



## 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: Yorkshire and the Humber Deanery	
2. Dates of visit: 10th – 12th March 2009	
3. Visiting team	
	<u>Name</u>
Lead visitor	Abdol Tavabie
Visitor	Graham Cox
Visitor	Donald Farqhar
Visitor	Samir Vyas
Visitor	Robert Broomhead
Visitor	Susan Hobbs
Visitor	Gareth Holsgrove
PMETB observer	Sarah Beattie
PMETB observer	Paul Streets
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited	
<ul style="list-style-type: none"> <li>• Hull Royal Infirmary, Hull and East Yorkshire Hospitals NHS Trust</li> <li>• St James University Hospital, Leeds Teaching Hospitals NHS Trust</li> <li>• Northern General Hospital, Sheffield Teaching Hospitals NHS Foundation Trust</li> <li>• Huddersfield Royal Infirmary, Calderdale and Huddersfield NHS Foundation Trust</li> </ul>	
5. Contact to whom the visit report is to be sent for factual accuracy check	
<u>Deanery contact name</u>	<u>Email address</u>
Professor Sarah Thomas	sarah.thomas@yorksandhumber.nhs.uk
6. Existing reports referred to during the visit	
<ul style="list-style-type: none"> <li>• Deanery Annual Report</li> <li>• Deanery Annual Review Visit reports</li> <li>• LEP self-assessments</li> <li>• PMETB Visit reports 2006 and 2007 and associated follow-up</li> <li>• PMETB Quality Officer Report</li> <li>• PMETB Survey data</li> <li>• Deanery documentation regarding their Quality Management processes</li> </ul>	

## 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 visit team encountered examples of appropriate consent taking by trainees. The otolaryngology (ENT) trainees at Hull Royal Infirmary confirmed that this process was well explained to them and consent was taken only for procedures which they themselves could perform.

D1.2 Handover arrangements are variable. St James University Hospital used an electronic template to supplement face-to-face handover between trainees. Huddersfield Royal Infirmary could demonstrate no formal handover policy; there was no time set aside in trainees' rotas for handover. The use of a printed sheet of patient details with no face-to-face handover to ensure continuity of care was noted. However, the Deanery QA report identifies specific good practice in Paediatrics in Dewsbury and it has provided funding to Calderdale and Huddersfield NHS Foundation Trust to develop a similar model.

D1.3 An area of concern noted by the visit team was the frequent unplanned changes in duties for trainees because of rota gaps. Medical trainees at Huddersfield Royal Infirmary were often asked to care for unfamiliar patients with no prior warning and no formal handover. This absence of continuity at Huddersfield Royal Infirmary is seen by the trainees and trainers as a potential source of human error and patient harm.

D1.4 The Deanery and all Local Education Providers (LEPs) visited were aware of the need for their trainees to be compliant with the European Working Time Directive (EWTD) by August 2009. Although rota design suggested compliance in the four LEPs visited by the team, rota gaps in all of the LEPs in which medical specialties were visited (St James University Hospital, Huddersfield Royal Infirmary, and Northern General Hospital) left trainees often working in an enforced role as internal locums. The Deanery is aware of these issues and is working with the problem rotas to find solutions on an individual basis. The surgery and medicine heads of school are also in regular conference with the Deanery and LEPs to help collate data on which rotas within the Deanery are at risk of being non-compliant.

D1.5 The visit team recognised that the problems with EWTD compliance are not unique to this Deanery. Nationwide, there are few locum doctors available to plug rota gaps; however, working patterns will change and the maintenance of training standards must be ensured. The Postgraduate Dean, during her initial address to the visiting panel recognised compliance issues and described plans in place to manage low fill rates and to increase training opportunities, particularly in acute medical specialties

D1.6 The visit team noted that trainers within the LEPs were aware of the implementation of EWTD's impact on training, but not uniformly clear how this was going to be monitored.

D1.7 The visit team noted that, due to a shortage in medical support workers, the medical consultants and trainees at St James Hospital spend a proportion of their time out of hours providing a routine phlebotomy service. This had led to a concern by the medical teams that patient care may be compromised because of this inappropriate use of resource. This was brought to the attention of the Postgraduate Dean.

D1.8 The PMETB survey 2007 showed that higher trainees in general medicine and geriatric medicine were concerned about their level of supervision. The visit team found no evidence that trainees did not know how to contact their clinical supervisors when needed.

D1.9 PMETB requires that the Deanery and its LEPs have clear procedures to address concerns about patient safety arising from training. The Postgraduate Dean was able to talk the visit team through some examples highlighted by the PMETB 2007 survey. The visit team was content that a robust assessment, management and follow-up scheme was in place and had been followed to address the concerns highlighted. The quality management team was able to provide further examples of clear policy adherence.

D1.10 The visit team noted that core medical trainees and medical specialist registrars (SpRs) at the Northern General Hospital continue to work seven-night shifts in succession. This was brought to the attention of the Postgraduate Dean.

D1.11 In summary, the visit team encountered examples of both notable practice and areas of concern. Mindful of the fact that this is a newly-established deanery, the visit team felt that, overall, the Deanery was working with its LEPs to ensure that the patient safety issues encountered were dealt with effectively.

## **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 Yorkshire and the Humber Deanery was formed on 1<sup>st</sup> April 2008 by the merger of two former deaneries. Consequently, as a new deanery, many procedures, including those for quality management, are at an early stage of development. Nevertheless, the Deanery is proactive in its response to issues, monitoring of training and action plans.

D2.2 The Deanery used evidence produced by the heads of school and directors of medical education (DMEs) to compile its annual report for PMETB. The visit team considered that this report makes a useful contribution to quality management. It is frank and open about aspects of quality management that require attention. It outlines procedures and new appointments necessary to bring about improvements and, although the report mentions progress in several areas, , much of this is still work in progress in this new deanery.

D2.3 The Deanery has developed a written policy describing the quality management framework and its processes, which are coherent and practically implemented by deputy deans and heads of school.

D2.4 Over the last 12 months the Dean and deputy deans have carried out their first round of LEP visits to evaluate quality control processes locally. This involved interviewing chief executive officers (CEOs), trainees, educational and clinical supervisors and summarising their findings with action plans. The LEP visit reports are discussed at the monthly Deanery Postgraduate Medical and Dental Education and Training Committee to verify action points. The Deanery has adopted a traffic lights system (red, amber and green) to ensure consistency in prioritisation and implementation. All these LEP reports are based on the PMETB generic standards

D2.5 The trainers and trainees interviewed were all aware of the PMETB survey. However, trainers acknowledged the low trainers' response rate in the last year's survey and hope this will be improved in the coming year.

D2.6 The Deanery has an excellent working relationship with the Strategic Health Authority (SHA). The SHA Workforce Director and his deputy expressed full support and acknowledged

the clear leadership and commitment of the Postgraduate Dean and her deputy deans.

D2.7 Relationships with partner trusts (LEPs) are productive and the visit team felt that they are developing well. Although the new Deanery was established only one year ago, all the senior executive teams from the LEPs visited felt positive and enthusiastic about the Deanery organisation and communication with the Postgraduate Dean and deputy deans. It was felt that the newly merged Deanery provides additional opportunities for enhancing postgraduate medical education and training.

D2.8 The Deanery has recruited and trained a group of lay representatives to provide some externality to its recruitment and ARCP processes.

D2.9 The Deanery has organised a joint visit to ENT with representatives from the Royal College of Surgeons, with positive feedback from trainees and trainers. The visit team was told that the Postgraduate Dean plans to replicate this arrangement with other medical Royal Colleges next year and arrange joint visits to other specialties.

D2.10 The Deanery has developed an end-of-placement trainee survey. This is in its early stages and needs to be strengthened, as the completion rate is currently low and no clinical or educational supervisors had, as yet, seen any results of feedback from the process. There is now a clear expectation that trainees should complete their end-of-placement questionnaires within one month of finishing each placement, and trainees are required to submit the certificate of the completion of the survey in their ARCP portfolio. The outcomes of the survey will feed into the Deanery's quality management process, particularly highlighting areas of concern within the programme as a whole or at a particular training location. They will also be shared with those involved in the delivery of training, such as DMEs and supervisors, but only the Deanery and training programme directors (TPDs) will have access to the full data set.

D2.11 Trainees' relationships with trainers tend to be more locally based, with little influence on quality control or quality management processes. The visit team noted that, at the four LEPs visited, there was no trainee input in the local quality control process. The team was told that the Deanery intends to set up a trainee forum to input into the quality management process. However, there are trainee representatives on specialty training committees (STCs) and school board committees. During the visit, the Deanery identified gaps in trainee input of to Deanery QM process and noted that this would be addressed.

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

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

D3.1 Gaps in provision for equality, diversity and opportunities issues had been identified by the Deanery's quality management (QM) teams and they reported that steps have been taken to rectify them, such as appointing QM managers in each locality.

D3.2 The SHA Director of Workforce and his deputy reported that training based on the SHA's comprehensive equality and diversity policy has just begun across the wider SHA but is more long standing in the deanery. They also reported that they are collecting appropriate data on potential and existing trainers. They also have a programme of leadership development for clinicians, but there is currently no evaluation of its effectiveness.

D3.3 The visit team was told by the Postgraduate Dean that the Deanery has looked at how other deaneries cater for less than full-time trainees and, in order to facilitate accommodating them, more money has been put into slot-shares. However, the number of trainees training flexibly is proportionally short of what the Department of Health aspires to achieve (20 per cent of all trainees).

D3.4 The Dean reported that, over the past five years, there have been a small number of trainees with disabilities (estimated at two or three) who have been accommodated in training programmes.

D3.5 The Dean reported that major steps have been taken to support a disabled trainee in one LEP, for example, by locating her on the ground floor and making access changes such as moving door handles. The visit team was told that everyone felt that this had been a good, positive learning experience.

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

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

D4.1 The Strategic Health Authority (SHA) is a primary source of advice on human resources (HR) matters to the Deanery. The Deanery works closely with the HR group. In addition, the Lead Employer provides the HR service to trainees and training programmes.

D4.2 Eligibility for entry into specialty programmes is clear and based on the national recruitment processes. Person specification for core medical training (CMT), medical specialties and ENT are agreed nationally. The process was confirmed and agreed by trainees, and trainers. The numbers of training programmes and posts available are detailed on the Deanery's website.

D4.3 Candidates' interview processes are agreed, with objective and transparent marking schedules (details on Deanery's website). The Deanery has organised up-skilling workshops on the selection and interview process for members of interview panels. Applicants are ranked on the basis of interview and application form. Some deanery-specific aspects of the selection process have been discussed locally with the trainees.

D4.4 Interviewers on selection panels are appropriately trained in equality and diversity, and most had also undergone training in assessment, work-place assessments and managing doctors in difficulty.

D4.5 Selection panels currently include lay persons in the form of HR staff, but there is no independent lay input into the recruitment process as of yet. The Deanery has recently recruited and trained 20 lay people to assist in future recruitment rounds and ARCP process.

D4.6 The Deanery has an appeals process in place, details of which are available on its website.

#### **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 The Deanery has formed specialty schools with a board and heads of school, jointly appointed with the medical Royal Colleges. The structure of schools is organised to fit the new configuration of the Deanery except for surgery and medicine, where two schools remain. The continued existence of two schools of medicine and surgery may lead to inconsistencies in training across the Deanery. The specialty training committees link with the Deanery through the schools, via the presence of the deputy deans.

D5.2 An additional financial investment in three multiprofessional skills and simulation laboratories, in partnership with NHS trusts & medical schools, will increase the ability to deliver craft and practical training, but there needs to be closer collaboration and engagement with the clinical staff.

D5.3 The financial investment to reduce the ratio of trainees per training programme directors to one PA for 15 trainees will improve the quality of assessment of trainees.

D5.4 The delivery of the curriculum is seriously compromised in general internal medicine (GIM) because of service demands, poor rota control, vacant posts and the lack of supportive infrastructure (lack of phlebotomy service in St James University Hospital). All these adversely affected trainee morale.

D5.5 The delivery of the academic training component of the academic clinical fellow (ACF) curriculum is patchy. The visit team was told at one LEP that access to teaching in academia was difficult.

D5.6 The lack of a systematic approach to data collection results in difficulties in quality managing curriculum delivery (the end-of-placement survey being still under development). The Deanery is in the process of implementing a unified data base (Intrepid) in all LEPs during 2009. There is patchy training in assessment methods, and variable implementation of the ARCP process and use of the intercollegiate surgical curriculum programme. Not all trainees are using the assessment systems in a systematic and constructive manner.

D5.7 The lack of clearly identified time in the job plans of assigned educational and clinical supervisors leads to the ineffective use of the WPBA systems.

D5.8 The visit team was aware of the work of the Research Unit at Sheffield Children's Hospital where WPBA tools were developed and evaluated with financial support from the Deanery. However, the mini clinical evaluation exercise assessment tool is seen by clinical and educational supervisors as having little value as either a formative or summative assessment. Within the Deanery there is no evidence that outcomes from the assessment systems are used by the Deanery to improve curriculum delivery. There is no evidence that review of assessment and curriculum is made for continuing quality improvement.

D5.9 The ARCP/record of in-training assessment (RITA) process is implemented effectively, with all trainees receiving an annual assessment. Some CMT trainees at Huddersfield Royal Infirmary and Northern General Hospital reported to the visit team that their annual assessment is styled on the old RITA process.

D5.10 There was evidence of notable practice in teaching trainees at both Hull Royal Infirmary and the Northern General Hospital. In particular, teaching and supervision in ENT at Hull Royal Infirmary has many good features. The visit team was told of progressive training through operative procedures and special outpatient teaching clinics.

D5.11 The ENT trainees at Hull Royal Infirmary praised the quality of training. There is scheduled ENT teaching on a weekly basis. This is organised in 10-week blocks, using five consultants. Trainees have one hour protected time for these, and consultants reported that they receive favourable feedback from trainees. Trainees also reported that there are no problems in obtaining study leave for other educational activities.

D5.12 Trainees reported that ENT theatre is nearly always a teaching opportunity and excellent teaching is given there. Teaching in out-patient clinics is also arranged, with reduced patient numbers to allow one-to-one supervision and teaching.

**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 The Deanery has a policy that all trainees will receive trust and departmental induction at each placement. Some of the generic induction is performed on-line and departmental induction is conducted face-to-face. Trainees interviewed reported that they were given induction if they started in August, but ad hoc arrangements were reported by trainees to be variable. Good systems for the induction of trainees were noted in interviews with the DME and educational and clinical supervisors. The trainees seen reported that their induction was appropriate and helpful. The Deanery intends to track consistent and secure trainee information across the Deanery using the Intrepid Trainee database but this is not yet functional in all localities.

D6.2 ENT trainees at Hull Royal Infirmary were identified to have a designated educational supervisor. These particular trainees and their trainers were confident that any concerns about their training and education needs and career advice could be discussed with their trainers, who were accessible and available.

D6.3 The DME at Hull and East Yorkshire Hospitals NHS Trust reported that there is good use of their departmental handbooks, recurring teaching programmes, good supervision and mandatory training. Databases were kept on training activity, study leave and consultant education and training. There was excellent availability of media and audiovisual resources across the Deanery.

D6.4 At Hull and East Yorkshire Hospitals NHS Trust, compared to all consultants in the deanery as a whole, a greater proportion of ENT trainers were trained in educational supervision (83 per cent against 54 per cent), appraisal and assessment (100 per cent against 59 per cent), train the trainers (50 per cent against 22 per cent), management of doctors in difficulty (16.7 per cent against 5.6 per cent) and tools of the trade (66.7 per cent against 41 per cent), while it was similar for equality and diversity (33.3 per cent against 35 per cent).

D6.5 At deanery level, there was a clear programme for career development, including counselling for trainees in difficulty, with consistent availability across specialties, and support and career advice for less than full-time trainees. In addition, a mentoring network (for international medical graduates) was cited in the East locality, with six trained mentors to manage trainees in difficulty and further advanced educational supervisor trained trainers were present at Northern General Hospital.

D6.6 A deanery policy on bullying is in place, and the Deanery had shown swift action in response to PMETB trainee survey results. However, the Deanery has found it difficult to take specific action in some locations where there was bullying reported in the PMETB survey. Despite the zero tolerance policy for bullying and harassment, there was a variable perception by trainees in St James University Hospital and Huddersfield Royal Infirmary about the definition of bullying and harassment.

D6.7 A notable model of quality control of training in Hull and East Yorkshire Hospitals NHS Trust was presented by the DME. This involved feedback from trainees to the TPDs and specialty tutor, and educational supervisors' reports collated by the DME who presented an annual report to the Deanery. The DME reported that improved systems were in place for better data collection on maintaining records of consultants' educational portfolios, as well as trainees' attendance at courses, appraisals, study leave and examination successes.

D6.8 The visit team identified areas for improvement, for example specific appraisal of TPDs developing PMETB templates for departments. In addition, there is a need to maintain a list of mentors, develop forums for educational supervisors, develop a system of notification of trainee appraisals, monitor absence/sickness, and improve trainee input and handover

between trainers.

D6.9 Problems of low numbers of GPs in general, and trainers in particular, around the East Yorkshire area of the Deanery were highlighted by the Director of Postgraduate General Practice Education. He presented data showing a high number of potential retirements (27 per cent of the GPs in this area were over 60 years) and there were only five training practices and a lack of suitable hospital posts for GP specialty training registrars. The DME at Hull and East Yorkshire Hospitals NHS Trust echoed the need to bolster GP Specialty training Programme opportunities in the area and presented proposals for a pilot five-year programme, with an integrated diploma year at Hull York Medical School (HYMS) planned for 2010. Attendance at GP half-day release teaching sessions has been improved by moving to a modular programme so that trainees can take study leave for vocational release with a reduced impact on service.

D6.10 There is high intensity of workload among trainees interviewed in GIM at Northern General Hospital, the centre with the poorest trainee satisfaction scores reported and visibly poor morale among trainees in Huddersfield Royal Infirmary. The intensity of workload was often exacerbated by gaps in the rota due to the need to adhere to the EWTD, and filling sickness absences prevents trainees' attendance at trust or deanery generic training days. However, such challenges were well recognised by the Medical Director and DME at Sheffield Teaching Hospitals NHS Foundation Trust, and an action plan had been produced.

D6.11 An area of concern was the discovery that a seven-day working pattern at Northern General Hospital for core medical trainees and SPRs was still operating.

D6.12 Evidence of audits performed by ENT trainees at Hull Royal Infirmary was presented, and trainees understood the value of undertaking them.

D6.13 Trainees interviewed were aware of the process for applying for study leave and were usually able to attend appropriate courses. A copy of the study leave guidelines from Hull and East Yorkshire Hospitals NHS Trust was available. There was good access to a 'wet lab' for ENT SpRs. The feedback received on these courses was good. However, in another smaller specialty allied to GIM, one trainee who held a fellowship was unable to access training days due to gaps in the rota at Northern General Hospital.

D6.14 There is a relatively smaller number of academic trainees in the Deanery compared with the national average. While this was particularly true in East Yorkshire, the CEO, Medical Director and DME at Hull and East Yorkshire Hospitals NHS Trust were optimistic that this was changing with the development of the new HYMS, and greater numbers of high calibre consultant trainers were being attracted to this area of the Deanery. The numbers of academic trainees at Sheffield Teaching Hospitals NHS Foundation Trust were higher, with 28 academic clinical fellows and 13 clinical lecturers.

D6.15 The Deanery had identified existing recurrent funding to ensure that all trainers could complete the Educational Supervisor's Development programme. Courses for trainer development were run mainly at the Leeds and Sheffield LEP sites, with fewer courses at Hull. However, due to the distances involved and trainers having difficulty attending across large distances, uptake has had to be facilitated by offering 50 per cent of this training on-line, using an externally commissioned resource (MIAD Ltd, who provide management and teacher training for healthcare professionals) which has been used in other deaneries. A pilot course was run and feedback was obtained from delegates attending. There is no evidence that a formal deanery evaluation of this programme has been planned. The Deanery reported that the users evaluated the December 2008 pilot prior to roll out in March 2009. The providers have incorporated an online evaluation which is embedded into the modules.

D6.16 There was identified resource allocation for educational activities for most TPDs in their job plans, but although the Deanery's policy is explicit in the requirement of TPD job planning, some TPDs reported to the visit team that they were not given adequate resources.

D6.17 The visit team was told by trainees and trainers that they are undertaking workplace based assessments, maintaining an e-learning portfolio and undertaking regular educational supervision interviews to monitor progress and set goals. However, there was concern expressed by TPDs about the robustness, quality and rigour of these assessments, often submitted at the last minute before an ARCP panel.

## **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 new Yorkshire and the Humber Deanery has a structure of a central over-arching team, working with three locality offices at Sheffield (South Yorkshire), Leeds (West Yorkshire) and Hull (East Yorkshire and Northern Lincolnshire). A strong commitment to high quality education and training was demonstrated by the Postgraduate Dean, Director of Postgraduate GP Education and three deputy deans, with a common aim to strengthen training in Humberside. This was evident through the clear vision presented by the Dean in her address and reflected consistently by the senior deanery team interviewed. The overall impression was that the Deanery is headed by a focused leadership with a strong commitment to providing high quality medical education and training mapped to the PMETB standards. This was evident across the breadth of the TPDs, trainers, and chief executives and senior managers.

D7.2 The new Deanery has sought to implement a quality management framework to ensure that progress towards PMETB standards is achieved and monitored. This framework aspires to have robust evidence of value on trainee feedback through local and national PMETB surveys, visits to LEPs, Postgraduate School and LEP feedback through self-assessment and visits, but data from these local surveys were not presented.

D7.3 The visit team recognized models of notable practice include the following: ENT training at Hull Royal Infirmary, delivery of CMT training to virtually 100 per cent of trainees in each locality by running four generic CMT training days twice throughout the year so that trainees have a chance to attend at least one of them, securing specialist training budgets for study leave, and innovative use of on-line modules for parts of training the trainers courses.

D7.4 The visit team noted the creation of eight new trainee posts and three non-training grade posts in Harrogate District Hospital, which is a small trust where mixed specialty rotas have had to be implemented, with expansion of consultant number. The plan is to visit this site again for a follow-up quality management visit (this is a Deanery triggered and 'in addition visit') as part of a regular cycle of annual deanery quality management visits.

D7.5 The visit team noted the complementary blend of strengths, including experience of the deputy deans with their enthusiasm and dynamism, and a common purpose to grasp the opportunity to provide a more uniform distribution of high quality training which has historically been under-developed in East Yorkshire and Northern Lincolnshire. This has been supported strategically at SHA level as well as with additional funding to facilitate lead educator development courses and expand the training faculty at LEPs. However, records of educators having completed these courses are patchy and not centrally collated, and large numbers of administrative staff vacancies exist particularly in the North East Yorkshire and Northern Lincolnshire Locality Office due to the creation of this new office.

D7.6 The visit team noted the lack of any HR management advice within the Deanery to

provide strategic input, with a heavy reliance on SHA and patchy LEP HR coverage, has a potential for inconsistency in co-ordinating the management of trainees in difficulty. This is despite the Deanery wide policy for the management of doctors and dentists in difficulty with defined roles and responsibilities and supported documents and expected outcomes.

D7.7 One of the commonly stated aims reported to the visit team was the need to bolster trainee numbers in the East locality. However, trainees reported being reluctant to apply for posts in this area and recruitment was hampered by perceptions of Hull not being an attractive place to live, despite their acknowledgement that, once appointed, training was of a high standard.

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

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

D8.1 The Deanery's quality management team manages the numbers and locations of training posts. The visit team was concerned by many reports from across the Deanery that trainees were missing training days and courses because of service commitments. The visit team was told that pressure is put on trainees to cover slot vacancies, even though they should not be on clinical duty. This pressure, together with the effects of the EWTD, was described by trainers and TPDs as "a real threat to training".

D8.2 TPDs at the Northern General Hospital are trying to reduce the impact of the EWTD and are currently running each training course twice on different days. However, trainees reported that these two dates are often many weeks apart and circumstances such as having to cover slots means that some trainees have been unable to attend on either day.

D8.3 Stresses between service and training were also recognised by the Chief Executive of the Hull Royal Infirmary, who reported that they were trying to protect training time and that 20 new consultants had been appointed recently.

D8.4 Both trainers and trainees at Hull Royal Infirmary recognised the beneficial influence of HYMS, and also the potential of the planned clinical skills laboratories for Hull, Leeds and Sheffield medical schools. Clinical skills facilities are multiprofessional and located in the NHS Trusts

D8.5 Both trainers and trainees felt that the educational facilities and excellent training (in ENT) at Hull Royal Infirmary should form the basis of improving the image of training in the locality.

D8.6 Trainees at Hull Royal Infirmary reported that they do not have access to the Membership of the Royal College of Surgeon (MRCS) revision course. One is run in Leeds as a result of the goodwill of certain consultants. Although trainees can access these courses, Hull Royal Infirmary trainees cannot take full advantage of them for geographical reasons and the availability of spaces.

D8.7 Educational facilities and resources in the LEPs visited were regarded as highly satisfactory by trainees and trainers, including IT and library services.

## **Domain 9: Outcomes**

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

D9.1 Progress from Foundation Year Two into specialty training, including general practice, is reported to be smooth. However, due to the merged Deanery, no uniform data collection in

all LEPs is currently available. These data are not currently available to the trainees interviewed.

D9.2 The Deanery has collected data from the ARCP process, these data do not contain information on ethnicity or gender of trainees at present.

D9.3 Data regarding research outcomes and publications for individual academic fellows were available. The visit team was presented with the list of publications from the ACF trainees.

D9.4 The DME in Hull and East Yorkshire Hospitals NHS Trust provided data on trainees' achievement, including two gold medal winners in surgery and a list of successful trainees in the Medical Royal Colleges' examinations.

D9.5 The visit team concluded that it is currently difficult to measure the outcomes of training as the new Deanery is in its early stage of development. The two former deaneries had established processes (through specialty training programmes) to measure outcomes (ie exam pass rates). However, the Deanery acknowledges that it has yet to introduce a standardised Deanery wide process

D9.6 The visit team was told that the Deanery is planning to collect training data to demonstrate the outcomes of training, including the drop-out rate, inter-deanery transfer, delay in completion training and academic achievements with the implementation of Intrepid system in all LEPs by the end of 2009.

D9.7 Medical heads of school see the membership examinations as a continued marker of training adequacy, while other specialties were planning to use the annual review of competence progression (ARCP), workplace based assessment (WPBA) and an end-of-placement trainees' survey (collated by the Deanery) as their monitoring tools.

## **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 concluded that the Deanery's senior management are discharging their responsibilities for the implementation of training programmes to adhere to the PMETB standards.

S1.2 The visit team confirmed that the Deanery's annual report to PMETB was fully supported by the heads of school and DMEs.

S1.3 In relation to the Standards for Trainers the Dean reported that there is "a challenge" because, to date, only some clinical and educational supervisors have been trained. An external training organisation has been engaged and their course has been piloted, in order to make it available during 2009 to meet the PMETB standards on time.

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

S2.1 Trainees have opportunities to raise matters of concern individually with their educational supervisors, training programme directors and through ARCP processes. There are trainee representatives on STCs and school board committees.

S2.2 Trainees participated in the 2008 PMETB survey. The Deanery has reviewed the results and appropriate action has been taken to follow up trainees' feedback as required.

S2.3 The Deanery has set up trainee end-of-placement questionnaires. Although the response rate is currently low, the Deanery intends to improve this and suggested a certificate of completion to be added to trainees' ARCP portfolio. The end-of-placement survey also needs to be strengthened, as no clinical or educational supervisors had seen any results of feedback from the process yet.

S2.4 There is no trainee representation at Deanery senior management team level (Postgraduate Medical and Dental Education and Training Committee). The Deanery intends to set up a trainee forum which will draw together trainee representatives from all specialties in order to ensure regular input to the deanery quality management process in 2009.

S2.5 The Deanery has a policy on reviewing trainees in difficulty. All trainees were aware of the policy but less clear about the process. All clinical and educational supervisors were aware of the policy and the majority had received training for managing trainees in difficulty.

### **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's quality management system is based on PMETB's *Standards for deaneries* and *Generic standards for training* and addresses the PMETB domains. The Deanery has completed a first round of visits to all LEPs and discussed training issues based on the PMETB trainees' survey and interviewing some trainees, and clinical and educational supervisors. The former deaneries had patchy quality management systems. This was recorded in the previous PMETB visit report in 2007. The SHA Workforce Directorate has given the Deanery its support in the form of appropriate level of funding to develop the required systems.

S3.2 Specialty schools have been set up across the deanery area. However, schools of medicine and surgery are formed in two parts of the Deanery. The Deanery intends to develop overarching specialty schools in due course to improve consistency in the delivery of education and training.

S3.3 A governance structure has been developed for managing processes within the quality management. This includes a Deanery Postgraduate Medical & Dental Education and Training Committee to review all quality management processes.

S3.4 The Deanery and SHA Workforce Directorate have agreed to allocate additional funding to job planning for TPDs to improve the quality of supervision.

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

S4.1 The Deanery has piloted a quality control system in ENT surgery, with an external specialist adviser performing a joint visit to a number of LEPs. The report from the visit is analytical and constructive. Having piloted this approach, the Deanery is committed to rolling out this system to all specialties at all LEPs. However, at present, there is no delivery plan for implementation of this process. The Deanery includes externality in all school and Deanery inspections, visits and assessments (ie ARCP).

S4.2 The ENT visit report demonstrates that there is a deanery visit format that has been

piloted. As a consequence, the same methodology is to be rolled out to other LEPs and specialties. The visit report would inform the Deanery of notable practice.

S4.3 There is evidence of specialist external advisers being involved in the deanery triggered visit process, responding to areas of concern, and also evidence that this externality has been helpful in effecting change.

S4.4 The general practice specialty training school receives its external assessors from the Royal College of General Practitioners for quality assurance of the ARCP.

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

S5.1 There was already liaison between the old deaneries and their LEPs, and the new Deanery is strengthening these further. Several LEP executive teams commented positively on the increased visibility of the new Deanery.

S5.2 The medical Royal Colleges have strong existing links with the LEPs in the Deanery through their college tutors. Many of these tutors also function as training programme directors for the Deanery, or educational supervisors. This provides good communication channels between the Deanery and the colleges, but the Deanery has a policy that it is not supportive of individuals holding more than one educational role (ie TPD, DME) as there could be a conflict of interest.

S5.3 The visit team was told by the senior deanery team that they intend to develop a deanery trainees' forum to input to quality management processes as trainees' input is currently inconsistent. There is an active trainee forum within two sub-deanery schools of medicine, but no other forum was fully functional.

S5.4 There was no clear patient involvement within the Deanery's structure or processes, but 20 lay people have recently been recruited to remedy this. The group is currently undergoing a training process.

S5.5 There is a regular forum between the deanery senior team and DME which should greatly enhance the quality management process within the Deanery and facilitate each LEP's contribution to the delivery, management and development of training programmes and posts.

### **Summary**

#### **Strengths**

- The Deanery's responsiveness to training issues, with good action planning despite administrative gaps; vision and planning at deanery level and in the Deanery's approach to service and training. (paras D1.9, D2.1, D2.3, D2.4, D6.6)
- Good leadership from the Postgraduate Dean, and resourceful and innovative approach by deputy deans who have breadth of experience and are committed and supportive of the Dean and deanery processes. (paras D2.6, D2.7, D6.6, D7.1, D7.5)
- Supportive approach by the SHA in facilitating change and investing in education and training. (paras D2.6, D3.2, D7.5, S3.1, S3.4)


- The commitment to externality, with the recent structured quality management visit in ENT being a model of notable practice for rolling out to other specialties, as well as the formal training of lay members. (paras D2.8, D2.9, S4.1, S4.3, S4.4)
- The positive approach used in generic teaching in medicine to ensure trainee attendance. Teaching in ENT offers a good model, with well organised teaching sessions, good clinical teaching (theatre and clinics), protected teaching time and regional 'wet lab' teaching. (paras D5.10, D5.11, D5.13, D6.4, D7.3, D8.7)
- The protected time in job plans for senior educators (TPDs and DMEs) at trust level, supported by funding from the Deanery. (paras D5.3, D6.16, S3.4)
- The strong commitment at senior level to strengthening education and training at LEPs within the East locality, particularly at Hull and East Yorkshire Hospitals NHS Trust. (paras D7.1, D7.5)
- The development of strong networks between the Deanery, DMEs and education managers. (paras S1.2, S5.1, S5.2)

### Areas for Improvement

- Weak handover arrangements at Huddersfield Royal Infirmary. (paras D1.2, D1.3, D6.8)
- Gaps in rotas and vacancies are causing a loss in training opportunities and tension between training and service. Administrative rota control at Huddersfield Royal Infirmary is poor and has a serious impact on training. (paras D1.3, D1.4, D1.7, D1.10, D5.4, D6.11, D6.13, D8.1, D8.3)
- Under-developed quality control at the LEPs visited. There is a lack of understanding of a systematic approach among trainers. (paras D1.6)
- The Deanery's data collection is inadequate; a systematic approach to quality management across the three localities is still developmental; the end-of-placement survey take-up is patchy so far; there is an absence of dissemination of information to educational supervisors. (paras D1.6, D2.10, D5.6, D5.8, D9.1, D9.5, S2.3)
- The lack of phlebotomy service in St James University Hospital is having a negative impact on training. (paras D1.7, D5.4)
- The seven consecutive night shifts for core medical trainees and SpRs at Northern General Hospital do not conform to PMETB standards, as this work pattern does not minimise sleep deprivation. (paras D1.10, D6.11)
- The lack of single schools for surgery and medicine leads to potential inconsistency in training processes. (paras D5.1, S3.1)

- The low morale among CMT and GIM trainees in the LEPs visited. (paras D5.4, D6.10)
- ARCPs are not being implemented consistently and the RITA process is still being used inappropriately in some places (CMT). (paras D5.6, D5.9, D9.2)
- Inconsistent record keeping of training the trainers, and poor co-ordination and follow-up of training. (paras D5.7, D6.15, D7.5, S1.3)
- The lack of a formal educational component built into job plans below TPD level. (paras D5.7, D6.16)
- The lack of formal trainee input at the locality or the Deanery into quality management and quality control. (paras D6.1, S2.4, S5.3)
- Variable perception of the trainees in St James University Hospital and Huddersfield Royal Infirmary about the definition of bullying and harassment and the processes in place to deal with these issues. (para D6.6)
- Inadequate HR support both strategically and at the operational level, and a lack of consistency in HR policy at the LEP level, for example, in the approach to doctors in difficulty. (para D7.6)
- Insufficient access to training courses for trainees within the Deanery. (paras D8.1, D8.6)

#### Signature of Lead Visitor



**A. TAVABIE**

Date 13/04/09

#### Decision of VTD Panel

##### The provision at Yorkshire and the Humber Deanery has:

Met with conditions the standards and requirements of PMETB

##### Notable Practice:

1. The Deanery's commitment to externality, with the recent structured quality management visit in ENT being a model of notable practice for rolling out to other specialties.
2. The positive approach used in generic teaching in medicine to ensure trainee

attendance. Teaching in ENT at Hull Royal Infirmary offers a good model, with well organised teaching sessions, good clinical teaching (theatre and clinics), protected teaching time and regional 'wet lab' teaching.

3. Excellent record-keeping and data, as well as good support and teaching at Hull Royal Infirmary, despite recruitment difficulties.

#### Conditions:

1. Calderdale and Huddersfield NHS Foundation Trust must implement and monitor the effectiveness of policies for handover, and include time for handover within training rotas.
2. All LEPs, particularly Northern General Hospital, St James University Hospital, and Huddersfield Royal Infirmary, must consider alternative ways of filling rota gaps to ensure that impact on training is minimised.
3. St James University Hospital must minimise trainees undertaking inappropriate duties that impact on education and training, for example using trainees for phlebotomy services.
4. Shift and on call rota patterns must be designed so as to minimise the adverse effect of sleep deprivation, for example the elimination of seven night shifts at Northern General Hospital.
5. Core Medical Trainees must be assessed via the ARCP, in accordance with the PMETB approved assessment system for that specialty.
6. The Deanery must implement formal mechanisms for high level trainee input.
7. The Deanery must ensure consistent implementation of definitions and processes for bullying and harassment at a local level.

#### Recommendations:

1. The Deanery should develop a more consistent approach to human resources support.
2. The Deanery should ensure universal implementation of training the trainers, and allocated time for trainers to train in job plans, in preparation for PMETB Standards for Trainers in January 2010.

#### Signature of Chair of VTD Panel

*Nanita Kumar*

Date 02/06/09