their work and training.
- D6.9 Trainees did not report problems with being asked to undertake non-educational work. There were reports that many had volunteered to support colleagues in hard pressed departments during the current winter crisis. This high level of professional commitment has been acknowledged publicly by the CEO at Plymouth Hospitals Trust, but few trainees were aware of this.
- D6.10 Trainees in the specialties/LEPs visited were all involved in clinical audit.
- D6.11 Occupational health services are available to all trainees and the Deanery was able to cite instances of its use.
- D6.12 Cardiology and emergency medicine trainees at Plymouth Hospitals NHS Trust indicated that they were able to attend all training days. However, those engaged in core medical training based in cardiology reported that they often have difficulty attending in-house and external courses because of the pressure of work and the lack of cover. Trainees in cardiology and emergency medicine at Royal Devon and Exeter NHS Foundation Trust and South Devon Healthcare NHS Foundation Trust reported that, because of work pressure, they were unable to access internal training sessions. The expressed expectation of an attendance of only 50 per cent by clinical trainers is out of line with achievements in many other specialties and is based on service delivery rather than educational imperatives. Trainees had resorted to using external courses at their own expense to gain competence and confidence in areas they had missed because of rota commitments. There was no evidence provided that educational supervisors, though aware of this problem, were engaged in immediate solutions to protect essential curriculum delivery or assist in directing the current trainees to alternative provision. For example, during core medical training, trainees reported that they were drafted in for an additional four weeks to work on the admissions ward to relieve increased pressure there. While this is potentially useful experience, it prevented release for what should have been protected training time for specialist outpatient and procedural experience. Although this problem was known to supervisors and the Head of School, and longer term action plans are in process, an

effective quality management process to meet the individual needs of these current trainees was not evident and trainees felt unsupported.

- D6.13 The trainees interviewed reported that they worked with full health professional teams appropriate to their specialty.
- D6.14 The Deanery has provided access to a coach facilitator and trainees can be referred to other appropriate services as part of the Deanery's review of progress.
- D6.15 All trainees interviewed were able to access study leave and received appropriate guidance.
- D6.16 The SHA, Deanery, Medical School and LEPs have worked in partnership to win and then deliver innovative academic training programmes in medical education and molecular medicine. The programmes are of high quality and have been flexible in meeting the needs of trainees. The visit team was not able to interview the trainees; there were two individuals on different sites on different programmes and they were not available to offer evidence. The Deanery gave the team the opportunity to interview these two trainees by videoconference, but this was ruled out on PMETB's grounds that the trainees' anonymity could potentially be compromised by such a small sample of trainees. The trainers and academics were very supportive and committed to raising the standards and training of the academics of the future. Educational supervision is being provided by two clinical academics who are briefed to offer either the clinical or the research element, while each has an understanding of the whole programme.
- D6.17 The Deanery has recently appointed an associate dean to roll out the deanery policy of training the trainers. As yet there are no formal reports of the impact of this work. Together with the Peninsula Medical School, the Deanery has supported many of the trainers on the Master of Clinical Education course; trainees are also supported to undertake master's and other courses that are not available in the region.
- D6.18 There is no written policy on the formal appointment of educational supervisors in secondary care. The Deanery has a programme of identifying those who are performing educational supervision and monitoring their training.
- D6.19 All GP trainers are appointed through formal processes and after prescribed training, in line with the national standard.
- D6.20 All the trainers interviewed had knowledge of the PMETB regulatory framework for training.
- D6.21 There is a variation between trusts in the implementation of specified educational work in the job plans of consultant trainers. Additionally, the Deanery is aware of the need for all trainers to be fully trained by January 2010 and is undertaking measures to ensure this occurs in adequate time, having established a database of educational supervisors and their training. This policy does not seem to have been widely disseminated to LEPs, as not all trust senior and executive staff were aware of this requirement when asked about it.

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 South West and Peninsula Deanery was formed four years ago. The visit team heard reports from deanery staff, trainers and trainees that there is a clear leadership with defined roles at the deanery and LEP levels to oversee the planning and running of the training programmes. There is a defined and published management structure to carry out the programmes to meet the curricular standards.
- D7.2 The organisation chart demonstrates the lines of accountability and responsibility. Further details are defined within individual service level agreements, local educational agreements and job descriptions, and are managed within the central deanery management team. There is no deanery strategy document outside the SHA strategy statement.

D7.3 The team gathered evidence of pathways and processes for identifying, supporting and managing trainees with differing needs, and concluded that there is a good working relationship with the trainees and trainers in resolving issues, with additional support by the senior deanery team and at the LEP level. There is also good evidence of additional support by the careers adviser and the coach facilitator.

D7.4 All acute trusts appoint directors of medical education, with the Deanery participating in the interview panel. The Deanery looks to these postholders to link directly to the medical directors who are charged with carrying the education brief at board level. This is done through the Deanery Education Group, but the system is not fully operational across all trusts.

D7.5 There is evidence of good communication between the deanery and directors of medical education and the medical directors, but deanery information was not always being passed onto executive board level. The partnership trusts have not yet moved to the Director of Medical Education model.

Domain 8: Educational resources and capacity

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

D8.1 The annual deanery monitoring visits inspect access to educational facilities and report that these are available for all trainees. The trainees interviewed in cardiology, emergency medicine and psychiatry all reported that they have good access to IT and library resources and there are helpful and accommodating library staff on several sites. The Deanery does not hold a central record of resources available to trainees but does have information through trainee visits and surveys. Work is being done with the deanery data analyst to input this information onto the Intrepid system.

D8.2 There was variable reporting of the time trainers had available to deliver training across specialties and trusts but, in general, trainers reported that there was insufficient time for training in their consultant job plans. Most consultants have a standard programmed activities allocation from which they undertake training activities, but training is not specifically recognised within job plans. Although clinical supervision is available, there is reportedly less time for appraisal or mentoring advice.

D8.3 The visitors were given a full list of the trainers in the acute trusts with their allocated trainees. There was an adequate ratio of trainers to trainees in the specialties visited. Specialty-specific educational resources were reported as being plentiful by the emergency medicine trainees who use the simulator clinical skills room at Royal Devon and Exeter NHS Trust regularly.

D8.4 Trainees in cardiology, emergency medicine and psychiatry at the LEPs visited reported that they had good access to meeting rooms and audio-visual aids.

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 Results of the Royal College examinations are known to the local programme directors who collect and collate them in various forms and formats. These are passed to the heads of school but are not easily accessed or available for analysis. A new process is in place that will ensure data are entered into the Intrepid system and routinely analysed and made available to the schools, LEPs and trainees.

D9.2 All the cardiology and emergency medicine trainees and trainers interviewed reported good results in membership examination of the Royal Colleges. Trainees and trainers reported a few drop-outs. Psychiatry trainees felt that the results for the psychiatric examination through the Royal College of Psychiatrists were below the national average, but the Head of School gave the visit team a written report of the results for the previous year which confirmed a high pass rate. National average figures were also available to the visit team with which to make comparisons.

D9.3 Competency progression is now recorded through the ARCP process and is fully documented.

8. Findings against PMETB's standards for deaneries

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

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

- S1.1 The visit team observed that there is clear leadership, commitment, motivation and enthusiasm to improve the quality of training to meet the national standards both at the deanery and LEP levels.
- S1.2 There is a structure and process in place to monitor and report on the quality management activities in line with the framework set out by PMETB. This is currently managed within the Deanery Education Group.
- S1.3 There are defined lines of accountability and responsibility within the deanery structures that achieve and maintain the principles of educational governance.
- S1.4 The programmes are supervised by the processes laid down in the schools' terms of reference. These have only been in place formally since November 2008, although some specialties have been functioning as schools for several years. The heads of school report annually and as necessary to the Postgraduate Dean about the state of programmes.

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

- S2.1 Trainee doctors' committees, where they are in place, appear to be variably effective in resolving collective concerns.
- S2.2 There is good awareness among the trainees about access to counselling and occupational health services and knowledge of policies on bullying, harassment, discrimination and whistle-blowing.
- S2.3 There are opportunities for trainees to raise individual matters of concern and obtain support. The Deanery has appointed a coach/facilitator (0.6 wte) for trainees in difficulty. The visit team heard consistent reports of the accessibility and effectiveness of the service. There is a careers advisory service, with the adviser able to see individual trainees from all levels and referrals from educational supervisors. Less well known to the trainees is the mentoring service, although there was hearsay evidence as to its usefulness.
- S2.4 The Deanery is described as being proactive and fair in responding to trainees' concerns. Evidence was heard that the Deanery efficiently and effectively followed up LEPs when the conditions of an employment contract had not been fully met.
- S2.5 Members of the Deanery's administrative team were aware of their roles and responsibilities in seeking prospective approval for programmes.
- S2.6 Action is being taken to improve the response rate for the Trainee Survey 2009 (61 per cent in 2007) by responding to weekly updates with targeted reminders.

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 lacks a dedicated high level quality management group to oversee the quality management and monitoring process. Individual trusts have quality control processes in place, but there is no overarching deanery mechanism to ensure standardisation. The Deanery has a quality manager who has responsibility for ensuring that the Deanery is cognisant of PMETB standards and that reports and surveys are completed in timely fashion.

S3.2 The Postgraduate Dean (PGD) is allocated 8 sessions (3.5 days) with the Deanery and 3 sessions (1.5 days) as a consultant at a local foundation trust. The heads of school are all active clinicians who are delivering their workload on one day a week. The time and intellectual commitment to deliver the full quality management agenda, SHA and national responsibilities requires that they work well beyond their contractual agreements.

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

- S4.1 The heads of school reported differing interpretations of external advisers. The visit team could find no evidence of consistent deanery advice about external advisers and is reliant upon emergent advice from individual Royal Colleges. The School of Medicine is paired through a Royal College of Physicians initiative with Wales.
- S4.2 The visitors received a report from an external visit by the East Midlands GP Deanery to the GP School. This included observations about variable coverage of equality, opportunity and diversity training that the Deanery has acted upon. No other external reports were available.
- S4.3 The Deanery appoints lay chairmen to selection panels. Some of the ARCP panels have postgraduate centre staff sitting as lay representatives.
- S4.4 The visit team did not meet external or lay advisers. None of the reports from heads of school mentioned their external adviser.
- S4.5 The Annual Deanery Report describes the use of directors of medical education from neighbouring trusts as the external advisers for the deanery monitoring visits, and the use of regional advisers from the Severn Deanery, who share the same employer, as external advisers for the school boards. There is no written deanery advice or policy on the appointment of external advisers.

Standard 5: The postgraduate deanery must work effectively with others

- S5.1 The Deanery relies on each of the specialty schools to relate directly to their parent college and to feed back on the delivery of the curriculum through national heads of school meetings and other processes established by that college. They inform the PGD through annual reports and meetings of the Deanery's heads of school. Many of current heads of school were working in their specialty committees before their appointment as heads in November 2008. The first meeting has taken place and there will be a total of three meetings a year.
- S5.2 There are trainee, trainer, lay and service provider representatives on all school boards. The Deanery Education Group has similar wide representation. The latter group is the principal vehicle for the dissemination of deanery strategic direction and policy initiatives.
- S5.3 There is a close working relationship between the SHA workforce directorate and the Deanery, with developing business plans and developing projects. Specific developments have been the academic training programmes where extra funding has been allocated for posts, increased funding to support extra placements for flexible trainees and increased funding for the heads of school. The Workforce Director was also fully involved in the processes that needed to be developed to ensure a competent quality management system in the Deanery.
- S5.4 The Deanery's communication with LEPs is through the directors of medical education, who attend the Deanery Education Groups, and thus to the medical directors and to the LEP executive boards. LEP executive board members were variably informed of important and time-limited initiatives, such as the need to ensure that all their medical trainers are appropriately trained by 2010.

Summary

Strengths


- 1) The engagement of the workforce directorate of the SHA with the Deanery and undergraduate school on training issues. (paras D3.5, D6.5, S5.3)
- 2) The establishment by the Deanery, the SHA and the University of Plymouth and Exeter of an effective and seamless careers advisory service for undergraduates, foundation doctors and specialist trainees. (paras D4.2, D6.5, D7.3, S2.4)
- 3) The Devon Partnership Trust's institution of an inter-professional programme to develop robust use of assessments in the workplace. (para D5.4)
- 4) The development by emergency medicine trainers in Royal Devon and Exeter NHS Foundation Trust of a formalised group process for the assessment of the educational progression of trainees. (para D5.5)
- 5) The close working relationship between the Deanery and the Peninsula Medical School in working towards a seamless transition from undergraduate through specialty training to professional development. (paras D6.5, D6.16, D6.18)
- 6) The Deanery's appointment of a dedicated coach/facilitator for trainees in difficulty. (paras D6.14, D7.3, S2.4)
- 7) The innovative academic training programmes in medical education and molecular medicine, which demonstrate the close relationship between the SHA, Deanery, Medical School and LEPs. (paras D6.16, S5.3)
- 8) Support by the Deanery for clinical educators to attend the Peninsula MCLinEd course and additional bursaries for master's degree courses outside of the Deanery. (para D6.18)
- 9) High quality leadership and support for training from the Postgraduate Dean and the deanery and LEP administrative teams. This has been effected within the four-year life-time span of the new Deanery. (paras D7.1, S1.1)

Areas for Improvement

- 1) The Deanery's quality processes do not ensure a transparent rolling review of all action plans in place within the LEPs. (paras D2.4, D2.5, D3.7, S5.4)
- 2) The feedback from trainee doctors does not lead to identifiable improvements in educational processes, training and programme management. (paras D2.6, D3.7, S2.1)
- 3) There is inconsistent delivery of approved assessment processes, with variable engagement of trainers, assessors, and LEPs in WPBAs, including the training of assessors and calibration outcomes. (paras D5.4, D6.21, D9.1)
- 4) There is no deanery-wide strategy document, and the Deanery's strategic directions and policies were not consistently known about by key stakeholders. (paras D6.21, D7.2, S5.4)
- 5) The Deanery's communication with LEPs, at executive board level, does not result in consistent dissemination of their policy initiatives or strategic direction. (paras D6.21, D7.4, D7.5, S5.4)

- 6) The Deanery does not have a quality management group to provide overarching leadership and monitoring of operational processes. (paras D9.1, S2.6, S3.1, S5.1)
- 7) There are variable interpretations of the criteria for the appointment of external advisers across the schools. (paras S4.1, S4.5,)

Signature of Lead Visitor



Date 25/02/09

Decision of VTD Panel

The provision at South West Peninsula Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The Deanery's ability to provide to the visit team a full list of trainers in the acute trusts, along with their allocated trainees.
2. Support by the Deanery for clinical educators to attend the Peninsula MCLinEd course and additional bursaries for master's degree courses outside of the Deanery.
3. The Devon Partnership Trust's institution of an inter-professional programme to develop robust use of assessments in the workplace.
4. The prioritisation of pastoral care in the Deanery, as demonstrated by the establishment of a linked careers service for trainees from undergraduate education through foundation and postgraduate training, and the Deanery's appointment of a coach/facilitator for doctors in difficulty.

Conditions:

1. The Deanery must produce a strategy document and demonstrate the dissemination of this to relevant stakeholders.
2. The Deanery must work with the LEPs to produce a joint strategy for the cascading of information on policy initiatives and strategic direction.
3. The Deanery must create a transparent system for the monitoring of LEPs' responses to the Deanery's action plans.
4. The Deanery must demonstrate its system for acting on trainees' input into educational processes, training and programme management, and must show that this input leads to identifiable improvement.

Recommendations:

1. The Deanery must implement a system by which trainees are made aware, in a timely fashion, of actions taken as a result of their feedback.
2. The Deanery must work with the LEPs to audit the current amount of time allocated within trainers' job plans for the development of trainees, and continue to work together to ensure trainers are able to provide appropriate supervision and training.
3. The Deanery must demonstrate progress towards consistent delivery of workplace-based assessments (WPBAs), including progress in the training of trainers to undertake WPBAs.

Signature of Chair of VTD Panel

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

Date 08/04/09