



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: NHS West Midlands Workforce Deanery	
2. Dates of visit: 13 – 15 October 2009	
3. Visiting team	
	Name
Lead visitor	Arthur Hibble
Visitor	Gordon Mott
Visitor	Tom Lissauer
Visitor	Mick Kumwenda
Visitor	Penelope Parr
Visitor	Andrew Beggs
PMETB observer	Sarah Beattie
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
<ul style="list-style-type: none"> - University Hospital Of North Staffordshire NHS Trust – University Hospital North Staffordshire - Heart of England NHS Foundation Trust – Birmingham Heartlands Hospital 	
5. Contact to whom the visit report is to be sent for factual accuracy check	
Deanery contact name(s)	Email address(es)
Dr Elizabeth Hughes	Elizabeth.Hughes@westmidlands.nhs.uk
6. Existing reports referred to during the visit	
<ul style="list-style-type: none"> - Annual Deanery Report 2007-2008 - Deanery Strategic Plan - Deanery organisational chart - Specialty School Annual Reports - Deanery planned and triggered visit reports, and associated action plans - LEP self-assessments - Other deanery documentation relating to quality management - PMETB Visit report 2007 and associated follow-up - PMETB Evidence including 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 Trainees within the specialties that were used as audit trails (paediatrics, renal medicine and anaesthetics) generally reported a high level of supervision. Trainees also reported no difficulties in accessing senior help when required.

D1.2 The West Midlands Strategic Health Authority (SHA) has established a Patient Safety Overview Group, of which the Postgraduate Dean is a full member. The membership of this group includes the Director of Nursing and Workforce and the Medical Director, and concerns from all regional and deanery healthcare and training reviews are presented. The group is supported by implementation groups working at a specialty/local level.

D1.3 There were no issues reported by trainees regarding the taking of consent for procedures.

D1.4 Paediatric trainees (at ST4 level and above) at Hereford County Hospital reported undertaking specialist paediatric clinics without immediate consultant supervision, but with the ability to contact a consultant if required. Similar issues had also been reported in a deanery triggered visit to paediatrics at Walsall Hospital in June 2008. Although an action plan had been produced, and was seen by the visit team, it was felt that this was modest in scope and did not sufficiently address this issue.

D1.5 Anaesthetics trainees at a deanery visit had reported issues with the ventilation of patients overnight in recovery at University Hospital of North Staffordshire (UHNS) interfering with their usual duties and impacting on training. Remedial action had been put in place by the hospital Trust, and both trainees and trainers stated that the situation was improving. The same issue of ventilation of patients overnight in recovery was also reported by anaesthetics trainees at the Heart of England Foundation Trust (HEFT); however, there was no remedial action underway by that Trust.

D1.6 At the UHNS, renal trainees who have to travel off site for outpatient clinics found that the long travel time between sites caused handover to occur late and the working day to be extended. The visit team was told that the rota has received derogation by the European Working Time Directive (EWTR) and the Department of Health.

D1.7 Trainees in paediatrics at HEFT had not been able to access their child protection training, and this training was not being offered to trainees in anaesthetics or renal medicine.

D1.8 Trainees do not have confidence in the critical incident reporting system due to lack of feedback. This is acknowledged by the SHA which is about to undertake a region-wide information programme.

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 works as an integral part of the SHA, which is fully compliant with all national legislation and has appropriate policies and protocols.

D2.2 All but 11 of the rotas across the deanery have been declared EWTR compliant. These 11 rotas have been subject to a SHA/deanery process of review before being submitted to the Department of Health. There is a monthly reporting meeting to discuss derogated rotas and remedial action plans. Specialties that have particular difficulty in becoming compliant are reviewed at a SHA/Deanery Challenged Specialties Working Group, which seeks to offer a range of potential solutions from working practices to manpower.

D2.3 There is a full range of established quality monitoring processes, routine trust visits and general practice (GP) visits; there is also a job evaluation survey tool (JEST), administered to trainees at the end of each placement as a means of feeding back their views on the post. Additionally, there are triggered visits and a process for reviewing the outcomes of these, together with PMETB surveys, in the school boards. These processes are formulated according to the PMETB domains and standards.

D2.4 An Associate Dean with a lead responsibility for quality has recently been appointed. The Deanery's quality management team has a place on each of the school boards and also links with all the local education providers (LEPs) and their quality control personnel. The quality management team in their educational role help to disseminate good practice across the schools and assist consultants at UHNS and HEFT to access Training the Trainers training. The learning development agreement (LDA) is the key document when working with LEPs.

D2.5 The trainees and postgraduate centre managers reported difficulties with the latest round of JEST, due to IT problems. The Deanery was aware of this and remedial action is being put in place. The postgraduate centre managers also reported that they did not get feedback from the JEST results now that it is managed electronically.

D2.6 Four of the quality monitoring documents had incomplete titles, dates and authorship. Several more had a minimal response in their content. The action plans detailed in the documentation and dated to be complete at the time of the visit had no follow-up reports. The visit team was directed to the schools' reports and the minutes of school meetings to review outcomes.

D2.7 The anaesthetics department at HEFT has had 48-hour compliant rotas for five years. This process has been led by a senior clinical implementation lead.

Domain 3: Equality, diversity and opportunity

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

D3.1 Trainees were aware that information on programme content, recruitment, deanery policies, audit and examination results should be available through the Deanery's website, but a poor website leading to a lack of information was widely acknowledged as a problem. The Deanery is currently addressing this issue and the website is being rewritten in time for the next round of recruitment. Information on outcomes data based on gender, age, ethnicity, disabilities and flexible training is collected, and an example of such analysis was available from the renal medicine report submitted during the visit.

D3.2 The Deanery has made it mandatory for all its employees, educators, committee members, annual review of competence progression (ARCP) and recruitment panels to have equality, diversity and opportunity (EDO) training. This is provided either by half-day

workshops or on-line, and must be renewed every three years. Human resources check certificates but there is no central register of EDO-trained staff held within the Deanery. Evidence largely supported this with the following exceptions. UHNS anaesthetics trainers are not EDO-trained in every case, and some on-line difficulties have been encountered. Renal trainers reported that there was a need to update within the department as a whole.

D3.3 The expectation of the Deanery is that EDO training will be rolled out to trainees but is not yet mandatory at local level. The visit team found a wide variation in the provision and awareness of training in EDO for trainees. Some trainees were aware that training was available but had chosen not to do it. The majority of trainee representatives on deanery groups had received training. The visit team was told that EDO training is compulsory for trainees at Worcestershire Acute Hospitals NHS Trust and South Warwickshire General Hospitals NHS Trust, and is being rolled out to trainees in UHNS.

D3.4 The Deanery provides flexibility within training for those who wish to work less than full time or who have special needs or disabilities. There are access officers who have had training in the Disability Discrimination Act, and the visit team was given an illustrative example of extensive support given to one disabled trainee. The trainees who are working less than full time in current programmes reported no problems with the system. Trainers also said that the process is clear and works well.

D3.5 The GP school has a system of referral to the Interactive Skills Unit at Birmingham University for trainees who may be experiencing language or dyslexia problems, where individual requirements are assessed and addressed.

D3.6 Trainees reported no EDO difficulties associated with the recruitment process or placements. However, the visit team noted that, once allocated to a placement, exchanging with another trainee was very difficult, even where this would cause minimum disruption and would afford better training experience to those concerned.

Domain 4: Recruitment, selection and appointment

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

D 4.1 The Deanery works closely and effectively with its key partners in the recruitment, selection and appointment processes. It is the lead deanery for national recruitment to cardiothoracic and clinical genetics. The Deanery has established two recruitment teams for medicine and surgery. Where the recruitment is local, the specialist training committee chairs support the lead person for recruitment. Effective collaboration with the trusts is promoted by ensuring that the number of interviewers drawn from a trust is proportional to the number of posts being recruited to that trust.

D 4.2 The processes are in place to ensure that applicants possess the necessary competences and that the recruitment procedures are fairly and properly applied. Trainees interviewed were clearly satisfied with the recruitment and selection processes they had experienced. The Deanery makes good use of the electronic application process and has a dedicated answering facility which has been able to respond to applicants' e-mail enquiries in less than 5.2 hours.

D4.3 The annual self-assessment reports from LEPs to the Deanery include a section on recruitment indicating that all the trusts adhere to national recruitment standards.

D4.4 There is a clearly set out appeals process for applicants who have concerns/complaints about the process, although these have not needed to be tested in the recent past.

D4.5 Those involved in selection procedures had received the appropriate training, and selection panels include lay persons. Time for consultants' involvement in selection and interviewing is found from their 2.5 Support for Professional Activities (SPAs).

D4.6 The recruitment process recognises and is sensitive to the needs of those who wish to train flexibly.

D4.7 The overall process is effective in meeting its primary aim of securing staff for the available posts, with a current fill rate of 96 per cent. However, the Deanery has had to be proactive in addressing areas where there are local/national recruitment problems, and a useful initiative was for a recruitment team to travel out to India and recruit staff for certain "difficult to fill" posts. It was clear that the exercise was compliant with the Deanery's own policies and these doctors were recruited onto a formal training programme.

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 All trainees reported an excellent range of clinical experience and teaching which would enable them to meet curriculum requirements. Trainees and trainers voiced concerns about the impact that EWTR compliant rotas will have on obtaining the required range of clinical experience. In particular, concern was raised that in anaesthetics the new EWTR compliant rota with the current number of trainees at UHNS would not allow trainees to have three days a week in theatre and that, in part due to this, it would take more than the current two years to be able to sign off the required training modules.

D5.2 All trainees were having assessments and receiving regular feedback on their performance. There were varying attitudes on the utility and validity of workplace-based assessments. Many, especially trainers, felt that they were just tick box exercises. However, positive responses were obtained from the paediatric trainees and trainers at UHNS, and at HEFT by trainers in paediatrics and anaesthetics. From a study of paediatric trainees not yet reported, the visit team was informed that many had a negative opinion on workplace-based assessments, though those trained overseas were more positive than those trained in the UK.

D5.3 All trainees reported completing their end-of-year assessment, ARCPs or Record of In Training Assessment (RITA).

D5.4 In paediatrics, trainees at UHNS reported that there were some inconsistent requirements for ARCP from the Royal College of Paediatrics and Child Health (RCPCH) and the Deanery regarding portfolio entries. The trainees reported that they had been advised by RCPCH that certain elements of the e-portfolio were optional, but then risked failing their ARCP with the Deanery due to non-completion of e-portfolio.

D5.5 The visit team was told that only one in five GP specialty trainees (GPStR) in the West Midlands gets experience of paediatric care.

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.

D6.1 The process for trust induction is in place at UHNS and HEFT but the uptake by trainees is variable. Paediatric trainees at UHNS had not had their trust induction six weeks after starting. Some of the uptake problems were due to starting out of synchronisation with

the standard starting times. The visit team was told about planned solutions to resolve the difficulty of running induction across three sites. The trainees reported that departmental induction is in place, is of high quality and appreciated.

D6.2 Trainees at UHNS reported that they needed up to four passwords before they could access the systems fully. The password to access patients' past notes was only available after formal training. The time to obtain these passwords was not built into the induction timetable.

D6.3 Trainees knew their educational supervisors, had held meetings with them and were appreciative of the support from all the trainers. All trainers were involved in local meetings and the Deanery's ARCP or RITA processes.

D6.4 Learning records were in place, either in paper or electronic format. There are difficulties with the electronic portfolio for paediatrics due to software problems of which the RCPCH is aware.

D6.5 Apart from the smaller specialties, trainees reported that they were able to find means of feeding back concerns about the progress of their training and accessing the Doctors in Difficulty programme, which is able to offer various resources such as the Interactive Skills Unit at Birmingham University, mentoring for GPs and a confidential help-line (Contact).

D6.6 Paediatric trainees at HEFT reported that their rota design was impacting upon their education, as it reduced their clinical exposure. Anaesthetic trainers from HEFT reported a reduction of clinical audit meetings (from 10 to six) with a potential loss of learning opportunity. Trainees and trainers in general expressed concerns that the new EWTR compliant rotas restricted the ability to achieve competences within anticipated timescales.

D6.7 Trainees were able to attend regular protected teaching sessions both locally and regionally. They were able to access study leave if applied for in reasonable time. The study leave allocation has been raised to £600 annually, but not all trainees were aware of this.

D6.8 The Deanery has appointed an academic training programme Lead Associate Dean who has established forums for academic trainers and trainees. The Deanery tracks all trainees involved in academic training, including the non-National Institute of Health Research trainees; it offers career planning and has a deanery-wide strategy to maximise retention. Fifty per cent of the trainees in renal medicine are pursuing the PhD degree.

D6.9 The Deanery's careers team offers advice and support across foundation and into specialty training. Heads of school and trainees were aware of its existence and effectiveness.

D6.10 The Deanery has in place an educational bursary scheme to enable potential and current trainers to develop educational skills and expertise; £109,000 was allocated to trainers and potential trainers for this in the current financial year.

D6.11 The deanery recognises the importance of ensuring all educational supervisors are appropriately trained for this role, and have invested £1.1 million into faculty training over the last two years. A link with the London deanery has been established in order to learn from the faculty development on offer there, as the West Midlands Deanery believed there was notable practice to be built on. The deanery believes they are on target to have all their educational supervisors trained by 2010, and are keen to motivate consultants to take up this role.

D6.12 The deanery is also keen to work with Trusts to ensure that a balance between service provision and training is achieved, and as such is prioritising the need to establish protected SPA time for all educational supervisors. The Post graduate Dean will communicate with Medical Directors to explicitly define time allocation for all practising Educational Supervisors within their job plans. The existence of SPA time in the job plans of educational supervisors is currently variable across the deanery.

D6.13 A number of trainers and faculty staff felt that educational supervisors needed more effective training in the WPBA tools and ARCP and dedicated time and resource for training

D6.14 The management and implementation of training for educational supervisors has been delegated to the Trusts via the Clinical Tutors. The deanery requires Trusts to have an appropriate system and a database in place, maintained at Trust level to allow for monitoring the progress towards the training of all educational supervisors. In addition evidence is required from all education supervisors to document their training as a trainer. Clinical Tutors work closely with college tutors, and are required by the deanery to ensure a form is completed for each Educational Supervisor, that establishes their experience, qualifications and time available to do assessments. The QC processes around training the trainers are quality managed through a QA forum at the deanery.

D6.15 UHNS were trying to ensure consistency in the role of educational supervisor through their job planning process, and the incorporation of time to train into these job plans. The Trust is developing an aggregated approach to this protected time within departments so that if one consultant does not use all of their additional 2.5 SPAs within their job plan, this extra time could be given to a colleague within their department who had additional responsibilities. The Trust has also recognised the importance of the educational supervisor role as a separate part of a consultant's job plan by including a section on training in their appraisal.

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 There is a defined process to support education and training programmes and their organisation and management. The Deanery's strategic plan is currently in wide consultation, with contributions from trainees and trainers. At both UHNS and HEFT there is a trust board member with responsibility for medical teaching and training.

D7.2 Trainers and trainees reported effective communication between the Deanery and the LEPs, other than trainers sometimes receiving late notification about trainee details for new placements. The educational governance of training is monitored through the LDAs.

D7.3 For doctors experiencing problems, trainees said that they would first consult their educational supervisors or college tutor. For more complex problems, there is a central Doctors in Difficulty service able to provide multidisciplinary support. Several trainers commented that this service was of high quality and had good outcomes. The process of referral was known about at all levels and across the region.

D7.4 All consultant trainers at UHNS and HEFT have 2.5 SPAs in their job plans, but this is not protected for training. Both LEPs are planning to review how the SPA time is used and are investigating the aggregation of SPA time across teams through defining additional responsibilities at appraisal.

Domain 8: Educational resources and capacity

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

D8.1 Trainees and trainers reported that they had good access to a range of educational and clinical resources. All trainees were positive about their ability to secure access to education and training materials.

D8.2 The training opportunities available were compliant with the requirements of the curricula. However, the introduction of the EWTR and the difficulty in filling some posts had a consequential impact on some trainees. In some cases, their exposure to clinical experiences had been reduced and concerns were expressed about their ability to secure the necessary proficiency in some areas. The Deanery and trusts recognised these problems and steps were being taken to address them. These included the establishment of simulation experiences and the prospect of affording trainees the opportunity to receive targeted training to gain competences.

D8.3 Trainers advised that they were able to provide close support of trainees and appropriate clinical supervision at potentially stressful times. Particular pressure points related to maternity leave obligations and challenges in offering appropriate exposure to training opportunities at ST3 level. Of the 45 trainees in renal medicine, about half were out of programme, usually following higher academic degrees, and this movement in and out of programme was satisfactorily managed.

D8.4 An increasing amount of information is populating the Deanery's new website as it is being reconfigured, and it should become a valuable resource for trainees. With regard to general practitioners, learning opportunities are also available through YouTube and such websites as GPeHub which provides a tutor hub and expanding webcast and podcast facilities. Trainees' ability to benefit from such provision is enhanced by the relative ease of access to the internet. However, at two HEFT sites (Heartlands and Solihull) trainees reported a firewall blocking access to e-portfolio and, more generally, there were difficulties in obtaining passwords for trainees to access on-line systems and there were reported to be national issues with accessing the Royal College of Paediatrics and Child Health (RCPCH) e-portfolio.

D8.5 There is a high quality education centre that has been built on the UHNS site in conjunction with the Trust and Keele University. Trainees and trainers reported that it offers a full range of facilities and resources and is used by professionals across the healthcare spectrum.

Domain 9: Outcomes

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

D9.1 The Deanery provided a dataset from August 2007 to July 2008 of RITA/ARCP outcomes and progression rates of all programmes and specialties. The visit team noted that 2.5 per cent of trainees left the programmes for reasons other than completion. Three trainees achieved ARCP outcome 4, and 46 trainees achieved outcome RITA E.

D9.2 The Deanery devised an annual school report template. All schools submitted 2009 reports before the visit including recorded outcomes data. Seven reported examination pass rates, but only the schools of paediatrics and GP benchmarked them against national results. The schools of GP and anaesthesia developed an early warning system for the identification of underperforming trainees, tracking and supporting them. For example, in anaesthetics, trainers were encouraged to pass information about trainees in difficulty back up into the school, even when they had been dealt with at a local level, so that there was a central record, and trainees and issues were traceable across trusts. In general practice they had

identified criteria associated with difficulty in progression and trainers were encouraged to report potential concerns about progress early to the school.

D9.4 The visit team observed that trainees were aware that outcomes data was centrally collated by the Deanery through the Intrepid data base; however, examination results were not readily available because of the variable reporting of results by the colleges.

8. Findings against PMETB's standards for deaneries

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

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

S1.1 There is a Lead Associate Dean for quality and a fully staffed quality management team that administers the visits and relates to the LEPs. This team also oversees educational developments that result from the quality process and follows through on action plans.

S1.2 All quality management documentation is reported within the framework of PMETB's standards and requirements, and there are deanery-wide templates for reports. School reports list PMETB outliers and action plans, but there is inconsistency in the follow up of action plans provided. The Deanery does not always ensure that action plans are updated to provide a clear audit trail reflecting their action to meet the standards, although the visit team was reassured during the visit that appropriate action was being taken.

S1.3 The educational governance, including regulation, is described in the Deanery's documents and demonstrated in the organisational plan. The Deanery's quality management team provides a robust mechanism for spreading good practice throughout the organisation.

S1.4 The visit team was presented with a copy of the Deanery's annual report which has been accepted by PMETB. The detail in the report was sufficient to enable the visit team to follow action planning cycles.

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

S2.1 The majority of trainees at both UHNS and HEFT felt that they had clear guidance on how to raise matters of concern.

S2.2 There was clear published guidance on whom to approach if trainees were in need of help, advice, guidance or support. However, for trainees in the smaller specialties there was more difficulty in raising concerns because the prescribed route is not so clear when many of the positions named in the documents were held by one or two people, and the documentation does not recognise this eventuality.

S2.4 The Deanery's JEST survey tool provides trainees with an opportunity to feed back in confidence on their training. The results from the JEST survey are fed back to the Deanery and School, as well as to the college tutor, so that issues can be dealt with at a local level.

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 worked hard to ensure that it enjoys sound and productive relationships with the Royal Colleges, schools and SHA, and tribute was paid to the Deanery

for its endeavours in securing such a positive situation in a challenging climate. There are links with colleges/faculties through Heads of School (these are joint appointments) and college tutors. At one Trust there is a Paediatric e-portfolio teaching champion that the Paediatric School would like to disseminate as notable practice. The Postgraduate Dean's regular visits to trusts and attendance at the trust chief executives' monthly meetings are means of ensuring that there is good understanding and a progressive dialogue on key issues. The Deanery has largely ensured that the committees and groups established meet PMETB requirements and have the dissemination of good practice as one key aim.

S3.2 The Deanery is conscientious in undertaking its own triggered visits and in monitoring any necessary follow-up activity. Good use is made of JEST which incorporates a risk based approach with low scores leading to triggered visits. Additionally, in the School of Psychiatry patients are used in reviewing process and trainees and trainers involved in the review of programmes.

S3.3 There was a high response rate from trainees for quality management surveys such as JEST, as well as the PMETB survey. The Deanery was active in following up on outliers within the PMETB survey. This was clear through their Annual Deanery Report and the requirement for schools to follow up on this in their action plans and record them in their reports. In addition, the Deanery highlights this information, as appropriate, to the SHA Patient Safety Overview Group.

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

S4.1 The SHA recruited 3,500 lay representatives from the general public through open advertisement for its public consultation purposes when drawing up its strategic documents. There is a current contact list of these lay advisers available, but it is not used by the Deanery. The Deanery is developing a policy which identifies roles, powers and responsibilities of external advisers, and plans to create a database and training for lay advisers in ARCPs and recruitment. For the present, lay input is limited to the Deanery's employees and non-executives, but recruitment from the wider SHA pool is planned.

S4.2 The Deanery has made progress in the use of specialist external advisers for 10 per cent of ARCPs/RITAs and recruitment. Specialty externality is provided by Royal Colleges. There is a link between Severn, Wales and the West Midlands deaneries organised by the Royal College of Physicians for this purpose. Some trainees were aware that medical and lay external advisers are used at ARCP panels; there was no documentation about how feedback from the external advisers who sit on panels or other deanery committees had been used by the Deanery.

S4.3 The visit team was told that education managers are used for recruitment and quality managers for ARCPs and school boards. There was some strength of feeling that when non-executives had been invited to attend a school board they had not done so. There is no written policy about the use of lay advisers in deanery processes, and no definition of roles and terms of service.

Standard 5: The postgraduate deanery must work effectively with others

S5.1 Trainees reported difficulties accessing information through the Deanery's website, with many of the links not working. The Deanery is aware of the problem and has appointed a project officer to create a new website. A new micro-site has been launched and was demonstrated during the visit.

S5.2 Postgraduate centre managers informed the visit team that communication with the Deanery was poor; for example, there was no information on this year's budget, a list of names of trainees starting new posts at trusts was usually sent to them late, meetings were cancelled and access to the Deanery's database, Intrepid, was variable. Moving the JEST questionnaire into an e-version had resulted in their having no feedback of the results. As a group they felt isolated and undervalued by the Deanery.

S5.3 The Associate Dean of Quality is conducting seminars with both trainees and heads of school to explain the impact of SHA clinical pathway groups on training and service.

S5.4 The Deanery is developing its own strategy with clear objectives in partnership with the full range of stakeholders. It was reported that the relationship between the Deanery, the trainers and the trusts was "exceptionally good".

Summary

Strengths

1. The close working relationships with the SHA exemplified by full membership of the Patient Safety Overview Group, the formation of the Challenged Specialties Working Group, and the seminars for both heads of school and trainees to inform them about the clinical pathways work. (paras D1.2, D2.2, S5.3)
2. The Deanery has developed good systematic relationship with trusts as seen in the response to routine and triggered visits, the joint working on the EWTR process and the place the Postgraduate Dean has at the trust chief executives' monthly meetings. Additionally at both UHNS and HEFT there is a trust board member with responsibility for medical teaching and training. (paras D2.2, D2.3, D4.1, D7.1, S3.1)
3. The range of established quality monitoring processes; including trust visits, triggered visits and the job evaluation survey tool (JEST) that feed into the quality management team. Each school has a member of the quality management team on their board, and there is a new Associate Dean for Quality. (paras D2.3, D2.4, D5.2, S1.1, S1.3, S2.4)
4. The Deanery has developed a well regarded Doctors in Difficulty programme. It is supported by the Interactive Skills Unit at Birmingham University, mentoring for GP trainees and a confidential helpline. (paras D3.5, D6.5, D7.3)
5. The academic training programme led by an Associate Dean for academic trainers and trainees, tracks all trainees involved in academic training, including the non-National Institute of Health Research trainees, offers career planning, and has a deanery-wide strategy to maximise retention. Fifty per cent of trainees in renal medicine are pursuing PhDs. (para D6.8)
6. The Deanery's educational bursary scheme to support faculty and develop potential faculty. (para D6.10)
7. The new educational facilities at UNHS offer a high quality environment for medical and multi-professional training. (para D8.5)
8. The schools of GP and anaesthesia developed an early warning system for the identification of underperforming trainees, tracking and supporting them. (para D9.3)
9. All trainees reported an excellent range of clinical experience and teaching which would enable them to meet curriculum requirements (D5.1)
10. UHNS were trying to ensure consistency in the role of educational supervisor through their job planning process, and the incorporation of time to train into these job plans. (6.15)
11. The School of Psychiatry are involving patients in reviewing their processes. (S3.2)

Areas for Improvement

1. Paediatric ST4s are undertaking specialist clinics without appropriate consultant supervision at Hereford County Hospital, and there is no recorded resolution of the same problem in Walsall noted at a triggered visit in June 2008. (para D1.4)
2. Ventilated patients at HEFT are being supported overnight by trainees in recovery or on the wards, removing trainees from their normal duties and impacting on training. (para D1.5)
3. Renal trainees at UHNS reported difficulties in returning from distant clinics to be part of handover; this results in late finishing and moving into non-compliance. (para D1.6)
4. Mandatory training for child protection could not be accessed by paediatric trainees at HEFT, and is not routinely available to anaesthetics or renal trainees at either of the trusts visited. (para D1.7)
5. Postgraduate educational centre managers reported to the team that communication with the deanery was poor. (paras D2.5, S5.2)
6. The quality of the Deanery's documentation and the monitoring of its own quality process are variable. (paras D2.6, S1.2)
7. Trust induction has variable uptake, and access to Trust based e-systems can be poor. (para D6.1, D6.2, D8.4)
8. Not all trainees were aware of the annual study leave allocation. (para D6.7)
9. For trainees in the smaller specialties there was a lack of clarity and difficulty in raising and pursuing concerns. (paras D6.5, S2.2,)
10. There was no documentation about how feedback from the external advisers who sit on panels or other deanery committees had been used by the Deanery. (para S4.2)
11. There is no written policy about the use of lay persons in deanery processes, and no definition of roles and terms of service. (para S4.1, S4.3)
12. Trainees do not have confidence in the critical incident reporting system due to lack of feedback. (D1.8)
13. There was no evidence of a formal monitoring process to address the impact of ETR on education and training. (D1.6, D5.1, D6.6, D8.2)
14. A number of trainers and faculty staff felt that educational supervisors needed more effective training in the WPBA tools and ARCP and dedicated time and resource for training. (D6.13)

Signature of Lead Visitor



Date 27/11/09

Decision of VTD Panel

The provision at West Midlands NHS Workforce Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The educational bursary scheme to support faculty and develop potential faculty.

2. The existence of a trust board member with responsibility for medical teaching and training at both UHNS and HEFT.
3. The well regarded Doctors in Difficulty programme, supported by the Interactive Skills Unit at Birmingham University, mentoring for GP trainees and a confidential helpline.

Conditions:

1. The deanery must implement a system to ensure that paediatric trainees are appropriately supervised at Hereford and Walsall, and report to PMETB on the action taken within three months of this report.
2. The deanery must ensure that the ventilation of patients overnight in recovery by trainees does not present an obstacle to the acquisition of skills required by the approved curriculum.
3. The Deanery must assess the impact of the EWTR on postgraduate medical education and training, including patient safety, trainee safety, service/education, curriculum delivery, and the quality of education and training.
4. The deanery must ensure mandatory access to child protection training is accessible to all who require it in a timely manner. The deanery should update PMETB with action taken within three months of this report.
5. The deanery must establish a policy for the use of external advisers and must have a system to both record comments from external advisers and feed these comments into their annual deanery report to PMETB.

Recommendations:

1. The deanery should work to improve communication with postgraduate educational centre managers.
2. The deanery should work towards greater consistency of their documentation and the monitoring of their quality process.
3. The deanery should work with the Trusts to ensure that all trainees have a Trust induction and are able to access relevant Trust based e-systems.
4. The deanery should ensure a clear policy for reporting concerns in small specialties where trainers/faculty have multiple roles.
5. The deanery should work with the SHA to ensure a system is in place to enable trainees to receive feedback on critical incident reporting.

Signature of Chair of VTD Panel



Date 06/01/10