Introduction

This report gives a picture of medical education and training across London in 2012–13. The findings come from our visits to the local education providers (LEPs), medical schools and deanery in the region.

By doing regional visits, we can identify issues that are common across all stages of undergraduate and postgraduate medical education and training, and evaluate how the organisations are working together to address challenges. We use the findings to drive improvements and share good practice.

Why did we choose London?

We selected London for a regional visit because of:

- the length of time since we had last visited organisations in the region
- the need to follow up findings from previous visits
- some issues of potential concern that had been raised through routine reporting, annual surveys and response to concerns mechanisms
- planned changes in the configuration of NHS services and changes to structures within healthcare education (which took effect on 1 April 2013).

What did we do?

To understand the experiences of students and doctors in training in London, we visited ten LEPs, five medical schools and London Deanery (the Deanery). During the Deanery visit, we met representatives from the three new local education and training boards (LETBs) in London. The visits took place between October and December 2012.

This report refers to the London Deanery because this was the organisation responsible for postgraduate medical education and training at the time of the visit. Since the visit, responsibility has moved to the LETBs.

The map on the following pages shows the location of the organisations we visited and the boundaries of the London LETBs, which came into being on 1 April 2013.

In this report, we have summarised the regional themes and our findings from each of these visits. You can read the detailed reports of the visits at www.gmc-uk.org/London_review.

We have also reviewed the progress made by the medical schools and LEPs against our standards in Tomorrow’s Doctors and The Trainee Doctor.
Key challenges

The transition to LETBs poses major challenges to medical education and training organisations in London. In particular, the Deanery’s responsibilities will have to spread across three new and different organisations while retaining some shared services.

The Deanery and LETBs are aware of these issues and are addressing them. The LETBs must act on the requirements and recommendations in the Deanery report.

The report includes the following requirement:

‘The Deanery must monitor and manage all risks to the quality of training as the transfer to LETB status develops. We strongly recommend that the Deanery promotes the value and importance of shared services to LETB officers and where possible embeds a commitment to shared services into service transition agreements.’

We will monitor the LETBs as they are set up, and evaluate progress and the role of shared services during the transition period.
Regional themes

The overwhelming themes of this regional visit were of change and of a healthcare system working at or near full capacity.

Although some LEPs we visited were uncertain about the upcoming changes to NHS services and the move to LETBs, many people described high morale and said that they were looking forward to such changes.

Trusts that are lead providers for particular specialties in an area of London, and the people and organisations working alongside them, all gave positive feedback on this new model. Lead providers are responsible for constructing, leading and managing training programmes (including quality management) and driving improvement and innovation in a particular specialty across a network of LEPs.

There is very broad engagement with the new LETBs and a widespread sense of partnership and inclusion. Many people, especially doctors in training, were worried about the challenges that could arise from establishing the three LETBs. But we think that continuing to share London Deanery's services among the LETBs will greatly help the transition.

Only a few common themes emerged from the visits, highlighting the differences in the LEPs and schools we visited, and in medical education and training in different areas in London.
Specific themes from the visits

Poor supervision of foundation doctors: of three patient safety issues identified during the LEP visits, two related to the supervision of doctors in the first year of foundation training (F1). In both cases, F1 doctors said they had difficulty getting timely advice from a senior doctor and, as a result, found themselves isolated, exposed and dealing with clinical situations beyond their competence.

Related to this, we found that foundation doctors in both years of their training were most likely to report difficulties in completing workplace-based assessments and in complying with the requirements of working time regulations.

Handover remains inconsistent: this was most often reported to be a problem in the surgical specialties and at nights and weekends.

Variable quality of clinical placements: in some specialties and sites there was considerable overcrowding, with too many students or doctors in training on one ward or area at the same time. In some cases, this reduced the benefit of clinical placements. For both students and doctors in training, the quality of clinical placements was variable and largely dependent on the enthusiasm of the teachers and trainers.

Variability in protected time for education in trainer’s job plans: the amount of time set aside for education in trainers’ job plans was variable. Only at St George’s Hospital did we hear consistently from all interviewees that time for education was embedded in the job plans of educational supervisors.

Student assistantships are valued: assistantships are the period during which students assist a doctor in training with defined duties under appropriate supervision. Assistantships are yet to become established, but where they have been started they are valued even if those involved have difficulty in articulating their purpose. They are widely seen as improving preparedness for practice.

Excellent links between medical schools and foundation schools.

Excellent simulation facilities: this was the case for both undergraduate and postgraduate medical education and training.
Throughout London, LEPs have been delivering service and education while significant changes in finance, service configuration and healthcare education have been planned and enacted. Despite these changes, the LEPs we visited created a positive overall impression of medical education delivery in London.

This section includes summaries of our findings at these LEPs, including patient safety concerns that were raised by the visit teams at three LEPs.

The findings in this section come from our visits to LEPs in October 2012.
Barnet and Chase Farm Hospital
(Barnet and Chase Farm Hospitals NHS Trust)

**Patient safety**
The visit team did not identify any immediate or serious patient safety concerns at this site.

**Other areas**
Barnet and Chase Farm Hospital has had a long period of financial and political uncertainty. Despite this, overall we found that this LEP is committed to education and training; however, the way the board deals with education and training issues could be more effective.

Students and doctors in training felt supported and thought that the LEP offered many learning opportunities. The medical students were positive about the induction they had received and how they were made to feel part of the team.

Students liked being assigned to one consultant for the duration of their four-week placement and felt that there were good learning opportunities.

Foundation doctors and doctors in specialty training also felt well supported. In particular, emergency medicine and surgery were singled out for providing excellent education, support and opportunities for learning.

**Areas of good practice**
- GP supervisors are making workplace-based assessments consistent.
- The department of surgery has a weekly ‘big hug’ meeting where doctors in training can give feedback on their training to their consultants.
Charing Cross Hospital (Imperial College Healthcare NHS Trust)

Patient safety

We had concerns about the use of operating theatres for overflow intensive care beds. Doctors in training in anaesthetics are required to transfer patients from intensive care to other departments, such as radiology for scanning procedures. We were concerned about the poor handover of patients from staff in intensive care to these doctors in training.

The Deanery and Trust followed up these concerns shortly after the visit and we are satisfied that the LEP is taking appropriate short-term actions. The Trust, LETB and the GMC will monitor the effectiveness of these actions over the longer term, as we do after every visit where a patient safety concern has been raised.

This patient safety concern had not previously been raised with us through the usual reporting methods. Its occurrence was partly due to high numbers of patients that meant operating theatres had to be used for overflow intensive care beds. This is a symptom of a healthcare system working close to full capacity.

Other areas

Despite ongoing service reconfiguration, Charing Cross Hospital is achieving good standards of education. The students and doctors in training we met were well supervised, were positive about their training and could cite examples of their feedback being used to improve the quality of training. Undergraduate medical students and their supervisors in particular were well supported by the undergraduate office.

We also found mechanisms by which good practice could be shared. For example, the Trust’s three directors of medical education have monthly meetings to share good practice, and these sessions have resulted in a model of weekly education meetings in urology being adopted in plastic surgery.

Areas of good practice

- In the department of anaesthetics, students and doctors in training have a supportive training environment.
- The department of surgery has responded positively to the challenges of being the lead provider for core surgical training in northwest London.
Croydon University Hospital (Croydon Health Services NHS Trust)

Patient safety
The visit team did not identify any immediate or serious patient safety concerns at this site.

Other areas
This LEP is outstanding in its commitment to education and training, and there is a collegiate atmosphere among staff, students and doctors in training. Both supervision of and support for students and doctors in training on placements are working well, and the education they receive makes many want to return later in their careers. We advised the education management team that they should further improve systems around handover and induction, particularly in surgery. There is greater scope for the Trust’s educational leaders to engage with the medical schools to further raise the profile of the Trust and enhance learning opportunities.

Areas of good practice
- Good handover in obstetrics and gynaecology.
- High-quality simulation training.
- Quality improvement projects are carried out by foundation doctors and implemented by the Trust to improve standards.
The training environment

King’s College Hospital
(King’s College Hospital NHS Foundation Trust)

Patient safety
The visit team did not identify any immediate or serious patient safety concerns at this site.

Other areas
Despite locally challenging circumstances, including the risk of instability in the southeast London sector as a result of ongoing financial difficulties at South London Healthcare NHS Trust, King’s College Hospital is committed to education and training. Students and doctors in training were well supervised and felt supported and satisfied with the quality of their education and training. This was highlighted by accessible and visible teaching and administrative staff and by doctors being actively involved in training and teaching. We were concerned about the organisation of rotas for doctors in training. We also noted some issues with the interface between doctors in training and support services, such as the transport of blood samples to pathology laboratories. Doctors in training were not always able to get blood samples transported in a timely fashion and had to resort to leaving the wards and taking blood samples to laboratories themselves.

This LEP positively promotes and supports education, and doctors in training appreciate this. The Deanery reported some concerns about the experience that doctors in training were getting and their overall satisfaction in general surgery at the Trust from the 2011 trainee survey. The Deanery and the Trust took steps to address these concerns and, based on what we were told by foundation and general surgery doctors in training, these steps seem to have had a positive effect.

Area of good practice
- The Trust has a positive learning and working culture, helped by comprehensive induction procedures, welcoming and accessible education supervisors and helpful education administration staff.
Northwick Park Hospital
(North West London Hospitals NHS Trust)

Patient safety
Concerns about the supervision of and support for foundation doctors, which the North West Thames Foundation School had previously identified, had not been resolved by our visit and were still a significant patient safety issue. Concerns included:

- the availability and timeliness of clinical supervision of foundation doctors in both years of training
- foundation doctors in both years of training being routinely asked to make decisions beyond their competence
- the imbalance between service demands and the availability of staff to meet them.

The visit team discussed these issues with the director of medical education on the day of the visit and also notified the postgraduate dean that day. The Trust took immediate actions, which were implemented on the day of the visit.

The Deanery is monitoring the Trust’s action plan and providing regular updates to us on progress towards resolving the issues.

Other areas
We found evidence of support and promotion of education at Northwick Park Hospital. Students we met praised the organisation, the quality and quantity of teaching and the feedback they received, and this was echoed by doctors in training in many specialties.

Students, doctors in training and supervisors praised the support provided by the education managers. The involvement of foundation doctors in training in quality improvement projects also appears to be working well and such projects have the potential to enhance both education and service provision.

Areas of good practice
- There are examples of departments where education has been well integrated into service delivery, such as obstetrics and gynaecology where rotas are designed to maximise training and education opportunities.
- The Trust has invested heavily in education and has employed a large number of undergraduate teaching fellows, funded by service increment for teaching (SIFT), across a range of specialties. The eight fellows based at Northwick Park Hospital teach and provide feedback to students.
Queen Elizabeth Hospital
(South London Healthcare NHS Trust)

**Patient safety**

The visit team did not identify any immediate or serious patient safety concerns at this site.

**Other areas**

Despite challenging financial circumstances, Queen Elizabeth Hospital is committed to education and training, and students and doctors in training were, for the most part, satisfied with the quality of their education and training. Medical students gave positive feedback about the programme administration, particularly the efficiency and visibility of an administrator at the education centre dedicated to supporting undergraduate students. Doctors in training also gave positive feedback about the levels of supervision and support across specialties and departments.

We had identified issues in the past with the delivery of training across multiple sites, particularly in surgical specialties, and about the effectiveness of the Trust’s quality control and improvement systems, particularly around proactively identifying risks and issues.

We were pleased to note training in anaesthetics as an area of improvement on our visit. From our evidence base, we had identified issues with trainee supervision and that doctors in training felt pressured to undertake activities beyond their competence. Queen Elizabeth Hospital had put a range of measures in place to address the issues, and doctors in training told us they felt supported, well supervised and listened to.
St George’s Hospital
(St George’s Healthcare NHS Trust)

**Patient safety**
The visit team did not identify any immediate or serious patient safety concerns at this site.

**Other areas**
This LEP is dedicated to and engaged with education and training. The Trust collaborates very well with St George’s University of London through the Joint Education Board and is building effective working relationships with other trusts and primary care providers in south London. The LEP provides a good level of support for doctors experiencing difficulties with their training or personal life. Students reported variable quality of placements, which is due to the high numbers of students in one setting and the lack of access to NHS clinical IT systems.

St George’s Hospital is making progress with handover, the delivery of care at night and out of hours, and the implementation of 24/7 cover. It has introduced senior advanced nurse practitioners to help undertake some of the tasks normally undertaken by doctors in training, but there is still work to be done to ensure a safe service for patients and an acceptable workload for all doctors in training. The issues found by the visit team in foundation and core surgery reflect concerns identified in the 2012 national training survey about adequate experience and clinical supervision for doctors in training.

**Area of good practice**
- Excellent simulation training.
The Royal Free Hospital
(The Royal Free London NHS Foundation Trust)

Patient safety
The visit team did not identify any immediate or serious patient safety concerns at this site.

Other areas
This LEP is highly committed to education and training. Medical students felt well supported and supervised while on their clinical placements, and were positive about their induction. They praised the support they received from doctors in training, who actively point out patients of interest to them. Students also told us that they had many opportunities to experience a range of specialties, and many of the staff are experts in education who are keen to teach.

Doctors in training were equally positive about their experience of training at The Royal Free Hospital. Doctors training in core surgery told us that their consultants were available and approachable, and there were a lot of opportunities to gain clinical experience under supervision. There was protected teaching, and the trainers were up to date with the curriculum and assessment systems. These doctors in training felt their roles were well defined and that clear guidance was available from their supervisors.

Doctors in the first three years of their obstetrics and gynaecology training were also positive about their training. We had identified issues in the past with educational supervision in surgery, but we were pleased to see that surgery training is an area of improvement. The Trust told us that all consultants had received training in supervision, and doctors training in core surgery whom we spoke to were happy with their experience in the department and the supervision and training they received from consultants.

Area of good practice
- The outstanding point of good practice was that the senior management team was highly engaged in education and training, particularly the medical director.
The Royal London Hospital
(Barts Health NHS Trust)

**Patient safety**

Foundation doctors have had difficulty accessing senior support, particularly out of hours. They reported support from the critical care outreach team when faced with severely unwell patients, but difficulty accessing advice and support from senior members in their own teams. The visit team advised the education management team at The Royal London Hospital that they need to:

- improve systems around handover, particularly at weekends
- ensure that telecommunications across the LEP are fit for purpose
- put in place clear escalation policies to ensure senior support is always available.

The Deanery and Trust followed up these concerns shortly after our visit and we are satisfied that the LEP is taking appropriate short-term actions. The Trust, LETB and the GMC will monitor the effectiveness of these actions over the longer term, as we do after every visit where a patient safety concern has been raised.

**Other areas**

This LEP is committed to education and training and we met enthusiastic students, doctors in training and staff. We had some concerns about variability in the quality and quantity of clinical teaching, feedback and in-course assessments. But a particular point of good practice was the excellent simulation training.

**Area of good practice**

- Excellent simulation training.
**Whipps Cross University Hospital (Barts Health NHS Trust)**

**Patient safety**
The visit team did not identify any immediate or serious patient safety concerns at this site.

**Other areas**
Students and doctors in training receive excellent levels of teaching from committed staff at all levels, and clinical and educational supervisors felt that their jobs are enriched by their educational roles.

We had some concerns that students, clinical teachers and foundation doctors at the Trust could better understand the purpose and organisation of student assistantships, that handover is not always consistent, and that students received variable feedback and in-course assessment.

**Areas of good practice**
- Support and promotion of education resulting from strong local educational leadership.
- Highly responsive quality control processes that take into account feedback from students and doctors in training to improve the quality of education.
- Exceptional surgical training that has an appropriate balance of service provision and training and offers good pastoral support.
Undergraduate education

The findings in this section come from our visits to medical schools in November 2012.

Barts and The London School of Medicine and Dentistry

The school has 1,747 students and shares its site with The Royal London Hospital, which is a large teaching hospital. It has a four-year graduate entry programme and a standard five-year programme. Students are placed at 61 trusts.

The school has met all the requirements set in our last visit in 2009 and implemented our recommendations. There is a clear commitment to quality improvement and the quality management processes are responsive to feedback. We found evidence of the school taking action to improve the quality of education, resulting in a better experience for students. For example, the senior management team told us that students had not been happy for a long time with the feedback they received on their performance in assessments. The school discussed the issue with the students and, in response, the school put in place a campaign to clearly badge assessment feedback, including developing a feedback logo, and distributed posters around the school to promote the campaign. Students commented positively on the school’s response.
We identified some areas where the school was not meeting our standards or needed to make improvements.

- We were concerned that students’ experiences of placements can be variable, but the school is working to improve this by developing new robust, specific and transparent service level agreements with provider trusts.

- The school needs to put clear systems and resources in place to monitor and use equality and diversity data.

- We would like patients and the public to be more involved in managing and governing the curriculum, including setting the strategy and direction for the curriculum and governance of the school.

- The school should enhance interprofessional education by increasing opportunities for medical students to learn alongside students and trainees from the allied health professions (for example, nursing and midwifery).

- The school should improve the consistency of the way assessments are mapped to the learning outcomes in the curriculum and the outcomes in Tomorrow’s Doctors (assessment blueprinting).

**Areas of good practice**

- There is a strong sense of community between staff and students, who are all committed to continuously improving the quality of education delivered at the school.

- Students are well supported and there are strong support infrastructures.
Imperial College London

The school has over 2,000 students on its MBBS course, including a four-year graduate entry route. The first cohort of graduate entry students graduated in 2012. Students are placed at 29 trusts.

The school is operating within an environment of uncertainty. At the time of our visit, several major decisions were being taken on the future configuration of services in northwest London. These decisions could disrupt the education being delivered at the school by significantly reducing services at hospitals that provide a large number of clinical placements. In particular, reducing the number of emergency departments could reduce educational opportunities in acute specialties.

The school has a strong quality management framework that is improving teaching and clinical placements, and that can be used to disseminate good practice. The school also works well with North West Thames Foundation School, and the school’s graduates are highly successful when applying to an academic role in the Foundation Programme. Students and staff praised the support from the faculty education office, and the school has improved some parts of the course in response to our requirements from previous visits. We also heard about a pilot project in which a small number of students have worked as healthcare assistants – this is a positive initiative and we hope to see it implemented in full.

Our findings were generally positive, but there were also areas where the school was not meeting our standards or needed to make improvements.
The school has attempted to address the requirements around mapping and managing the curriculum and assessments, which were set at our 2008 visit and were followed up at our 2012 visit, but further work is still needed.

The school could improve specific issues with the graduate entry programme, feedback and pastoral care in the later years of the course, the analysis of equality and diversity data to inform the programme, and the timing of training for students involved in peer-assisted learning. For example, peer-assisted learning was not always delivered at the optimum time to allow students to be appropriately supported and trained.

Implementation of the new sixth year programme needs to be monitored to ensure the school delivers the planned outcomes of the course.

Training for trainers is meeting our standards, but it could be improved by providing a more structured programme of staff development.

The school is already aware of some of these issues and is planning to address them.

Areas of good practice

- The school works well with North West Thames Foundation School.
- The school’s curriculum has a strong grounding in science and clinical research.
- The SIFT-funded teaching clinics are focused on education rather than solely on service provision and allow consultants to deliver training in an outpatient clinic.
King’s College London

With more than 2,300 undergraduate students, King’s College London is one of the largest medical schools in the UK. The school is based at Guy’s Hospital, St Thomas’ Hospital and King’s College Hospital. The school is multidisciplinary and teaching is delivered by more than 1,400 teachers and experts in education across the school, King’s Health Partners and associated NHS trusts and hospitals. The trusts and hospitals provide a significant proportion of clinical teaching. Students are placed at 19 trusts.

There are several external factors that could affect the school’s delivery of medical education. Placements are at risk as a result of ongoing service reconfiguration at South London Healthcare NHS Trust, the downsizing of district general hospital capacity and potential reductions in staff numbers across the school’s partner hospitals.

Despite these challenges, we found that King’s College London is delivering a good standard of medical education. The school has good learning resources, particularly the new clinical skills centre and virtual learning environment.

We identified some areas where the school was not meeting our standards or needed to make improvements.

- The faculty’s communication and engagement with students are currently resulting in low levels of student satisfaction in some areas.
- Feedback, and the design, delivery and quality management of assessments, could be improved.
- Quality data could also be used more effectively to drive strategic improvements across the school.

We recognise that the school is aware of some of these issues and has made efforts to address them.

Areas of good practice

- Students spoke positively about the variety of learning opportunities available to them, particularly in student-selected components.
- The school’s commitment to widening access has made a positive contribution to the expansion of medical education across London and the southeast.
- The school has strong mechanisms to help with the welfare of students.
- King’s College London and South Thames Foundation School have a close working relationship.
St George’s University of London

This is the smallest of the five London medical schools with 1,414 students. It shares its site with St George’s Hospital, which is a large teaching hospital. The school has a four-year graduate entry programme, a standard five-year programme and a six-year programme that includes a foundation year. In partnership with pathway provider INTO, the school offers a graduate entry and a six-year programme specifically for overseas students (from outside the UK and European Union) – there are 12 students on this programme. Students are placed at 21 trusts.

The school is currently undergoing a rolling programme of GMC quality assurance for its INTO programme and its four-year graduate entry programme delivered in partnership with the University of Nicosia, Cyprus. The Better Services Better Value review of health services in southwest London could lead to service reconfiguration, which may affect clinical placements. The school has been working closely with LEPs to consider contingency plans.

The school scored below average in the National Student Survey for most indicators. Before our visit, we did a survey of students’ experiences of the school, which highlighted low levels of satisfaction around communication with the faculty and feedback from assessment. The school has developed a 41-point action plan to increase levels of satisfaction and improve students’ experience.

We found much to be positive about on our visit to the school. The teaching and clinical staff we met were well trained, fully supported by the school and committed to education. Student support is comprehensive and students we met were confident that the programme and assistantship would prepare them well for practice.

Students from different admission streams are well integrated and there is evidence of good progression between years. The assessment strategy is thorough and feedback on assessment is improving, although timeliness still remains a key issue for students. Systems to communicate information about graduates between the school and the South Thames Foundation School are robust, and the two organisations have a close relationship that is enhanced by being at the same location.

We identified a number of areas where the school was not meeting our standards or needed to make improvements.

- Communication between the faculty and students needs to be improved – students said they are not always treated with respect and dignity by some registry staff.
- Clinical placements arranged by the school are sometimes poorly organised and overcrowded.
- Some students were not made aware of their immunity status for communicable diseases through occupational health before starting clinical placements, which could mean they are vulnerable to infection.

Areas of good practice

- The use of simulated and expert patients.
- Training and development for staff in equality and diversity.
- Procedures and strategies for assessment are frequently reviewed and developed.
University College London

This is the third largest medical school in London with 1,969 students. The school has three main clinical campuses: Bloomsbury, the Royal Free and the Whittington. The North Central Thames Foundation School is also based at the Royal Free campus. The school offers a six-year programme and students are required to take an Intercalated Bachelor of Sciences degree in their third year as part of this programme. Students are placed at 28 trusts.

The school is operating in an environment of uncertainty and change. The school highlighted the challenges of service reconfiguration and funding, which affect both clinical placements and the availability and quality of teaching at the school’s partner LEPs.

Overall, our findings were generally positive, but there are several areas where the school was not meeting our standards or needed to make improvements.

- The school must ensure that students receive regular information about their progress, including feedback after assessments.

- The school has a strong quality management framework, which is effective in improving teaching and clinical placements and disseminating good practice. However, this framework is less robust when dealing with exceptional events, such as following up patient safety incidents at trusts. The school should ensure that effective management systems are in place to plan and monitor undergraduate medical education, including clinical placements, so that any concerns can be identified and managed quickly and effectively.

The school has also recently reviewed its curriculum and the new curriculum became fully operational in September 2012. Although we found some initial problems with its roll-out, the school was acting to address these – for example, by rectifying timetable clashes and updating student guidance documents. The support available to students from the welfare systems was praised by both students and staff. It has also integrated basic and clinical science in response to the requirements from our visit in 2005.

Areas of good practice

- The extent and nature of patient and public involvement in the curriculum.

- The research excellence framework, which the visit team viewed as a sign of the commitment of the school to carry out high-quality research into teaching.

- The school works well with the North Central Thames Foundation School.
We visited London Deanery (the Deanery) in December 2012. The visit team met with representatives from the Deanery, the four London foundation schools* and NHS London. The team also met with the three LETBs set to take over the Deanery’s responsibilities in 2013. The visit team used evidence provided by the Deanery at the start of the regional review, along with additional evidence gathered during visits to ten LEPs across London by the five London visit teams.

Overall we found that the Deanery is largely managing the quality of medical education and training to our standards, using evidence to make difficult decisions when required. Doctors in training spoke positively of the variety of learning opportunities available to them and of the Deanery’s supportive and collegiate approach. The Deanery has extensive quality management processes and close working relationships with partner LEPs as a result of effective engagement by the team of trust liaison deans.

We had some concerns in specific areas. We found some inconsistencies in the delivery, timing and numbers of annual reviews of competence progression (ARCPs) across specialties. Doctors in training across a range of specialties had experienced inconsistencies in the delivery of their ARCPs. In surgery and obstetrics and gynaecology, interim ARCPs take place in July each year, but this is not the case for some other specialties. We have set a requirement for the Deanery to ensure that ARCPs are delivered consistently and fairly, both within and across schools.

We also heard that the London Postgraduate School of Surgery requires doctors in training to complete more workplace-based assessments (WPBA) than in other deaneries, and exceeds the recommendations agreed by Joint Committee on Surgical Training (JCST). Since the visit, we have asked the deanery to provide more information about this. Although we have received some reassurances we are continuing to work with the London Postgraduate School of Surgery, especially in relation to the WPBA requirements for higher trainees.

* South Thames Foundation School is managed by Kent, Surrey and Sussex Deanery.
We noted that the accountability and performance management processes for the Deanery’s heads of school were inconsistent and recommended that these areas should be strengthened.

We found many examples of good practice. Some are listed in the detailed reports for each LEP on pages 8–17 of this report. We noted the Deanery’s efforts to share the professional support unit with the rest of the UK.

Areas of good practice

- The Deanery has good learning and support resources, particularly its professional support unit, which provides resources, separate from employing organisations, to support the professional development of the medical and dental workforce across London.
- The success of the trust liaison deans.
- The extensive implementation of portfolio-based accreditation of staff with education responsibilities.
- The mechanism by which training posts in emergency medicine were redistributed to reflect service demands and capacity.
- The move towards the matching of training with patient care pathways.
Progress against our standards

The visit teams explored a number of common areas across our visits to LEPs and medical schools. The figures in this section show our team’s overall findings for each area.
Patient safety

Supervision of doctors in training

We investigated the supervision of doctors in training at the LEPs we visited because it is key for patient safety.

We had concerns about two LEPs that did not meet our standards for the supervision of foundation doctors.
All LEPs and medical schools met our standards in transferring information about the performance of students and doctors in training between education providers and educational supervisors.

They have also met our standards in identifying, supporting and managing students and doctors in training whose conduct or health gives cause for concern.

Good practice
We investigated quality management and control at medical schools and LEPs because our ability to quality assure education and training is dependent on these organisations having robust quality management and control processes.

Although all schools and LEPs met our standards, we found room for improvement and set seven recommendations to enhance standards.

Good practice

Whipps Cross University Hospital demonstrated good practice through having processes to quickly make improvements to the quality of training.

Croydon University Hospital has innovative quality improvement projects carried out by foundation doctors and implemented by the Trust to enhance standards.

Imperial College London demonstrated good practice in using clinics to provide optimal education and training.
Equality, diversity and opportunity

All medical schools and LEPs met our standards in making reasonable adjustments for students and doctors in training with disabilities or with special educational or other needs.

We had concerns about one school that did not meet our standards for the collection and analysis of equality and diversity data to improve the educational experience of students.

Good practice
Design and delivery of the curriculum, including assessment

Medical schools

We selected student assistantships and clinical placements in undergraduate medical education as an area to investigate at all medical schools. This is because we know from the annual reports provided by medical schools that this is one of our standards that schools find difficult to meet.

Our findings for this area show that this remains a challenging standard with four of the five medical schools having a recommendation or requirement against this standard and no examples of good practice.

We selected preparedness for practice as an area to investigate at all medical schools because it is a subject of national interest. We were pleased that four of the five schools are meeting our standards in this area.
We selected validity and reliability of assessment and feedback to students on their progress as areas to investigate at all medical schools. This is because we know from the annual reports provided by medical schools that these are standards that schools find difficult to meet.

We are concerned that the majority of medical schools are not meeting these standards, but we acknowledge that they are making considerable efforts to improve the validity and reliability of their assessments and to provide better feedback to students on their progress.

We are considering assessment at all UK medical schools during 2013, and plan to publish good practice case studies about schools that are exceeding our standards in assessment. This should help other medical schools to meet our standards for assessment.
Design and delivery of the curriculum, including assessment

Local education providers (LEPs)

We considered:
- foundation training at seven of the ten LEPs visited
- core surgical training at four of the ten LEPs visited.

We were pleased that three of the four LEPs we visited met our standards for the delivery of the core surgical training curricula and assessment system.

Two LEPs were not meeting our standards – one because the workload for foundation doctors in general surgery was inappropriate, and the other because of inadequate handover from foundation doctors to other doctors in training at the end of shifts.

One LEP was not meeting our standards because doctors in training had to do long shifts.

We were pleased that the majority of the seven LEPs visited met our standards in the delivery of the foundation training curricula and assessment system.

Did not meet our standards

Met our standards with recommendations

Met our standards

Good practice

In core surgical training, Barnet and Chase Farm Hospital demonstrated good practice with opportunities for doctors in training in surgery to give feedback to consultants on their training.

And Charing Cross Hospital demonstrated good practice with initiatives to improve the experience of doctors in training in core surgery by improving training for trainers and selection of educational supervisors.
We considered:
- general surgical training at three of the ten LEPs visited
- obstetrics and gynaecology training at three of the ten LEPs visited
- anaesthetics training at three of the ten LEPs visited.

In general surgical training, Whipps Cross University Hospital demonstrated good practice with an appropriate balance of service provision and training and good pastoral support.

Barnet and Chase Farm Hospital demonstrated good practice with opportunities for doctors in training to feedback to consultants on their training.

In obstetrics and gynaecology training, Northwick Park Hospital demonstrated good practice in the integration of training and services needs facilitated by a rota designed to maximise training opportunities.

And Croydon University Hospital demonstrated good practice in handover, which is supported by an online handover template.

In anaesthetics training, Charing Cross Hospital demonstrated good practice through the delivery of a high-quality learning experience.

We were pleased that all three LEPs we visited met our standards for the delivery of the anaesthetics training curricula and assessment system.
Support and development

We selected support and development of students, trainees, teachers, trainers and the local faculty as areas to investigate at all medical school and LEP visits. This is because appropriate support and development are key to the delivery of undergraduate and postgraduate medical education and training.

King’s College London demonstrated good practice in the extensive and proactive approach to welfare support for students with disabilities or learning difficulties.

We were pleased that all medical schools and LEPs we visited met our standards in this area.
The changing nature of medical practice, and the systems in which doctors work