

Review of Health Education East of England

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see [the General Medical Council website](#).

Review at a glance

About Health Education East of England

Geographical area	Cambridgeshire, Hertfordshire, Bedfordshire, Essex, Norfolk and Suffolk
Number of trainees	The figure here was taken from the data collected as part of our NTS survey on 24 March 2015: 3232 doctors in training 618 on foundation programme (2015 NTS data source)
NHS organisations	387 local education providers (LEPs) of which: 2 are major teaching hospitals 1 tertiary referral centre 16 are district general hospitals 5 are mental health trusts 363 are community providers
Local medical schools	Norwich Medical School, University of East Anglia University of Cambridge, School of Clinical Medicine
Last GMC visit	2010 QAFP visit to the East of England

Outstanding actions from last visit	None
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About the visit

Visit dates	2 and 3 December 2015
Sites visited	12 October 2015 <ul style="list-style-type: none"> ▪ Norfolk and Norwich University Hospitals NHS Foundation Trust
	26 October 2015 <ul style="list-style-type: none"> ▪ Bedford Hospital NHS Trust
	2 November 2015 <ul style="list-style-type: none"> ▪ East and North Hertfordshire NHS Trust
	3 November 2015 <ul style="list-style-type: none"> ▪ Cambridge University Hospitals NHS Foundation Trust
	4 November 2015 <ul style="list-style-type: none"> ▪ The Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust
	9 November 2015 <ul style="list-style-type: none"> ▪ Norfolk and Suffolk NHS Foundation Trust
	10 November 2015

	<ul style="list-style-type: none"> Ipswich Hospital NHS Trust
Programmes reviewed	Foundation programme, undergraduate education, acute care common stem, general medicine, general surgery, anaesthetics, paediatrics, obstetrics and gynaecology, intensive care, plastics, trauma and orthopaedics, psychiatry
Areas of exploration	Management, leadership and governance; quality management; patient safety; the balance between service delivery and training; trainee safety; joint working and the transfer of information; allocation of placements; equality and diversity; resources for education and training; doctors in difficulty and support; sharing good practice
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via <u>enhanced monitoring</u>?	No

Summary

- 1 We visited Health Education East of England local office (HEEoE) as part of the regional review of the East of England. The regional review also included visits to University of Cambridge School of Clinical Medicine, Norwich Medical School, and

seven local education providers (LEPs). Health Education England is the body responsible and accountable for postgraduate education and training in England and this is managed locally by the East of England local office. According to data taken from the 2015 NTS survey, HEEoE has 3232 doctors in training. HEEoE oversees 387 local education providers (LEPs); which consist of two major teaching hospitals, one tertiary referral centre, 16 district general hospitals and five mental health trusts. The remaining 363 LEPs are community providers.

- 2** There have been some changes in senior management during the year and now there is a new local Director and Postgraduate Dean in place. HEEoE are facing challenges in regards to workforce supply. The geographical isolation of some remote areas in East of England and the relatively close proximity to London in others makes it difficult to retain doctors in training in the region for the entirety of their medical education. HEEoE are in the early stages of a three year project on the repatriation of posts used currently by London to East of England programmes as a way of addressing this issue. Moreover, travelling across the different LEPs and general practices in East of England can be quite challenging, particularly in the rural areas where doctors in training must use a car, sometimes late at night. We also heard about the challenge for doctors in training to attend regional teaching. HEEoE are working with the LEPs and schools to find a solution for this. One suggestion is to use video conferencing to alleviate the stress of travelling to various locations across the region on doctors in training. Furthermore, five trusts are in special measures. It is a time of uncertainty in the NHS with many funding challenges nationally; HEEoE are very aware of these issues and the possible impact on them. HEEoE are working closely with their stakeholders to minimise the effects of funding cuts and to find solutions.
- 3** We found that HEEoE proactively supports educational innovation and academic excellence in the region. They champion initiatives such as the Chief Resident Programme; the Quality Improvement Fellows; and the concept of the Celebration of Success conference to enable the sharing and dissemination of good practice and to celebrate success throughout the region. Doctors in training are very well supported by key members of staff and those in difficulty access excellent help via the Professional Support Unit (PSU). HEEoE have a strong cultural awareness programme which is being delivered within HEEoE and across the region. Furthermore, they have

developed a real sense of an educational community through the development of the faculty of educators.

- 4 We have identified a requirement and a number of recommendations which concern a lack of consistency in the training experience across the region. This includes gaps in rotas; the tension between service pressures and training needs; time provided in job plans for trainers to train, and the quality of induction.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>The Trainee Doctor</i>	Areas of good practice for the Health Education East of England local office
1	TTD 1.7 TTD 6.21 TTD standard 2	The valued and effective PSU is an excellent support mechanism in place for doctors in training. It enables doctors in training to access consistent, expert advice when needed.
2	TTD 6.34 TTD 6.35 TTD standard 2	The development of the Faculty of Educators provides a high level of support to clinical supervisors.
3	TTD 3.1 TTD 3.5 TTD 6.35	The cultural competency programme provides well-balanced training to enhance doctors in training and trainers' cultural awareness.

	TTD standard 2	
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Good practice 1: The excellent support mechanisms in place for doctors in training

- 5 The valued and effective PSU provides excellent support to doctors in training, especially those in difficulty, by enabling them to access consistent expert advice when needed. When a doctor in training is identified as being in difficulty, staff at the LEPs can refer them to the PSU for further support. This has been successful because HEEoE have been able to formalise the support they offer doctors in training. Doctors in difficulty are able to access the right expertise, and through careful and individually tailored resources they receive support through challenging times. The trainee representatives we spoke to praised the PSU as a much needed resource for doctors in difficulty. They particularly appreciated the sensitivity the PSU display when a doctor in difficulty is referred to them. Furthermore, the training programme directors commended the PSU for providing high level accessible support for doctors in difficulty. They stated that the PSU work very proactively to identify doctors in difficulty and to put in appropriate measures to support them. They stated that without this resource, some of their doctors in training may not have completed their training or made the right choices for them to succeed.

- 6 Furthermore, senior managers effectively collate data about the referrals made to the PSU to analyse the backgrounds, ethnicity and grades of the doctors in training who have been referred to them. Using this data, they are then able to ascertain whether these variables have any impact on the number of doctors in training that are referred to the PSU with protected characteristics, from certain LEPs or from particular specialties. Senior managers look for themes in the data and use this for quality management purposes and to resolve any issues. This shows HEEoE’s effective analysis and use of data. We encourage HEEoE to develop this further to include analysis of other protected characteristics.

Good practice 2: The development of the faculty of educators

- 7 There is a real sense of educational community in the East of England through the implementation of a faculty of educators programme. The faculty of educators is HEEoE’s support programme put in place to aid the professional development of all of

the clinical educators in the region. Senior managers champion the faculty of educators programme as a way of supporting all clinical supervisors through the different stages of their career. Furthermore, they state that the faculty of educators encourages innovation and excellence to ensure high level medical education for all in the East of England. The training programme directors that we spoke to highly valued the range and quality of educational opportunities that they can access with HEEoE's support. Moreover, the heads of school and directors of medical education we met commented that being part of the faculty of educators enabled staff to access good professional development training, such as the recent training in managing doctors in difficulty and leadership in medical education.

- 8 Senior managers also organise an annual educator's conference for the faculty of educators. The training programme directors we spoke to who had attended the last conference valued this opportunity to share good practice, to network and to celebrate achievements through the award show.

Good practice 3: The cultural competency programme

- 9 The cultural competency programme is an initiative designed by HEEoE to improve the cultural literacy of the healthcare system in East of England. We heard that cultural awareness training is delivered to doctors in training and staff initially through induction. It is delivered multi-professionally and is addressed continuously throughout the year as part of the training programme. Furthermore, this training is supplemented through resources on the intranet. Senior managers commented that the cultural competency programme enables their doctors in training and their trainers to develop their professionalism and leadership skills whilst enhancing their cultural awareness. The training programme directors we met commented that this is a valuable aspect of their equality and diversity training. We encourage the further development of this programme to include other aspects of equality and diversity.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards.

Number	Paragraph in <i>The Trainee Doctor</i>	Requirements for the HEEoE local office
1	TTD 2.2 Standards for deaneries 1.1, 3.9 and 5.3	<p>HEEoE must work with the LEPs to address the requirements and recommendations set out in the visit reports for the following sites:</p> <p>Bedford Hospital NHS Trust</p> <p>Cambridge University Hospitals NHS Foundation Trust</p> <p>East and North Hertfordshire NHS Trust</p> <p>Ipswich Hospital NHS Trust</p> <p>Queen Elizabeth Hospital King’s Lynn NHS Trust</p> <p>Norfolk and Norwich University Hospital NHS Foundation Trust</p> <p>Norfolk and Suffolk NHS Foundation Trust</p>

Requirement 1: HEEoE must work with the LEPs to address the requirements and recommendations set out in the visit reports

10 In advance of our visit, HEEoE stated that one of the issues we would find in the LEPs is major service delivery problems, particularly around finances, governance, workload and staffing. Indeed, across the seven LEPs we visited, we found that the increasing workload led to difficulties in meeting service pressures and ensuring good quality training. During our visit to Ipswich Hospital NHS Trust, we saw how they were dealing with service pressures and their attempt to reduce the effect this may

have on training. For example, when foundation doctors training in psychiatry, GP, and pathology felt they were becoming deskilled, the trust provided them with opportunities to work on medicine wards.

- 11** There is inconsistency across the region in the time provided in job plans for trainers to train, supervise, develop and assess doctors in training. Many of the educational and clinical supervisors we met on our LEP visits reported that they did not have sufficient time in their job plans for their educational commitments. We heard that, in many cases, supervisors continue to support doctors in training in their own time, through their own goodwill and commitment despite service pressures. In Ipswich Hospital NHS Trust, each division implements the job planning policy as they wish which has resulted in inconsistent job planning across the trust, and a lack of responsibility for this at Board level. The quality management team at HEEoE stated that they have worked with the trusts to outline what is expected of them in regard to the clinical supervision role. Furthermore, they use their quality visits to the LEPs to ensure that SPA time is discussed and is featured in job plans. However they recognise the demands of service provision and how an increased workload can impact upon this. We feel HEEoE should continue to support trainers in their role to ensure further consistency across the region.
- 12** Arrangements for handover were variable across the different LEPs and specialties. In Ipswich Hospital NHS Trust, all of the doctors in training we spoke to commented that there were effective, well planned handover arrangements in their specialties. Handover in obstetrics and gynaecology in Bedford Hospital NHS Trust was deemed to be effective and the department as a whole is an example of good practice. However, in the other LEPs, handover needs to be formalised and the consistency requires improvement. In some specialties, we heard that the handover processes and systems were not always followed and this led to the omission of information.
- 13** There is variability in the opportunities for doctors in training to access structured theatre and outpatient sessions to fulfil their training needs. Notably, in the LEPs we visited, doctors in training had different experiences. Doctors in training must be given the time and facilities to develop and enhance their clinical skills. This includes adequate time spent in theatre and in clinics to gain practical experience.
- 14** In a majority of the LEPs we visited, the doctors in training and staff we met used the term 'senior house officer' (SHO) and occasionally they referred to SHO rotas. 'SHO'

can refer to doctors in training from foundation year 2, core medical training years 1 and 2 as well as junior specialty trainees. In one of the LEPs, we heard from the foundation doctors that there is no distinction on SHO rotas between the different training grades. The term 'senior house officer' or 'SHO' is ambiguous for doctors in training, members of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors. Furthermore, it may lead to doctors in training being asked to work outside the limits of their competence or without appropriate supervision because there is no reference to their grade. Therefore, we feel it is important to use the grades of doctors in training on rotas and badges going forward, so that everyone has an awareness of the level of training for each individual doctor.

- 15** We also found that the quality of induction varied across departments and trusts. In Ipswich Hospital NHS Trust, foundation doctors in their first year of training told us how they valued their induction, especially learning from year two foundation doctors. Furthermore, in East and North Hertfordshire NHS Trust, the doctors in training we met commented that their trust induction ensured they were well prepared for placements. In Bedford Hospital NHS Trust, the trust is refining the induction process in response to feedback from doctors in training that it was too long and overly generic. This variability was found within trusts as well. For example, in Cambridge University Hospitals NHS Foundation Trust, core doctors in training in general surgery informed us that they did not receive an induction, whereas in anaesthetics induction was very well organised.
- 16** HEEoE collects and analyses some equality and diversity data effectively for the purposes of supporting doctors in training via the PSU (see good practice 1) however in four of the seven LEPs, we confirmed that the use and collection of equality and diversity data is minimal. Any data that is collated is not analysed in sufficient detail and often, education management teams were unsure about how they could use this data effectively. In Norfolk and Suffolk NHS Foundation Trust, they recognised the need to develop effective systems to capture equality and diversity data. Furthermore, the quality of training in equality and diversity for educational and clinical supervisors was variable. In some cases; it was too general and not specific to their roles as trainers. The equality and diversity data collected should relate to all characteristics protected under the Equality Act 2010. This should be done across all of the LEPs.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)/ <i>The Trainee Doctor</i>	Recommendations for Health Education East of England local office
1	TTD 1.5 Standards for deaneries 3.5	Work with the LEPs and Training Programmes to devise a method to detect when gaps in rotas are critically impinging on patient safety or the quality of training in the LEPs
2	TD 165 Standard for deaneries 5	Improve the communication of the undergraduate tariff distribution.
3	TTD 7 and TTD standard 1	Further improve the horizontal lines of communication and joint working within HEEoE local office to support wider developments and the sharing of good practice across the trusts and specialties

4	TTD 6.8 Standards for deaneries 2	Improve the transfer of information intra-HEE local offices for doctors in training prior to and between placements, to ensure consistency in regard to its timeliness, quality and usefulness.
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Recommendation 1: Work with the LEPs to develop plans to mitigate the effect of gaps in rotas on patient safety and the quality of training

17 Gaps in rotas are prevalent in trusts across the East of England region. This has an impact on patient and trainee safety, education and training provision. During our visits to the LEPs, we found that the vast majority of doctors in training were dealing with gaps in rotas. For example, at Norfolk and Norwich University Hospitals NHS Foundation Trust, the doctors in training we met commented that rotas and gaps were preventing their release to attend clinics, educational teaching sessions and to take study leave. The trainee representatives we spoke to from different trusts in the region stated that rota gaps across the specialties were having a detrimental effect on their training. Of the specialties visited, gaps in rotas were particularly problematic in obstetrics and gynaecology and general medicine. All of the doctors in training that we spoke to felt that often gaps in rotas left them heavily focused on providing a service and as a result the quality and frequency of their training was inconsistent. The training programme directors we met did assert that they recognised the gaps in the rotas as a problem and felt it was the work of the individual LEPs to manage this. We encourage HEEoE to work with LEPs to devise a method to detect when gaps in rotas are critically impinging on patient safety or the quality of training in the LEPs. This might include only signing off rotas which are viable and are not dependent on short term or locum cover. HEEoE’s input will encourage consistency across the region as the LEPs work to mitigate the effects of gaps in rotas.

Recommendation 2: Improve the communication of the undergraduate tariff distribution

18 Senior managers in both medical schools expressed concern that the allocation of the undergraduate tariff was unclear to them and that they would like better information and greater involvement. We feel that HEEoE should ensure the transparency of the undergraduate tariff distribution so that medical schools are better informed. The

further development and revision of the terms of reference for the East of England medical education and quality liaison group could help enable this. Furthermore, the Memorandum of Understanding which they are developing will enable some transparency in tariff usage.

Recommendation 3: Improve inter-departmental communication and joint working within HEEoE local office

19 Communication and joint working across the heads of school, directors of medical education, and training programme directors could be improved to enable the sharing of good practice and to support wider developments across the region. Senior managers need to develop and share clear priorities to ensure improved joint working and communication across the schools and LEPs. Senior managers did tell us about the Celebration of Success conference that they organise to give clinical and educational supervisors from the different LEPs and specialties the opportunity to network and share good practice. However, the training programme directors we spoke to said that it was difficult for a majority of them and their teams to attend and therefore they were unable to enjoy the benefits of such events. We feel it is important that HEEoE consider other methods to strengthen the lines of communication and joint working between the LEPs and specialties. The directors of medical education and heads of school we met said this would be a valuable resource.

Recommendation 4: Improve the transfer of information intra-HEE local offices for doctors in training prior to and between placements

20 The directors of medical education commented that the rotational arrangements for doctors in training can be problematic, as the LEPs are not always clear about the doctor in training's needs. Transferring information to the placements in sufficient time is a real challenge for the trusts and HEEoE. Senior managers stated that they were aware of the problem and that there is a placement movement process. They use an internal database to record the doctor in training's information and this information system should allow the LEPs easy access to data on doctors in training. However, the timely transfer of information remains a challenge. The directors of medical education we spoke to report that there is limited understanding of the information system and therefore in its present form, it is not effective.

Acknowledgement

21 We would like to thank Health Education East of England and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Sources of evidence

Visit team

Regional coordinator	Professor Alastair McGowan
Team leader	Professor Jacky Hayden
Visitor	Professor Anne Garden
Visitor	Ms Elaine Tait
Visitor	Dr David Evans
Visitor	Dr Tim Crocker-Buqué
GMC staff	<ul style="list-style-type: none">• Manjula Das (Education Quality Assurance Programme Manager)• Abigail Nwaokolo (Education Quality Analyst)• Richard Taylor (Education Quality Analyst)• Jo Wren (Regional Liaison Adviser)• Jane Porter (Observer on secondment from Australian Medical Council)

Visit action plan

The document register (in appendix 2) gives more detail on the documents we reviewed.

Paragraph in <i>Tomorrow's Doctors</i> (2009)/ <i>The Trainee Doctor</i>	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
Domain 1: Patient safety					
1.2 - Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are	Explore the workplace shortages and the gaps in rotas	Doc 3.1: HEEoE risk July 15	Norfolk and Norwich University Hospitals Foundation Trust LEP report (Requirement 1 &	Doctor in training representatives Senior management team	Prior to conducting the visits to the LEPs and HEEoE, we read about gaps in rotas and its adverse impact upon doctors in training as it affected their access to local and regional training.

<p>competent or are learning to be competent, and with adequate supervision</p>			<p>2) Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust LEP report (Recommendation 1) Norfolk and Suffolk NHS Foundation Trust LEP report (Requirement 1) Bedford Hospital NHS Trust LEP report (Requirement 1, 2 and Recommendation</p>	<p>Heads of School Training Programme Directors At the LEPs: Doctors in training Senior management team</p>	<p>When we visited the different LEPs, we heard about their issues with rota gaps which were due to service pressures. Senior managers at the LEPs told us that they were looking at ways to mitigate the effects of rota gaps on the quality of training. For example, in Ipswich Hospital NHS Trust foundations doctors in training in psychiatry, GP and pathology told us about how they work on medicine wards. This enables the improvement of the educational experience for them whilst</p>
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			<p>1) Cambridge University Hospitals Foundation Trust LEP report (Requirement 5)</p> <p>Ipswich Hospital NHS Trust LEP report (Good practice 1)</p>		<p>supporting service delivery</p> <p>See recommendation 1</p>
1.2 - Trainees must be appropriately supervised according to their experience and competence, and	Explore rota terminology and differentiation between grades of doctors, particularly	LEP visits QPR visit reports	Cambridge University Hospitals Foundation Trust LEP report	Heads of School Trainee representatives Senior	In a few of the LEPs we visited, the doctors in training and staff we met used the term SHO and occasionally they referred

<p>must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision.</p>	<p>the use of 'SHO' within rotas</p>		<p>(Requirement 7) Norfolk and Norwich University Hospitals Foundation Trust LEP report (Requirement 5) Bedford Hospital NHS Trust LEP report (Requirement 5)</p>	<p>management team At LEPs: Foundation, core and higher specialty doctors in training Clinical and educational supervisors Senior management teams</p>	<p>to SHO rotas. 'SHO' can refer to doctors in training from foundation year 2, core medical training years 1 and 2 as well as junior specialty trainees. We encourage HEEoE to work with and monitor the LEPs to ensure the appropriate terminology is used in the Trusts.</p>
<p>1.2 - Trainees must be appropriately supervised according to their experience and competence, and</p>	<p>Explore clinical supervision, including out of hours supervision.</p>	<p>LEP visits</p>	<p>Bedford Hospital NHS Trust LEP report (Serious concerns)</p>	<p>At LETB: HEEoE management team</p>	<p>The levels of clinical supervision, including out of hours supervision was variable across the LEPs we visited. It was raised</p>

<p>must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision.</p> <p>1.11 - Foundation doctors must always have direct access to a senior colleague who can advise them in any clinical situation.</p>			<p>Ipswich Hospital NHS Trust LEP report (recommendation 1)</p> <p>Norfolk and Suffolk NHS Foundation Trust LEP report (Requirement 1)</p> <p>Cambridge University Hospitals Foundation Trust LEP report (Requirement 4)</p>	<p>Heads of School, Training Programme Directors.</p> <p>Foundation and Emergency Medicine trainee representatives</p> <p>At LEPs:</p> <p>Foundation doctors in training (foundation and higher specialty)</p> <p>Clinical supervisors</p> <p>Senior management</p>	<p>as a serious concern at Bedford Hospital NHS Trust in regard to the out of hours supervision of F2 doctors but this was resolved satisfactorily by the Trust.</p> <p>There were also reported difficulties accessing support for foundation doctors in surgery in Ipswich Hospital NHS Trust and inadequate supervision arrangements for junior doctors in Cambridge University Hospitals Foundation Trust. Moreover we also found concerns in regard to supervision of</p>
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				team	foundation doctors at Norfolk and Suffolk.
1.6 - Trainees in hospital posts must have well organised handover arrangements, ensuring continuity of patient care at the start and end of periods of day or night duties every day of the week.	Explore the handover arrangements at the LEPs	LEP visits	Norfolk and Norwich University Hospitals Foundation Trust LEP report (Requirement 3)	At HEEoE: Heads of School Training programme directors Directors of Medical Education At LEPs: Senior management team Doctors in training	Handover arrangements in the different LEPs were variable. These need to be addressed to ensure well-organised handover arrangements as per the standards. See requirement 1

<p>1.7 - There must be robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern.</p> <p>1.8 - Immediate steps must be taken to investigate serious concerns about a trainee's performance, health or conduct, to protect patients.</p> <p>TD 52 – There must also be systems in place to check the</p>	<p>Explore how patient safety concerns are identified and managed</p>	<p>Doc 5a02: NTS Patient Safety Concerns x 2</p> <p>Doc 5b02: NTS Patient Safety Concerns</p>	<p>All 7 LEP reports (patient safety section)</p>	<p>At HEEoE:</p> <p>Meeting with QM staff</p> <p>Meeting with senior and education management teams</p> <p>Meeting with training programmes directors (TPDs)</p> <p>At LEPs:</p> <p>Meetings with clinical and educational supervisors</p> <p>Meetings with</p>	<p>From a review of the documentation provided by HEEoE prior to the visit, it was clear what the formal processes were in place for routinely sharing patient safety information between LEPs, the medical schools and HEEoE.</p> <p>During our seven LEP visits, we heard that the formal processes for communication between the Trusts and HEEoE were clear. Furthermore, in the vast majority of LEPs we visited, they state that they have a good relationship with HEEoE</p>
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quality and management of educational resources and their capacity and to ensure that standards are maintained.				senior and educational management teams Meetings with doctors in training.	and feel well supported by them. Standard met
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Domain 2: Quality assurance, review and evaluation

2.1 - Programmes, posts, trainers, associated management, data collection concerning trainees, and local faculty must comply with the European Working Time	Explore compliance with the European Working Time Regulations, Data Protection Act, and Freedom of Information Act.	No documentation referenced	Cambridge University Hospitals Foundation Trust LEP report (Requirement 5)	At LEPs: Meetings with clinical and educational supervisors Meetings with senior and educational	Overall, in the majority of LEPs, there was compliance with the regulations and Acts stated. This standard was not met at Cambridge University Hospitals NHS Foundation Trust. However, the standard
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Regulations, Data Protection Act, and Freedom of Information Act.				management teams Meetings with doctors in training.	was not met in regard to compliance with the European Working Time Regulations due to the impact of rota gaps on doctors in training. We encourage HEEoE to monitor the LEPs in this matter to ensure they make improvements to meet this standard
2.2 - Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This	Explore processes for local quality management through HEEoE, and for quality control in the LEPs. This must include all postgraduate posts, programmes and	Doc 2.2: Diagram illustrating the Quality Monitoring Processes carried out under the QIPF Doc 2.3: QIPF Employer Handbook	Cambridge University Hospitals Foundation Trust LEP report (Requirement 3) East and North Hertfordshire NHS	At HEEoE: HEEoE senior management team Postgraduate dean Quality	There is an established quality framework which includes reviews of programme as well as providers, and allows for both routine and triggered visits. HEEoE also use enhanced monitoring

<p>must include all postgraduate posts, programmes and trainers and ensure that the requirements of the GMC's standards are met.</p>	<p>trainers.</p>	<p>2014</p> <p>Docs in section 5. LEP quality management reports and action plans for the different sites</p>	<p>Trust LEP report (Requirement 3 and recommendation 1)</p>	<p>management team</p> <p>At LEP:</p> <p>Senior and education management teams</p> <p>At Schools:</p> <p>Quality management teams</p>	
<p>2.2 - Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for</p>	<p>Explore processes for joint working and quality management of posts and programmes.</p>	<p>Doc A: Health Education East of England contextual information</p> <p>LEP visits</p>		<p>At HEEoE:</p> <p>HEEoE senior management team</p> <p>Postgraduate dean</p>	<p>HEEoE state that they work closely with the medical schools and LEPs in the East of England region.</p> <p>We found that the</p>

<p>quality control through LEPs. This must include all postgraduate posts, programmes and trainers and ensure that the requirements of the GMC's standards are met.</p>		<p>Medical School visits</p>		<p>Quality management team</p> <p>At LEP:</p> <p>Senior and education management teams</p> <p>At Schools:</p> <p>Quality management teams</p>	<p>communication and joint working across the heads of school, directors of medical education and training programme directors could be improved to enable the sharing of good practice and to support wider developments across the region.</p> <p>See recommendation 3</p> <p>HEEoE's links with Cambridge School of Clinical Medicine and the Norwich Medical School are evident through the Medical Education Liaison Group which includes</p>
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					<p>senior representation from HEEoE and the Medical Schools along with student and trainee representatives. SIFT funding is provided through the "Learning and Development Agreement", which sets out the responsibilities for the organisation and delivery of medical student placements as well as the quality assurance processes. The precise nature of the funding arrangements is set out in detail in the LDA Schedules. However, on our visits to the medical schools, senior managers</p>
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					commented that the allocation and utilisation of the undergraduate tariff was unclear to them and that they would like better information and greater involvement See recommendation 2
2.3 - The quality management of programmes and posts must take account of the views of those involved, including trainees, local faculty and, where appropriate, patients and	Explore patient and public involvement and employer engagement at LEPS	Doc 11.1: HEEoE Patient and Public Voice Partnership (PPV) Strategic Overview 2015		At HEEoE: HEEoE Senior management team Postgraduate deans At LEPS: Doctors in training	HEEoE has lay representatives, who are involved in a range of activities such as quality visits. They receive training for their roles. Those we met with who had experience of a quality panel felt that they were able to contribute to the visit. There is a lay rep

employers				Patient and carer groups Fitness to practise and student support	on each QM visit.
2.3 - The quality management of programmes and posts must take account of the views of those involved, including trainees, local faculty and, where appropriate, patients and employers	Explore the use of doctor in training feedback in the quality management of programmes and posts	LEP visits	Bedford Hospital NHS Trust LEP report (Good practice 1 & 3) Cambridge University Hospital NHS Foundation Trust LEP report (Requirement 3) East and North Hertfordshire NHS Trust LEP report	At HEEoE: HEEoE Senior management team Postgraduate deans At LEPs: Senior /quality management team Doctors in	Generally across the different LEPs in the East of England region, feedback is sought from doctors in training which helps senior managers assess the quality of the programmes and posts. They can then implement changes to improve the provision. Occasionally, there is an overreliance on trainee feedback to ascertain whether the

			(Area of improvement 2) Queen Elizabeth Hospital NHS Foundation Trust LEP report (Area of improvement 1)	training	quality of programme is good or bad. The use of different data is encouraged to inform local quality control processes.
Domain 3: Equality, diversity and opportunity					
3.3 Postgraduate deaneries must take all reasonable steps	Explore if doctors in training who require reasonable		All LEP reports – section on equality and	At HEEoE: Senior	Prior to visiting the LEPs, we questioned what provision had been made

<p>to adjust programmes for trainees with well-founded individual reasons for being unable to work full time, to enable them to train and work less than full-time within GMC's standards and requirements. Postgraduate deaneries must take appropriate action to encourage LEPs and other training providers to provide adequate opportunity for trainees to train less than full time.</p> <p>3.4 Appropriate</p>	<p>adjustments including training less than full time receive these</p>		<p>diversity</p>	<p>management team</p> <p>Trainee representatives</p> <p>At LEPs:</p> <p>Senior and education management teams</p> <p>Doctors in training</p>	<p>to support any reasonable adjustments that doctors in training may have.</p> <p>In the different LEPs, we did not find any instances where reasonable adjustments had not been made to assist a doctor in training including provisions to train less than full time.</p>
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reasonable adjustments must be made for trainees with disabilities, special educational or other needs.					
3.5 - Equality and diversity data, including evidence on trainee recruitment, appointment, and satisfaction must be collected and analysed at recruitment and during training and the outcome of the analysis made available to trainees and trainers.	Explore the collection, analysis and use of equality and diversity data	LEP visits	<p>Bedford Hospital NHS Trust LEP report (Requirement 2)</p> <p>Cambridge University Hospital NHS Foundation Trust LEP report (Requirement 8)</p> <p>East and North Hertfordshire NHS Trust LEP report</p>	<p>At HEEoE: Senior management team</p> <p>At LEPs: Senior and education management teams</p> <p>Quality management teams</p> <p>Doctors in</p>	<p>In four of the LEPs we visited, equality and diversity data was not collated consistently and when collected was not analysed in sufficient detail.</p> <p>See requirement 1</p>

			(Requirement 4) Norfolk and Suffolk NHS Foundation Trust LEP report (Requirement 7)	training	
3.6 - Data about training medical staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.	Explore equality and diversity training for staff with education roles	Doc 4.1 Equality and Diversity policy Doc 4,3 Equal opportunities policy	Bedford Hospital NHS Trust LEP report (requirement 3)	At HEEoE: Senior management team At LEPs: Senior and education management teams Quality management	The HEEoE equality and diversity policy states that training must be undertaken by all doctors in training and their educational supervisors. The educational and clinical supervisors we met during the LEP visits confirmed that equality and diversity training does occur. However, in some trusts, we heard from

				teams Doctors in training	<p>doctors in training that they did not find their equality and diversity training useful in practice.</p> <p>Furthermore, in one of the trusts, equality and diversity training data was not collected.</p> <p>At HEEoE, we heard about their new cultural competency programme which aims to improve the cultural literacy of healthcare in the region.</p> <p>See good practice 3</p>
3.6 - Data about training medical staff	Explore equality and diversity data	Documents provided during visit to HEEoE.		At HEEoE: Senior	It is apparent from documentation reviewed

<p>in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.</p>	<p>gathered regarding doctors in training</p>			<p>management team</p> <p>At LEPs:</p> <p>Senior management teams</p> <p>Postgraduate deans</p> <p>Quality management teams</p>	<p>during the visit when discussing the PSU, that HEEoE collect equality and diversity data and uses this to have a secure understanding of any E&D issues in the region and to implement change. However, at present this data only relates to certain protected characteristics such as ethnicity and gender.</p> <p>See good practice 1</p>
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Domain 4: Recruitment, selection and appointment

Domain 5: Delivery of approved curriculum including assessment

<p>5.1 - Sufficient practical experience must be available within the programme to support acquisition of knowledge, skills and behaviours and demonstration of developing competency as set out in the approved curriculum.</p> <p>5.2 - Each programme must</p>			<p>Ipswich Hospital NHS Trust LEP report (Good practice 2)</p> <p>Bedford Hospital NHS Trust LEP report (Good practice 2 and Recommendation 1)</p> <p>Cambridge University Hospital NHS</p>		<p>When we visited the LEPs, we heard about the exceptional teaching and support accessible to doctors in training. However, in one of the LEPs, East and North Hertfordshire NHS Trust, we heard that teaching can be opportunistic.</p>
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<p>show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post.</p>			<p>Foundation Trust LEP report (Good practice 2)</p> <p>Norwich and Norfolk University Hospital NHS Foundation Trust LEP report (Good practice 1)</p> <p>East and North Hertfordshire NHS Trust LEP report (Requirement 2)</p>		
<p>5.4 - Trainees must be able to access and</p>	<p>Explore trainees</p>	<p>Postgraduate Dean's</p>		<p>HEEoE: Senior</p>	<p>Prior to the visit, in the</p>

<p>be free to attend regular, relevant, timetabled, organised educational sessions and training days, courses, resources and other learning opportunities of educational value to the trainee that form an intrinsic part of the training programme, and have support to undertake this activity whenever possible.</p>	<p>access to organised educational sessions</p>	<p>opening presentation – given during the visit.</p> <p>Doc A: Health Education East of England contextual information</p> <p>LEP visits</p>		<p>management team</p> <p>LEPs: Senior management team</p>	<p>documentary evidence provided by HEEoE and in the opening presentation, we heard about the geographical issues evident in the region. This has an impact on organisation and programme development</p>
<p>5.6 - The overall purpose of the approved assessment system as well as each of its</p>	<p>Explore rates of progression at ARCP panels</p>	<p>Docs 11.8a-c: HEEoE ARCP Timetables</p>		<p>At LETB: Postgraduate deans Quality</p>	<p>We heard that HEEoE analyse ARCP data and explores its uses.</p>

<p>components must be documented and in the public domain and must be implemented.</p>				<p>management team</p> <p>Heads of schools and training programme directors</p> <p>At LEPs:</p> <p>Assessment teams</p> <p>Quality management teams</p>	
<p>Domain 6: Support and development of trainees, trainers and local faculty</p>					
<p>6.1 - Every trainee starting a post or programme must be</p>	<p>Explore if doctors in training are receiving departmental</p>	<p>LEP visits</p>	<p>Norfolk and Suffolk NHS Foundation Trust</p>	<p>At HEEoE: Heads of School</p>	<p>We heard mixed experiences with regard to departmental induction.</p>

<p>able to access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; their duties and reporting arrangements; their role in the inter-professional and inter-disciplinary team; workplace and departmental policies and to meet key staff.</p>	<p>inductions.</p>		<p>LEP report (Requirement 5) Norwich and Norfolk University Hospital NHS Foundation Trust LEP report (Requirement 4) Cambridge University Hospital NHS Foundation Trust LEP report (see requirement 6)</p>	<p>Training programme directors At LEPs: Doctors in training (foundation, core and higher specialty level) Senior management teams</p>	<p>Some of those with whom we met informed us that they had not received a departmental induction. In contrast, those who had received a departmental induction described the experience as being very good. Moreover, in regard to Trust induction, the quality of these was also variable. For example, the induction process at Norfolk and Suffolk NHS Foundation Trust needed refining to ensure doctors in training are receive timely information and support, which is relevant</p>
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					to their programme. Some of the Trusts we visited have already identified induction as an area requiring improvement. See requirement 1
6.8 -There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements.	Explore Transfer of Information between different stages of training, and the timeliness of transfer	Doc A: Health Education East of England contextual information request		At HEEoE: Quality management team Heads of school Training programme directors At LEPs: Educational and	We heard that the rotational arrangements for doctors in training can be problematic, as the LEPs are not always clear about the doctor in training's needs. There is a programme in place to transfer information however the training programme directors we met commented that this is not a user-friendly

				<p>clinical supervisors</p> <p>Doctors in training (foundation, core and higher specialty level)</p>	<p>system and they do not understand it.</p> <p>See recommendation 4</p> <p>Where serious concerns had been identified, mechanisms exist that facilitate the transfer of information between training placements and organisations.</p>
<p>6.10 - Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy), in accordance with</p>	<p>Explore workload and intensity issue for doctors in training</p>	<p>Doc A: Health Education East of England contextual information request</p> <p>LEP visits</p>	<p>Ipswich Hospital NHS Trust LEP report – (Good practice 1)</p> <p>Bedford Hospital NHS Trust LEP report (Areas of</p>	<p>At HEEoE:</p> <p>Senior management team</p> <p>Quality management team staff</p>	<p>Throughout the course of the visit we heard examples of how rota gaps are impacting on training.</p> <p>In some cases the need to provide service delivery</p>

<p>the approved curriculum, add educational value and be appropriately supervised.</p>			<p>improvement 1) Norfolk and Norwich University Hospital NHS Foundation Trust LEP report (Requirement 1) Cambridge University Hospital NHS Foundation Trust LEP report (Good practice 3 and requirements 1 & 2) Norfolk and Suffolk NHS Foundation Trust</p>	<p>Heads of school Training programme directors Representatives of doctors in training At LEPs: Senior management staff Clinical and educational supervisors Doctors in training (foundation, core and higher</p>	<p>has meant that trainees are unable to take time away from the ward or department in which they work to spend time in theatre or attend clinics. At the LEPs, we also found instances of good practice or areas of improvement in regards to how some of the Trusts are dealing with the tension between service delivery and training.</p>
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			LEP report (Requirement 2 and 3)	specialty level)	
6.13 - While trainees must be prepared to make the needs of the patient their first concern, trainees must not regularly carry out routine tasks that do not need them to use their medical expertise and knowledge, or have	Explore educational experience of doctors in selected specialties.	LEP visits	Ipswich Hospital NHS Trust LEP report (Good practice 1)	At HEEoE: Representatives of doctors in training At LEP: Doctors in training (foundation and higher specialty level)	Despite the high workload, many of those we met spoke favourably of the training they had received. However, in Ipswich Hospital NHS Trust and Norfolk and Suffolk NHS Foundation Trust, we heard from doctors in training in psychiatry that

<p>little educational value.</p>					<p>occasionally they are being asked to perform jobs that have little educational value. Ipswich Hospital NHS Trust have come up with an innovative way of dealing with this issue by deploying these doctors in training to work on medicine wards.</p>
<p>6.18 - Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.</p>	<p>Explore how supportive the environment is for doctors in training</p>	<p>LEP visits</p>	<p>Norfolk and Suffolk NHS Foundation Trust LEP report (Requirement 4)</p> <p>The Queen Elizabeth Hospital King's Lynn NHS</p>	<p>At HEEoE: Heads of School Training Programme Directors</p> <p>At LEPs: Senior</p>	<p>On the whole, doctors in training outlined great support arrangements in the LEPs. However in a couple of Trusts doctors in training commented on strained relationships between them and the nursing staff within their</p>

			Foundation Trust LEP report (Requirement 1)	management team Doctors in training	departments and the need to strengthen relationships between middle managers and medical staff.
6.21 - Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty.	Explore the management of doctors in difficulty	Doc A: Health Education East of England contextual information Doc 8.2 & 8.3: Professional Support for Doctors in Training Forms		At HEEoE: Heads of school Training programme directors Quality management team At LEPs: Clinical and educational supervisors	We heard that doctors in difficulty with low level concerns are managed mostly at Trust level. However the Trusts can refer a doctor in training to the HEEoE PSU to access further support. See good practice 1

				Senior management team Doctors in training	
<p>6.27 - Trainees who believe that their particular skills and aptitudes are well-suited</p> <p>to an academic career, and are inclined to pursue it, should receive guidance in that endeavour.</p>	Explore the Chief Resident's Programme	Doc A: Health Education East of England contextual information	Cambridge University Hospitals NHS Foundation Trust LEP report (Good practice 1)	<p>At HEEoE: Senior management team Trainee Representatives</p> <p>At LEPs: Doctors in training Senior management team</p>	The Chief Resident's programme is commended highly by the doctors in training we met at the LEPs and by trainee representatives at HEEoE. We were told that it enables doctors in training involved in the programme to develop their leadership and management skills

<p>6.34 - Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.</p>	<p>Explore training and support for trainers, including recognition of educational tasks in job planning.</p>	<p>Doc A: Health Education East of England contextual information</p>	<p>Norfolk and Suffolk NHS Foundation Trust LEP report (Good practice 1 and Recommendation 1)</p>	<p>At HEEoE: HEEoE senior management team Postgraduate deans At LEPs: Clinical and educational supervisors Senior management teams</p>	<p>During visits to LEPs we heard that educational and clinical supervisors do receive training for their role and that attendance at training events is managed and monitored locally. There is also a faculty of educators which fosters a sense of an educational community (Good practice 2)</p>
<p>Domain 7: Management of education and training</p>					
<p>7.1 - Postgraduate training programmes</p>	<p>Explore accountability for and governance</p>	<p>Doc A: Health Education East of</p>		<p>At HEEoE:</p>	<p>We heard that HEE has</p>

<p>must be supported by a management plan with a schedule of responsibilities, accountabilities, and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes.</p>	<p>of postgraduate training</p>	<p>England contextual information</p>		<p>Senior management team Postgraduate deans QM staff At LEPs: QM teams Senior management teams</p>	<p>completed a process known as 'Beyond Transition'. This has led to a change in HEEoE's governance and management structures. There is now a local Director and a Postgraduate Medical Dean in place. The senior managers state that after a turbulent few months in regards to the change in governance structures, they hope the relatively recent appointments will now lead to more stability within HEEoE.</p>
<p>7.2 - All employing</p>	<p>Explore the</p>	<p>LEP visits</p>	<p>Norfolk and</p>	<p>At LETB:</p>	<p>On our visits to the LEPs,</p>

<p>organisations, as LEPs of postgraduate training, must consider postgraduate training programmes at board level.</p> <p>7.3 - There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering and managing training and education at institutional level.</p>	<p>consideration of postgraduate training programmes at board level.</p>		<p>Suffolk NHS Foundation Trust LEP report (Requirement 4)</p> <p>Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust LEP report (Area of improvement 2)</p>	<p>Senior management team</p> <p>Postgraduate deans</p> <p>QM staff</p> <p>At LEPs:</p> <p>Quality management Teams</p> <p>Senior management teams</p>	<p>there was evidence of postgraduate training programmes being considered at senior management and board level. There was also clear accountability for postgraduate medical training.</p>
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Domain 8: Educational resources and capacity

<p>8.3 - There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others.</p>	<p>Explore issues with the recruitment and retention of doctors in training</p>	<p>Postgraduate Dean's opening presentation – given during the visit.</p>	<p>Queen Elizabeth Hospital King's Lynn NHS Foundation Trust LEP report (Recommendation 1)</p>	<p>At HEEoE: HEEoE Senior management team</p> <p>At LEPs: Senior management teams</p>	<p>In discussion with the senior management team during the HEEoE visit, we heard that the recruitment of doctors in training is an ongoing challenge within the region. This challenge is more of a concern at some sites than others; This is due to the geographical isolation of some remote areas in East of England and the relatively close proximity to London in others which makes it difficult to retain doctors in training in the region for the entirety of</p>
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					<p>their medical education. This formed the basis for a recommendation in the report for Queen Elizabeth Hospital, King's Lynn.</p> <p>HEEoE are in the early stages of a three year project on the repatriation of posts used currently by London to East of England programmes as a way of addressing this issue.</p>
<p>8.3 - There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of</p>	<p>Explore how physician associates will be deployed to alleviate issues with workload</p>	<p>Doc A: Health Education East of England contextual information</p>	<p>Ipswich Hospital NHS Trust LEP report (Recommendation 4)</p>	<p>At HEEoE: HEEoE Senior management team At LEPS: Senior</p>	<p>During our visit to Ipswich Hospital NHS Trust, we heard that the Trust is working with the University of East Anglia to develop the MSc Physician Associate Studies Programme. This</p>

<p>the impact of the training needs of others.</p>				<p>management teams</p>	<p>will enable the training of physician associates. Prior to the visits to the LEPs, we heard that physician associates are being considered to replace the service commitment of the middle grade doctor. If UEA is able to develop this programme, it should help ensure the suitable training of physician associates.</p>
<p>8.4 - Trainers, including clinical supervisors and those involved in medical education must have adequate time for training identified in</p>	<p>Explore consultant job planning, specifically the inclusion of time for training.</p>	<p>Doc A: Health Education East of England contextual information</p>	<p>Ipswich Hospital NHS Trust LEP report (Requirement 1) Norfolk and Suffolk NHS</p>	<p>At HEEoE: Senior management staff Training programme</p>	<p>During earlier visits to LEPs it became apparent that not all trainers have time set aside within their contract for training. Furthermore there was a lack of consistency across</p>

<p>their job plans.</p>			<p>Foundation Trust LEP report (Requirement 8)</p> <p>Norfolk and Norwich University Hospitals NHS Trust LEP report (Recommendation 2)</p>	<p>directors</p> <p>At LEPS:</p> <p>Educational and clinical supervisors</p> <p>Senior management teams</p>	<p>the region in regard to SPA. We heard that HEEoE check time in job plans during quality management visits as it is important that those with an educational role have time to train.</p> <p>See requirement 1</p>
<p>8.5 Educational resources relevant to, and supportive of, the training programme must be available and accessible, for example, technology enhanced learning</p>	<p>Explore how IT is used in the region</p>	<p>LEP visits</p>	<p>Queen Elizabeth Hospital King's Lynn NHS Foundation Trust LEP report (Requirement 2 1)</p>	<p>At HEEoE:</p> <p>Trainee representatives</p> <p>At LEPS:</p> <p>Senior management</p>	<p>We heard in some of the LEPS about issues with doctors in training accessing the IT systems in a timely manner. This has the potential to lead to patient safety issues. The Trusts need to ensure</p>

<p>opportunities.</p> <p>8.6 Trainees must have access to meeting rooms, teaching accommodation and audiovisual aids.</p>			<p>Cambridge University Hospital NHS Foundation Trust LEP report (Recommendation 1)</p> <p>Norfolk and Suffolk NHS Foundation Trust LEP report (Recommendation 1)</p>	<p>teams</p> <p>Doctors in training</p>	<p>that they continue to improve and enhance their IT systems.</p>
<p>8.7 - Trainees must</p>	<p>Explore trainee</p>	<p>Doc A: Health</p>	<p>Cambridge</p>	<p>At HEEoE:</p>	<p>Throughout the course of</p>

<p>be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, wet labs and simulated patient environments. Foundation doctors must have these opportunities, where they are supported by teachers, before using these skills in clinical situations.</p>	<p>access to technology enhanced learning opportunities such as simulated patient environments.</p>	<p>Education East of England contextual information request</p>	<p>University Hospital NHS Foundation Trust LEP report (see good practice 2 and requirement 1 and 2)</p> <p>Bedford Hospital NHS Trust LEP report (Requirement 4)</p>	<p>Training Programme Directors</p> <p>Heads of School</p> <p>At LEPs:</p> <p>Doctors in training (foundation and higher specialty level)</p> <p>Clinical and educational supervisors</p> <p>Senior management teams</p>	<p>the review we consistently heard that students and doctors in training have access to excellent enhanced learning facilities such as clinical skills laboratories and simulated patient environments. This was particularly evident in Cambridge University Hospital NHS Foundation Trust where their simulation and cadaveric facilities on offer to doctors in training were particularly excellent.</p> <p>We also heard however that access to theatre and clinics was variable</p>
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					<p>between and within Trusts. Furthermore, in Cambridge, doctors in training and clinical supervisors we met told us that emergency surgery is at times delayed so that it occurs 'out of hours'. This left doctors in training with little support and little opportunity to gain worthwhile theatre experience. The Trust are putting in various measures including building a new theatre space to improve this situation for all doctors in training.</p>
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Domain 9: Outcomes

Appendix 2: Document register

Document number	Document name	Description	Publication date and version	Source
A	Contextual Document	HEEoE Contextual Information Request	2015	
B	Document Register	HEEoE Document Register to support Regional Review	2015	
1	HEEoE introduction to Management & Governance	Introduction to Management & Governance	Jul-15	
1.1	HEE Standing Orders April 2015	HEE's Governance Framework	Apr-2015v4	
1.2	HEEoE Executive Team Governance 17 06 15	HEEoE Executive Team Governance	17 06 15	
1.2a	HEEoE Local Education and	Organogram of LETB's Governance Structures	2015	

	Training Board			
1.3	HEEoE Current Organisational Structures v 2 28 04 15	HEEoE Organisation Structures	28 04 15 v2	
Document number	2. Quality management strategy and any related operational guidance	Description	Publication date and version	Source
2.1	HEEoE Quality Management Framework	Quality Management Framework Operational Guide	Jun-15	
2.2	HEEoE 2014 QIPFT Overview	Diagram illustrating the Quality Monitoring Processes carried out	2014	

		under the QIPF		
2.3	QIPF Employer Handbook 2014	Handbook describing the Quality Improvement Performance Framework HEEoE processes - resides on Website	2014	
2.4	QIPF Education Provider Handbook 2014	Handbook describing the Quality Improvement Performance Framework HEEoE processes - resides on Website	2014	
Document number	3. LETB risk register	Description	Publication date and version	Source
3.1	HEEoE Risk Register	LETB's Risk Register Prepared for July 2015 Board Meeting	22 07 15	
3.2	Dean's Report to	Agenda Item 4 Quality Dean's	22 07 15	

	HEEoE Board	Report to Board		
3.3	Health Education Monthly Quality Summary Report - for circulation	Risk Register Summary of outcomes from HEEoE Quality Management Framework	Jul-15	
Document number	4. Equality and diversity strategy	Description	Publication date and version	Source
4.1	HEE Equality & Diversity Policy (5)	Health Education England Equality & Diversity Policy	v1.3 Feb 2013	
4.2	HEE Respect & Dignity at Work Policy (7)	Health Education England Respect & Dignity at Work Policy	Jan-13	
4.3	HEEoE Equal Opportunities Policy v 1.5 July	HE East of England Equal Opportunities Policy	Jul-15	

	2015			
Document number	5. LEP quality management reports and action plans for the following sites:	Description	Publication date and version	Source
5a	Bedford Hospital NHS Trust			
5a01	Bedford GMC Report	Trust report compiled by HEEoE following GMC NTS Survey	2015	

5a02	NTS Patient Safety Concerns x 2	GMC NTS Patient Safety Concerns 2015 x 2	2015	
5a03	NTS PSC Bedford Response	NTS Trust response to concerns	2015	
5a04	Quality Performance Review Bedford Action Plan	QPR Trust Action Plan April 2015	2015	
5a05	QPR Visit Letter	Letter to the Trust following visit 12 11 14	12 11 14	
5a06	QPR Report	QPR Visit Report to Trust 14 10 14	14 10 14	
5a06a	Notes of pre-visit meeting 28 08 14	Pre QPR visit meeting with Trust	28 08 14v2	

5a07	Quality Review	Notes of Quality Review Meeting with Trust 03 01 14	03 01 14	
5a08	Anaesthetics Bedford Visit Letter	HEEoE Anaesthetics Visit Letter 06 07 15	06 07 15	
5a09	Anaesthetics Bedford Visit Report	School of Anaesthetics Visit Report 06 07 15	06 07 15	
5a10	Anaesthetics Bedford Action Plan	Trust Action Plan 02 15 in response to visit on 07 10 14	02 15	
5a11	Anaesthetics Bedford Visit Report	School Visit Report 07 10 14v2	7 10 14v2	
5a12	EM Action Plan	Trust Action Plan following visit	06 01 15	

	Bedford	on 30 07 14		
5a12a	HEEoE letter to Trust re Action Plan 6 1 15 v2	HEEoE Letter to Trust re Action Plan 6 1 15 v2	05 02 15	
5a13	EM Bedford Visit Report	School visit report 30 07 14	30 07 14	
5a14	EM Bedford Letter re Action Plan	Letter in response to Action Plan	05 02 15	
5a15	Foundation Bedford Action Plan	Table of Actions 17 02 14	17 02 14	
5a16	Foundation Bedford Action Plan Letter	Action Plan Letter from Trust to HEEoE	05 02 14	

5a17	Foundation Bedford Action Plan	Action Plan following visit 06 11 13	06 11 13	
5a18	Foundation Bedford Visit Report Letter	Trust response to Action Point 1 (SAU)	3 12 13	
5a19	Foundation Bedford Visit Report	Foundation Visit Report 6th November	6 11 13	
5a20	Foundation Bedford Letter re Urgent Action	Post visit letter To Dr Trounson regarding urgent action (SAU)	14 11 13	
5a21	Medicine Bedford Email Ian Barton	Confirmation of acceptance of Action Plan	15 05 14	
5a22	Medicine Bedford	Trust Action Plan re visit March	26 03 14	

	Action Plan	14		
5a23	Medicine Bedford Visit Report	School Visit Report 11 03 14	03 14	
5a24	O&G Bedford DRAFT Visit Report	School Visit Report 15 06 15	draft	
5a25	O&G Bedford Action Plan	Action Plan from visit 21 10 11	28 01 12	
5a26	O&G Bedford Visit Report	School Visit Report 21 10 11	21 10 11	
5a27	Paediatrics Bedford Letter	Letter to DME confirming adherence to training standards	20 11 14	
5a28	Paediatrics Bedford Letter	Letter to Medical Director in response to Action Plan	04 08 14	

5a29	Paediatrics Bedford Action Plan	Trust Action Plan in response to visit 25 04 14	23 09 14	
5a30	Paediatrics Bedford Letter to CE	Conditional approval for six months with conditions	29 04 14	
5a31	Enhanced Monitoring Visit Bedford Paediatrics	HEEoE Visit Report from 25 04 14	25 04 14	
5a32	Surgery Bedford Visit Report	School of Surgery Visit Report 08 05 15	08 05 15	
5a33	Surgery Bedford Action Plan	Action Plan following visit 08 11 11	08 11 11	
5a34	Surgery Bedford	School of Surgery Visit Report 12	12 07 11	

	Visit Report	07 11		
5a35	Bedford QM3	Annual Report from Clinical Tutor/DME to HEEoE	07 14	
5b	Cambridge University Hospitals NHS Foundation Trust			
5b01	Cambridge University GMC Report	Trust report compiled by HEEoE following GMC NTS Survey	Jul-15	
5b02	NTS Patient Safety Concerns	GMC NTS Patient Safety Concerns 2015 x 2 with trust responses	2015	

5b03	NTS Undermining Concerns	GMC NTS Undermining Concerns 2015 with trust response	2015	
5b04	QPR Visit Action Plan Final 22 05 15	Trust Action Plan following Quality Performance Review of 24 02 15	22/05/2015	
5b05	QPR Visit Report Final	HEEoE QPR Report to Trust following visit 24 02 15	24 02 15	
5b05a	Notes of QPR Pre visit Meeting 15 12 14 v2	Pre-Visit Meeting with Trust in Preparation for QPR	15 12 14v2	
5b06	Summary Notes of QR Meeting	Summary Notes of HEEoE Quality Review Meeting with Trust 01 11 13	01 11 13	
5b07	Anaesthetics Letter re GMC	Letter to Trust regarding results from GMC Survey and request to bring forward action plan from	29 06 15	

	Survey and AP	previous visit		
5b08	Anaesthetics Revisit 16 03 15	School Visit Report following visit 16 03 15	16 03 15	
5b09	Anaesthetics Response re Action Plan Update	Letter to Trust notifying of need for revisit	21 10 14	
5b10	Anaesthetics Action Plan Update of 30 09 14	Trust Action Plan update following visit 24 04 14	30 09 14	
5b11	Anaesthetics Response to original action plan	HEEoE Response to CUHFT Action Plan of 05 14	23 05 14	

5b12	Anaesthetics Annotated Action Plan	Action Plan including HEEoE comments following visit 24 02 14 (as attachment to 5b11 above)	23 05 14	
5b13	Anaesthetics Action Plan Update of 30 09 14	Action Plan submitted by Trust following visit 24 02 14	30 09 14	
5b14	Anaesthetics Letter to CUHFT re Visit Report	School Visit Report Letter to Trust highlighting areas of concern 11 03 14	11 03 14	
5b15	Anaesthetics Visit Report re 24 02 14	School Visit Report following visit 24 02 14	11 03 14	
5b16	Emergency Medicine Action	HEEoE Letter in Response to EM Action Plan	12 01 15	

	Plan			
5b17	Emergency Medicine Action Plan	Action Plan submitted by Trust following visit 23 10 14	31 12 14	
5b18	Emergency Medicine Visit Report	EM School Visit Report following visit 23 10 14	23 10 14	
5b19	Foundation Visit Report 08 05 15	Foundation School visit report following visit 08 05 15	08 05 15	
5b20	Foundation Action Plan sign off 10 08 12	HEEoE Letter signing off action plan 10 08 12	10 08 12	
5b21	Foundation Letter from Trust	Letter from Trust in response to concerns raised 6 07 12	06 07 12	

5b22	Foundation Letter to Trust 15 06 12	Letter to Trust in response to action plan 15 06 12	15 05 12	
5b23	Foundation Letter from Trust 18 05 12	Letter from trust in response to Patient Safety Concern and Action point Section 7 18 05 12	18 05 12	
5b24	Foundation Letter from Trust 03 04 12	Letter from Trust Senior Exec Team in response to advance letter	03 04 12	
5b25	HEEoE Foundation Letter to Trust 05 03 12	Advance letter to formal report around Patient Safety and Consent 5 03 12	05 03 12	
5b26	Foundation Visit Report 24 02 12	School Visit Report Final 24 02 12	24 02 12	
5b27	Medicine Action Plan Feb 2015	Trust Action Plan following visit of 03 02 15 (and attached letters	Feb-15	

		5b28-5b31)		
5b28	Trust letters re Medicine Visit - Acute Take Letter	Letter from RCP Tutor and CD Medicine regarding experience in Acute Take 08 02 15	08 02 15	
5b29	Trust letters re Medicine Visit - Clinic attendance	Letter from RCP Tutor regarding CMT clinic attendance and supervision 24 02 15	24 02 15	
5b30	Medicine Job planning guidance notes	Guidance notes re Job Planning2015/16 by Deputy MD	Feb-15	
5b31	Trust letter re Medicine Visit Oncology ACATs	Trust Letter regarding CMTs attached to Haematology and Oncology and Acute Care Assessment Tool access 09 02 15	09 02 15	
5b32	Medicine Visit	School Visit Report following visit	03 12 15	

	Report	03 02 15		
5b33	O&G Action Plan Updated July 15	Trust Action Plan updated	30 07 15	
5b33a	HEEoE response to O&G Action Plan	Response to O&G Action Plan	30 01 15	
5b33b	O&G Action Plan 03 15	Action Plan following School of O&G visit 30 01 15	Mar-15	
5b34	O&G Visit Report	School Visit Report following visit on 30 01 15	30 01 15	
5b35	Paediatrics QM1 2014	Paediatrics College Tutor Report 2014	Sep-14	
5b35a	Paediatrics Visit Report 25 08 11	School Visit Report following visit 25 08 11	25 08 11	

5b36	Surgery Action Plan	Trust Surgery Action Plan Following visit 15 01 15	26 06 15	
5b37	Surgery visit report	School of Surgery visit report following visit 15 01 15	15 01 15	
5b38	Surgery - Letter from Trainee to Core Programme Director T&O	Trainee Letter to TPD regarding issues in T&O training 08 01 15	08 01 15	
5b39	HEEoE Letter to Trust 23 10 14	Letter from HoS in preparation for proposed school visit	23 10 14	
5b40	CUHFT Consultants Training Meeting	SR8 Clinical School Training Meeting 23 01 14	23 01 14	
5b41	HEEoE Letter to Medical Director	HEEoE Letter in response to Action Plan following visit 01 03	04 04 13	

		2013		
5b42	Surgery 'All Specialties' Action Plan	Action Plan in response to School of Surgery visit 01 03 13	26 06 13	
5b43	Surgery Action Plan T&O	Action Plan specific to T&O following School of Surgery visit 01 03 13	25 06 13	
5b44	Trust letter to Jonathan Waller 19 03 13	Letter to update on issues following School visit enclosing action plans above 19 03 13	19 03 13	
5b45	HEEoE letter to Medical Director	Post visit letter to Medical Director requesting action plan 22 03 13	06 03 13	
5b46	Surgery Visit Report	School of Surgery visit report following visit 01 03 13	01 03 13	

5b47	Letter to HEEoE and TPD	Trainee Letter requesting intervention regarding training issues	26 02 13	
5b48	Cambridge University QM3	Annual Report from Clinical Tutor/DME to HEEoE	12 09 14	
5c	East and North Hertfordshire NHS Trust			
5c01	East & North Hertfordshire GMC Report	Trust report compiled by HEEoE following GMC NTS Survey	2015	
5c02	NTS E&N Herts Undermining Concerns	NTS Undermining Concerns x 3	2015	

5c02a	Trust Response to Undermining Concerns	Undermining General Surgery	2015	
5c02b	Trust Response to Undermining Concerns	Undermining Emergency Medicine	2015	
5c02c	Trust Response to Undermining Concerns	Undermining Clinical Oncology	2015	
5c03	NTS E&N Herts Patient Safety Concerns	GMC NTS Patient Safety Concerns 2015 x 2	2015	
5c03a	Trust Response to Patient Safety Concerns	Patient Safety ST3 re Elderly Care	2015	

5c03b	Trust Response to Patient Safety Concerns	Patient Safety CT1 re Elderly Care	2015	
5c03c	Trust Response to Patient Safety Concerns	Patient Safety ST1 Paediatrics	2015	
5c03d	Trust Response to Patient Safety Concerns	Patient Safety CT1 re Elderly Care	2015	
5c04	DPQR Action Plan April 2013/Updated July 15	Trust Action Plan to report Jan 2013/Updated July 2015	Jul-15	
5c04a	Notes of QPR Previsit Meeting 12 05 15	Notes of Pre-Visit Meeting to assist preparation for QPR	12 05 15	

5c05	QR Summary Notes	Notes of Quality Review Meeting with Trust December 2013	Dec-13	
5c06	DPQR Action Plan Dec 2013	Trust Action Plan in response to DPQR Jan 2013	Dec-13	
5c06a	DPQR Visit Report Jan 2013 Final	Dean's Report to Trust on findings of Review Visit 2013	Jan-13	
5o07	Anaesthetics Action Plan Update	Action Plan update July 2015	Jul-15	
5c07a	Anaesthetics Action Plan	Response to Visit Recommendations 20 02 15 v2	20 02 15v2	
5c08	Anaesthetics Visit Report	School visit report following visit 15 12 14	15 12 14	
5c09	Emergency Medicine Visit	School of Emergency Medicine	23 07 15	

	Report 23 07 15	Visit Report		
5c09a	Emergency Medicine Action Plan Update 30 11 12	Action Plan update in response to report 01 06 11	30 11 12	
5c10	Emergency Medicine Visit Report	School Visit Report to Trust on findings of visit 01 06 11	01 06 11	
5c11	Foundation - QPR update	Letter re reconciliation of Requirement from School Visit 29 04 15	02 07 15	
5c11a	Foundation Letter re Behavioural Concerns	Letter to trust regarding behavioural concerns	07 05 15	
5c12	Foundation Visit	School visit report following visit	29 04 15	

	Report	29 04 15		
5c13	Foundation Action Plan Update Dec 12	Action Plan updated - re visit 27 04 12	Dec-12	
5c14	Foundation Visit Report	School visit report following visit 27 04 12	27 04 12	
5c15	Medicine Action Plan	Action Plan following visit 26 02 15 - update 07 15	Jul-15	
5c16	Medicine Visit Report	School visit report following visit 26 02 15	26 02 15	
5c17	O&G Action Plan 08 12 14	Action Plan Lister update following visit 10 03 14	08 12 14	
5c18	O&G Visit Report 10 03 14	School visit report following visit 10 03 14	10 03 14	

5c19	Paediatrics Action Plan updated Jan 15	Action Plan following visit 28 08 14 updated	Jan-15	
5c20	Paediatrics Visit Report 28 08 14	School visit report following visit 28 08 14	28 08 14	
5c21	Plastic Surgery Action Plan May 2015	Action Plan following visit 10 04 15	May-15	
5c22	Plastic Surgery visit report 10 04 15	School visit report following visit 10 04 15	10 04 15	
5c23	Plastic/ENT Enhanced feedback	GMC feedback summary of School visit 10 04 15	10 04 15	
5c24	Surgery GMC	Reporting Form sent to GMC re	Dec-14	

	Issue Info	ENT & Plastics concerns 12 2014		
5c25	Surgery Action Plan 28 02 15	Action Plan following visit 05 12 14	28 02 15	
5c26	Surgery visit report	School visit report following visit 05 12 14	5 12 14	
5c27	QM3 East & North Herts - updated for QPR July	Annual Report from Clinical Tutor/DME to HEEoE	Jul-15	
5d	Ipswich Hospital NHS Trust			
5d01	Ipswich GMC Report	Trust report compiled by HEEoE following GMC NTS Survey	Jul-15	

5d02	GMC Training Survey Patient Safety Concerns	GMC NTS Patient Safety Concerns 2015 x 2	2015	
5d03	GMC Training Survey Undermining Concerns	GMC NTS Undermining 2015	2015	
5d04	QPR Action Plan Ipswich	QPR Action Plan updated 30 04 15	30 04 15	
5d04a	HEEoE letter to Medical Director	HEEoE response to Trust Investigation	23 02 15	
5d04b	Ipswich to HEEoE from Medical Director	Response letter from MD Re investigation of concern	19 02 15	
5d04c	HEEoE to Trust	Letter to Trust Medical Director	03 02 15	

		regarding concerns		
5d05	QPR Visit Report 27 01 15	QPR Visit Report Revised Final Document	13 03 15	
5d05a	Notes of Pre QPR Visit Meeting 29 10 14 v 2	Notes of Pre QPR Visit meeting with trust in preparation for QPR	29 10 14 v2	
5d06	Notes of Quality Review Meeting 20 09 13	Notes of Quality Review Meeting with Trust	20 09 13	
5d07	Anaesthetics Action Plan April 2015 Updated	Anaesthetics Action Plan Updated - received 15 05 15	15 05 15	
5d08	Anaesthetics Action Plan December 2014	Anaesthetics Action Plan Update as at December 2014	Dec-14	

5d09	Anaesthetics Letter to Trust 02 10 14	Requesting updated action plan re trainee cover in theatre	02 10 14	
5d10	Anaesthetics Ipswich Action Plan Sept 2014	Anaesthetics Action Plan Update as at September 2014	Sep-14	
5d11	Anaesthetics Visit Letter 14 07 14 re significant concerns	Letter drawing attention to visit report re 6 areas of significant concern	14 07 14	
5d12	Anaesthetics Visit Report 14 07 14	Anaesthetics Visit Report inc. 6 areas of significant concern	14 07 14	
5d13	Emergency medicine Action Plan updated for QPR Jan 15	Emergency Medicine Action Plan update in prep of QPR Jan 15	Dec-14	

5d14	Emergency Medicine Action Plan re July 2013 Dec 13	Emergency Medicine Action Plan following School Visit July 2013	Dec-13	
5d15	Emergency Medicine Visit Report July 2013	Emergency Medicine Visit Report 18 07 13	18 07 13	
5d16	HEEoE Response to Action Plan 16 06 15	Response to Action Plan from Foundation School Director	16 06 15	
5d17	Foundation Action Plan May 2015 (received early)	Foundation Action Plan due October 2015	May-15	
5d18	HEEoE Visit Report letter to Trust 31 03 15	Letter to Trust enclosing Visit Report	31 03 15	

5d19	Foundation Visit Report 04 03 15	Foundation School Visit Report 04 03 15	04 03 15	
5d20	Medicine Haematology Action Plan updated December 14	Medicine Haematology Action Plan updated for QPR	Dec-14	
5d21	Medicine Haematology Ipswich Action Plan July 2014	Medicine Haematology Action Plan July 2014	Jul-14	
5d22	Medicine Haematology Ipswich Final visit Report 08 07 14	School of Medicine/Haematology Visit Report	08 07 14	
5d23	Medicine General Action Plan	School of Medicine/General	Nov-14	

	updated November 14	Action Plan November 14		
5d24	Medicine General Visit Report 20 02 14	School of Medicine Visit Report 20 02 14	20 02 14	
5d25	O&G Ipswich Action Plan Update Jan 15	School of O&G Action Plan Update Jan 15 for QPR	Jan-15	
5d26	O&G Action Plan May 2014	School of O&G Action Plan May 2014	May-14	
5d27	O&G Visit Report Ipswich 06 03 14	School of O&G Visit Report 06 03 14	06 03 14	
5d28	Paediatrics Updated response for QPR 11 12 14	School of Paediatrics Action Plan update for QPR	11 12 14	

5d28a	Paediatrics response to recommendations 21 03 13	School of Paediatrics Action Plan 21 03 13	21 03 13	
5d29	Paediatrics School Visit Report Ipswich 04 02 13	School of Paediatrics Visit Report	04 02 13	
5d30	Surgery Action Plan updated December 14	School of Surgery Action Plan update for QPR	Dec-14	
5d31	Surgery Visit Report Ipswich 09 06 14	School of Surgery Visit Report 09 06 14	09 06 14	
5d32	QM3 Ipswich 2014 revised Jan 15	Annual Report from Clinical Tutor/DME to HEEoE		

5e	Norfolk and Norwich University Hospitals NHS Foundation Trust			
5e01	Norfolk & Norwich GMC Report	Trust report compiled by HEEoE following GMC NTS Survey	Jul-15	
5e02	GMC Patient Safety Concerns	GMC NTS Patient Safety Concerns 2015 x 2 with responses	Jul-15	
5e03	GMC Undermining Concerns	GMC NTS Undermining Concerns 2015 with responses	Jul-15	
5e04	QPR Visit Report 7	QPR - Draft of 7th May 2015 visit	15 06 15	

	05 15 DRAFT	-DRAFT		
5e04a	Update on 2011 DPQR Action Plan for QPR	Update on DPQR Action Plan for QPR 7 05 15	07 05 15	
5e05	Notes of QPR Pre-Visit N&N 05 03 15	Notes of Pre QPR Visit meeting with Trust to prepare for QPR	05 03 15	
5e05a	Summary Notes of QR Meeting N&N 10 09 13 Final	Quality Review Summary Notes	10 09 13	
5e06	DPQR Response to visit report	Trust response to visit report	29 09 11	
5e07	DPQR Visit Report June 2011	DPQR visit Report June 2011	Jun-11	

5e08	Anaesthetics Visitors Comments 25 06 12	Document of Evidence with HoS comments appended	25 06 12	
5e09	Anaesthetics Regional Advisors Report May 2002	Regional Adviser's Report 2002	2002	
5e10	Emergency Medicine Progress Report for QPR April 2015	Emergency Medicine Progress Report for QPR May 15	Apr-15	
5e11	Emergency Medicine Action Plan visit 10 04 14	Emergency Medicine Action Plan 18 07 15	18 07 15	
5e12	Emergency Medicine Visit Report 10 04 14	Emergency Medicine Visit Report	10 04 14	

5e13	Foundation Progress Report April 2015	Foundation Update from Trust in preparation for QPR visit	Apr-15	
5e13a	Foundation Medicine 22 07 14 Action Plan	Foundation Action Plan November 2014	Nov-14	
5e14	Foundation Medicine 22 07 14 Revisit Report	Foundation Medicine Revisit Report 22 07 14	22 07 14	
5e15	Foundation Action Plan response letter 05 14	Letter from Trust regarding Action Plan	21 05 14	
5e16	Foundation Action Plan 05 14	Foundation Action Plan (attached to letter above)	21 05 14	
5e17	Foundation NNUH Visit Report Letter	HEEoE letter to Trust regarding urgent requirement re	06 05 14	

	April 2014	behavioural issues		
5e18	Foundation Visit Report 09 04 14	Foundation Visit Report 12 12 13 and 09 04 14	09 04 14	
5e19	School of Medicine Visit Report 7th July 2015	School of Medicine Visit Report 7 July 2015	07 07 15	
5e19a	School of Medicine Progress Report for QPR	School of Medicine Progress on visit July 2014	Feb-15	
5e19b	School of Medicine Visit Report Targetted visit 22 07 14	Visit Report Targetted to assess concerns re Acute Medicine (See also Foundation visit 22 07 15 5e14 above)	22 07 14	
5e19c	Medicine Action Plan February	Action Plan following School of Medicine Visit 9 01 14	14 02 14	

	2014			
5e19d	School of Medicine Response Letter	Letter from Trust to HoS re actions following visit on 09 01 14	14 02 14	
5e19e	School of Medicine Visit Report 09 01 14	School of Medicine Visit Report 09 01 14	09 01 14	
5e20	O&G School Visit Report 15 05 15	School of O&G Visit Report 15th May 2015	15 05 15	
5e21	O&G Action Plan 05 12	Action Plan following visit 19 03 12	18 05 12	
5e22	O&G Visit Report 19 03 12	School of O&G Visit Report 19 03 12	19 03 12	
5e23	Paediatrics Visit Report 13 07 15	School of Paediatrics DRAFT	13 07 15	

	(DRAFT)	report		
5e23a	Trust Report Update for QPR	Paediatric Update for QPR 07 05 15	07 05 15	
5e23b	Email Reponse from Trust re Actions	Email outlining proposed action plan 06 12 14	06 12 14	
5e24	Paeds visit Report 10 07 14	School of Paediatrics Visit Report 10 07 14	10 07 14	
5e25	Surgical Action Plan April 2015	Surgical Update to Action Plan for pre-visit meeting 05 03 15	05 03 15	
525a	Email from Mr Kapur re contact for trainees 28 03 13	Evidence of compliance with recommendation - contact for CSTs in plastic surgery	28 03 13	

5e26	Surgery Visit Report N&N 08 03 13 revised 03 04 13	School of Surgery Visit Report 08 03 13	03 04 13	
5e27	QM3 2014	Annual Report from Clinical Tutor/DME to HEEoE	02 04 15	
5f	Norfolk and Suffolk NHS Foundation Trust			
5f01	Norfolk & Suffolk GMC Report	Trust report compiled by HEEoE following GMC NTS Survey	2015	
5f02	GMC 'NTS Patient Safety Concerns	GMC NTS Patient Safety Concerns 2015 x 2 with Trust	2015	

		Responses		
5f03	GMC 'NTS Undermining Concerns	GMC NTS Undermining Concerns 2015 with Trust Responses	2015	
5f03a	NSFT Harassment and Bullying at Work Policy	Appendix to Trust responses to above concerns	2015	
5f03b	Conflict Resolution (Grievance) Policy April 2014	Appendix to Trust responses to above concerns	2015	
5f04	Letter from Trust in response to urgent concerns	Letter in response to HEEoE re Immediate Concerns with attachment 5f04a below	07 07 15	
5f04a	Deanery Allocation for funding	Attachment to above letter	07 07 15	

	attached to 5f04			
5f04b	QPR Post visit letter 29 06 15	HEEoE letter to CE re Immediate Concerns Post Visit 19 06 15	29 06 15	
5f05	QPR DRAFT Visit Report 19 06 15	HEEoE QPR Visit Report Draft	19 06 15	
5f05a	Notes of QPR Pre Visit Meeting 28 04 15	Notes of Pre QPR Visit meeting to assist Trust with QPR preparation	28 04 15	
5f06	Trust response to HEEoE Letter re requirements	Email from Stephen Jones 01 04 15	01 04 15	
5f07	School Visit HEEoE Response to NSFT AP 27 02 15 Final	Letter to Stephen Jones 31 03 15	31 03 15	

5f08	School Visit Action Plan NSFT February 2015	Trust Action Plan of February 2015 in response to visit 05 11 14	27 02 15	
5f09	HEEoE Visit Letter 02 12 14	Letter to Trust enclosing Visit Report 5 11 14	02 12 14	
5f10	Visit Report NSFT 05 11 14 Final	School of Psychiatry Visit Report 05 11 14	05 11 14	
5f10a	Deans Response to Trust Action PlanFinal	HEEoE response to NSFT AP Update 05 09 14	01 11 13	
5f11	Action Plan 31 07 14	trust Action Plan update following Visit 16 01 14	31 07 14	
5f12	Email re Visit Report and Deans Response re E&D	Email from Trust re urgent query re E&D	06 05 14	

5f13	HEEoE response to Trust Action Plan Apr 2014	HEEoE letter in response to 31 03 14 Action Plan	16 04 14	
5f14	Trust Action Plan update 31 03 14	Action Plan from Trust re visit 16 01 14	31 03 14	
5f15	School visit letter NSFT 16 01 14	Letter to Trust enclosing Visit Report 16 01 14	07 02 14	
5f16	Visit Report NSFT 16 01 14 Final revised	Visit Report 16 01 14 with findings against recommendations highlighted in DPQR of 20 06 13	07 02 14	
5f17	HEEoE Action Plan Update Jan14 final	Action Plan from Trust following DPQR 20 06 13	14 01 14	
5f18	Dean's Response to Trust Action	Dean's response to Trust Action Plan	01 11 13	

	Plan 01 11 13			
5f19	Letter from Trust to Deputy Dean re Update on West Norfolk	Trust Update on Action Plan re West Norfolk with attachments see below	23 08 13	
5f20	West Junior Doctor Minutes 23 08 13	Attachment 1 Minutes of Monthly meeting with West Norfolk Junior Doctors	23 08 13	
5f21	West RAP Update and Evidence	Attachment 2 Re Moving of current trainees	05 10 13	
5f22	HEEoE Response letter to Trust Initial Action Plan Update 26 07 13	Response to initial action plan	26 07 13	
5f23	HEEoE to Trust	EoE Response to Trust Initial	09 07 13	

	Initial Action Plan	Action Plan		
5f24	CEO Letter to Deputy Dean 05 07 13	Letter to Deputy Dean re action plans and original letter	05 07 13	
5f25	Trust response to Deputy Dean's letter of 21 06 13	Re notice of immediate actions	24 06 13	
5f26	Rapid Action Plan from Trust	Action Plan attached to 5f25 above	24 06 13	
5f27	HEEoE letter to Trust CEO re Notice of Immediate Actions	Raising immediate concerns following DPQR 20 06 13	21 06 13	
5f28	DPQR Report NSFT 20 06 13	DPQR report	20 06 13	

	final revised			
5f29	QM3 Report 2014 - updated April 2015	Annual Report from Clinical Tutor/DME to HEEoE	2015	
5g	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust			
5g01	GMC Report	Trust report compiled by HEEoE following GMC NTS Survey		
5g02	GMC NTS Patient Safety Concerns	NTS Patient Safety Concerns 2015 with Trust responses	2015	

5g03	GMC NTS Undermining	NTS Undermining Concerns 2015 with Trust responses	2015	
5g04	Email response to Trust Action Plan from JW	Email from Deputy Dean to Trust following QPR actions	21 01 15	
5g05	Trust Letter In response to HEEoE letter 30 10 14	Trust Letter in response to letter of 30 10 14	23 12 14	
5g05a	QPR Response to Trust Action Plan 30 10 14	Response to Action Plan from visit 01 05 14	30 10 14	
5g06	QPR Trust Action Plan	Action Plan 30 09 14 following visit 01 05 14	30 10 14	
5g07	QPR Letter from	Letter from CE regarding	30 06 14	

	CE 3 6 14	Condition 3 and actions taken		
5g08	QPR Action Plan Index Page	Trust Action Plan Index Page for 5g08a	30 06 14	
5g08a	QPR Action Plan	Trust Action Plan 30 06 14	30 06 14	
5g09	QPR Visit Report 01 05 14	QPR visit report 01 05 14	01 05 14	
5g09a	Notes of QPR Pre Visit Meeting 20 03 14	Notes of Pre QPR Visit meeting to assist Trust with QPR preparation	20 03 14	
5g09b	Summary Notes of QR Meeting QEHL 30 08 13	Summary Notes of a QR Meeting 30 08 13	30 08 13	
5g10	Anaesthetics Action Plan 06 06	Anaesthetics action plan received 06 06 14	06 06 14	

	14			
5g11	Anaesthetics visit Report QEHL 24 03 14	School of Anaesthetics Visit Report 24 03 14	24 03 14	
5g12	Emergency Medicine Action Plan 13 06 14	Action Plan in response to visit 04 03 14	13 06 14	
5g13	Emergency Medicine Visit Report	School of Emergency Medicine Visit report for 04 03 14	04 03 14	
5g14	Foundation Urgent Letter to Trust following revisit 23 07 15	Urgent Letter - pre report following visit 23 07 15	29 07 15	
5g14a	Foundation Action	Foundation Action Plan in	31 05 13	

	Plan 31 05 13	response to visit 18 04 13		
5g15	Trust letter to John Howard and John Saetta 12 06 13	Letter from Trust in respnse to School visit 18 04 13	12 06 13	
5g15a	Attachment to the above	Action Plan re Patient Tracking	12 06 13	
5g15b	Attachment to the above	Letter from Trust regarding A&E issues identified at School visit	10 06 13	
5g15c	Foundation Visit Report 18 04 13	Foundation Visit Report 18 04 13	18 04 13	
5g16	Medicine Visit Report 13 01 15	School of Medicine Visit Report 13 01 15	13 01 15	
5g17	Medicine Acute	Medicine Action Plan following		

	Action Plan	visit of 17 02 14		
5g18	Medicine Acute Visit Report 17 02 14	School of Medicine Visit Report 17 02 14	17 02 14	
5g19	Medicine Reply from Trust	Action Plan from Trust in response to visit 13 12 13	Jan-14	
5g19a	Medicine Visit Report December 13 2013	School of Medicine Visit Report 13 12 13	13 12 13	
5g20	O&G letter to Trust response to update of 17 07 14	Letter postponing return visit - to be reviewed	17 07 14	
5g21	O&G Trust to HEEoE response re Action Plan 17	Trust reply to letter of 08 07 14	17 07 14	

	07 14			
5g22	O&G HEEoE to Trust letter re action plan 08 07 14	HEEoE letter to Trust in response of action plan	08 07 14	
5g23	Trust Action Plan 23 06 14	O&G Trust Action Plan	23 06 14	
5g24	O&G School Visit Report 29 04 14	School of O&G Visit Report 29 04 14	29 04 14	
5g25	Paediatrics QM1	College Tutor Report March 2014	Mar-14	
5g25a	Paediatrics Visit Report 11 07 11	School of Paediatrics Visit Report	11 07 11	
5g26	Surgery Action Plan QEHKL 28 04	Trust Action Plan in response to School Visit 06 12 13	28 04 14	

	14			
5g27	Surgery Visit Report QEHKL 06 12 13	School of Surgery Visit Report	06 12 13	
5g28	QM3 Report 2014	Annual Report from Clinical Tutor/DME to HEEoE	2014	
Document number	6. Evidence of the evaluation and impact of the examples of good practice identified in the most recent Dean's Return and in Q9 of your contextual	Description	Publication date and version	Source

	information			
6	Evidence of Good Practice from DR & Q9	Comprehensive document with embedded evidence in support of good practice from Dean's Report 2014 and Question 9 of contextual document	Jul-15	
	List of Embedded Documents within Section 1 of Good Practice			
Item 1	GMC Trust Reports	GMC Trust reports can also be found in section 5 (see above) of the documents requested for each Trust	Jul-15	
Item 1	GMC Specialty	GMC Specialty Reports can also be found in Section 7 (see	Jul-15	

	Reports	below) of the documents requested.		
Item 1	GMC LETB Report	GMC LETB Report can be found in Section 7 (see below) of the documents requested	Jul-15	
Item 2	Health Education East of England Removal of Trainees Policy	Removal of Trainees Policy from a setting or organisation in relation to serious concerns	Dec-13v6.1	
Item 3	HEEoE Service Delivery Standards (17 documents) SDS: 01 - SDS: 17	Suite of standards outlining the roles and responsibilities of education centres in relation to the delivery of post graduate medical tariff.	Aug-14	
Item 5	Cambridge HEEoE sponsored Chief Resident	End of Year Project Abstract Booklet	2014-15	

	Programme 2014-2015			
Item 5	Final Awards Programme Celebrating Success Event	Awards Programme 27th November 2014	Nov-14	
Item 5	Posters selected for Awards	Three Award Winning posters		
Item 5	Evaluation Report from Chief Residents Programme 2013-14	Report of feedback received from trainees who attended the course	2013-14	
Document number	7. Head of School reports for the following	Description	Publication date and version	Source

	specialties:			
7a	Anaesthetics QM4	Head of School Annual Report 2014 updated	2015	
7b	Emergency Medicine QM4 2015 provisional	Head of School Annual Report 2014 updated	2015	
7c	Foundation QM4 2014	Head of School Annual Report 2014 updated	2015	
7d	Medicine QM4 2014 updated	Head of School Annual Report 2014 updated	2015	
7e	Obstetrics & Gynaecology QM4 2014	Head of School Annual Report 2014	2014	
7f	Paediatrics QM4	Head of School Annual Report	2015	

	July 2015	2014 updated		
7g	Psychiatry QM4	Head of School Annual Report 2014	2014	
7h	Surgery QM4 2014	Head of School Annual Report 2014	2014	
7i	GMC LETB Report	LETB report compiled by HEEoE on NTS Findings 2015	Jul-15	
7j	Core Programmes GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7k	Foundation School GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7l	School of Anaesthetics GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	

7m	School Emergency Medicine GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7n	School of General Practice GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7o	School of Medicine GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7p	School of Obstetrics & Gynaecology GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7q	School of Paediatrics GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	

7r	School of Psychiatry GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7s	School of Surgery GMC Report	Specialty Report compiled by HEEoE on NTS findings 2015	Jul-15	
7t	Further programme report information	Supplementary information for specialty reports - explanation of calculations	Jul-15	
Document number	8. Doctors in difficulty policy	Description	Publication date and version	Source
8.1	HEEoE Professional Support Guidance v 1 11 2015	Professional Support Guidance	1.11 - January 2015	
8.2	Professional Support for	Professional Support for Doctors	1.11 - January	

	Doctors in Training Form 1	in Training - Form 1	2015	
8.3	Professional Support for Doctors in Training Form 2	Professional Support for Doctors in Training - Form 2	1.11 - January 2015	
Document number	9. Bullying and harassment policy/ies	Description	Publication date and version	Source
9.1	HEE Respect and Dignity at Work Policy	Policy No 7 Respect and Dignity at work	Jan-13	
9.2	HEEoE Bullying and Harassment Policy	Bullying and Harassment Policy	Aug-14	

9.3	HEEoE Charter of Behaviour e version	Charter of Behaviour for HEEoE staff, trainers and students		
Document number	10. Agreements and memoranda of understanding with the following organisations regarding the delivery of training:	Description	Publication date and version	Source
10a	Bedford Hospital NHS Trust	Trust Learning & Development Agreement (LDA) 2015	Jul-15	
10b	Cambridge University Hospitals NHS	Trust Learning & Development Agreement (LDA) 2016	Jul-15	

	Foundation Trust			
10c	East and North Hertfordshire NHS Trust	Trust Learning & Development Agreement (LDA) 2017	Jul-15	
10d	Ipswich Hospital NHS Trust	Trust Learning & Development Agreement (LDA) 2018	Jul-15	
10e	Norfolk and Norwich University Hospitals NHS Foundation Trust	Trust Learning & Development Agreement (LDA) 2019	Jul-15	
10f	Norfolk and Suffolk NHS Foundation Trust	Trust Learning & Development Agreement (LDA) 2020	Jul-15	
10g	The Queen Elizabeth Hospital, King's Lynn, NHS	Trust Learning & Development Agreement (LDA) 2021	Jul-15	

	Foundation Trust			
	Note Agreements are based on a common template. As agreed with yourselves LDA for each Trust has been included as contain financials that vary across the trust			
Document number	11. Contextual Document References	Description	Publication date and version	Source

	Section 4 paragraph 1	Policy & Mechanisms for selection of supervisors	website	Link
	Section 4 paragraph 2	Bursary Funding for Academic Courses for GMC Trainer Approval	website	Link
	Section 5 last paragraph	Quality and Performance Review reports	website	Link
	Section 6 paragraph 2	Useful resources for Educators and Trainees	website	Link
	Section 10 paragraph 3	Guidance for Professional Support	Jan 2015 pdf doc	Link
11.0	HEEoE Quarterly Visit Returns Oct 2014 - March 2015	Quality Monitoring Visit Return - Activity of rolling programme of visits	Apr-15	

11.0a	Basildon Hospital Final CQC Report	Email from DPME with positive comments following recent CQC (report attached)	31 07 15	
11.1	HEEoE Patient and Public Voice Partnership (PPV) Strategic Overview 2015	Involvement of Patient and Public Voice Partners (Lay representatives) in HEEoE Quality Processes	2015v2	
11.2	HEEoE PPV Remuneration Policy 2014 v3 - full version	Remuneration Policy for PPVPs	v3 2014	
11.3	HEEoE Lay Rep Training Schedule 11 11 14	Training Schedule for PPVPs (Lay Representatives)	11 11 14	
11.4	HEEoE 24 06 2015 Draft 2 Trainee	Minutes of the Trainee Forum	24 06 15	

	Forum Minutes	held on 24 06 15		
11.5a	HEEoE QPR Programme Cambridge 24 02 15 Clr 20 02 15	QPR Visit Programme to Cambridge University Hospitals	20 02 15	
11.5b	HEEoE QPR Programme Bedford 14 10 14	QPR Visit Programme to Bedford Hospital	14 10 14	
11.5c	HEEoE School of Surgery Visit Programme Cambridge 05 01 15	School of Surgery visit programme to Cambridge University Hospitals	05 01 15	
11.5d	HEEoE School of Paediatrics Visit Programme E &N	School of Paediatrics visit programme to E&N Herts	28 08 14	

	Herts 28 08 14			
11.5e	HEEoE GP School QM Visit Programme - Bedford 19 03 15	GP School Visit Programme to Bedford Hospital	19 03 15	
11.5f	HEEoE School of Anaesthesia Visit Programme Basildon 30 03 14	School of Anaesthesia Visit Programme to Basildon Hospital	30 03 14	
11.6a	HEEoE Terms of Reference Postgraduate School of Medicine Oct 2014	Postgraduate School of Medicine Terms of Reference	Oct-14	
11.6b	HEEoE School of Paediatrics Board	School of Paediatrics Board Agenda with membership list	20 06 14	

	Agenda 20 06 14			
11.6c	HEEoE East Anglia Foundation School Board Agenda 30 04 14	Foundation School Board Agenda and attendance list	30 04 14	
11.6d	HEEoE Terms of Reference School of Psychiatry Board 05 15	School of Psychiatry Board Terms of Reference (revised)	May-15	
11.6e	HEEoE O&G Board Agenda 30 04 15	School of Obstetrics & Gynaecology Board Agenda with membership list	30 04 15	
11.7a	HEEoE Terms of Reference Specialty Training Committee 04 14	Generic Terms of Reference for Specialty Training Committees	Apr-14	

11.7b	HEEoE Terms of Reference General Surgery STC March 15	General Surgery STC Terms of Reference (revised)	Mar-15	
11.7c	HEEoE Terms of Reference Plastic Surgery STC Nov 2014	Plastic Surgery STC Terms of Reference	Nov-14	
11.7d	HEEoE ACCS STC Agenda 29 04 15	Acute Care Common Stem (ACCS) STC Agenda and membership list	29 04 15	
11.8a	HEEoE ARCP Timetable Anaesthesia ST 15 June 15	ARCP Timetable and Panel Members for Anaesthesia	15 06 15	
11.8b	HEEoE ARCP timetable	ARCP Timetable and Panel	09 06 15	

	Respiratory Medicine 9th June 2015	Members Respiratory Medicine		
11.8c	HEEoE ARCP Timetable General Psychiatry 18 06 15	ARCP Timetable and Panel Members General Psychiatry	18 06 15	
11.9	HEEoE CoPMed poster2 O&G Post Allocation 2014	Poster presented to CoPMed re O&G allocation of training posts in EoE	2014	
11.9a	HEEoE ASME Post Re-allocation MacD July 2015	HEEoE presentation to ASME re O&G reallocation of posts using quantative and qualitative data	Jul-15	
11.10	HEEoE Foundation Faculty Development Day	Faculty Development Day for Foundation Training Agenda	25 09 14	

	Agenda 25 09 14			
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Appendix 3: Abbreviations

E&D	equality and diversity
F1	foundation year 1
GMC	General Medical Council
GP	general practice/practitioner
HEEoE	Health Education East of England
LEP	local education provider
NHS	National Health Service
NTS	national trainee survey
OSCE	objective structured clinical examination*
QIF	<i>Quality Improvement Framework</i>
PSU	Professional Support Unit
SHO	senior house officer
SIFT	service increment for teaching
SLA	service level agreement
SPA	supporting professional activities

***See glossary (in appendix 4) for definition.**

Appendix 4: Glossary

OSCE A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results.