

Visit Report on HEE Wessex

This visit is part of our regional review of undergraduate and postgraduate medical education and training in Wessex.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a regional review and uses a risk-based approach. For more information on this approach, please see [the GMC website](#).

Summary

Education provider	Health Education England, Wessex region
Sites visited	Southern House, Otterbourne
Date of visit	09 & 10 May 2018
Local education providers visited in the region	Dorset Healthcare University NHS Foundation Trust- 14 March 2018 Dorset County Hospital- 20 February 2018 St. Mary's Hospital- 23 February 2018 Solent NHS Trust- 13 March 2018 Southampton General Hospital- 6 February 2018 Southern Health NHS Foundation Trust- 13 March 2018
Programmes reviewed	Foundation, Acute Internal Medicine, Core Medical Training, Core Psychiatry Training, General Practice, Psychiatry
Key Findings	1 We visited Health Education England working across Wessex (HEE Wessex) as part of our regional review

of medical education and training in Wessex. During the review we visited six local education providers (LEPs), three of these being psychiatry focussed, and Southampton medical school. The visit to HEE Wessex was our last visit as part of this series of visits in the Wessex region. During our visit, we met with HEE Wessex senior management and quality teams, trainee representatives, training programme directors (TPDs), heads of school (HoS), lay representatives and the Professional Support Unit team.

- 2** During our visit we identified several areas that are working well. The widespread adoption and support of a multi-professional workforce and solutions is evident across HEE Wessex, there is a comprehensive quality management process within HEE Wessex, the primary care school appears to be working effectively and there is good lay representation within the HEE Wessex processes.
- 3** The Professional Support Unit (PSU) is highly effective and valued by both trainees and trainers. There is impressive support for innovation projects and for trainees who wish to enhance their training through additional educational opportunities. Finally, HEE Wessex has developed a community of medical educators and the ARCP process in primary care is working very well.
- 4** However, we also identified areas for improvement during our visit to HEE Wessex and LEPs across the region. In psychiatry, there were various problems with trainees out of hours accessing patient records at different sites across the region.
- 5** We found significant issues that had recently been rated as satisfactory by HEE Wessex's quality management processes and a general lack of clarity around E&D strategies.
- 6** Access to study leave appears to be a common difficulty for trainees in the region.
- 7** Finally, we encourage HEE Wessex to continue to develop mechanisms to ensure the ARCP process is

Areas that are working well

We note areas that are working well where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	1 (R1.17)	The widespread adoption and support of multi-professional workforce solutions is evident across HEE Wessex.
2	2 (R2.1)	There is a comprehensive quality management process within HEE Wessex, with evidence of it influencing change and improving training.
3	2 (R2.1)	The primary care school is working effectively. It is well led and managed with effective and transparent quality control mechanisms.
4	2 (R2.3)	There is good lay representation within the HEE Wessex processes. The lay members are empowered to speak up and influence HEE Wessex and school decisions.
5	3 (R3.2)	The Professional Support Unit is highly effective and valued by both trainees and trainers.
6	3 (R3.8)	There is impressive support for innovation projects and for trainees who wish to enhance their training through additional educational opportunities and/or well designed OOP experiences.
7	4 (R4.5)	HEE Wessex has developed a community of medical educators. This was evident from junior doctor levels through to senior trainees and into the consultant and higher faculties of educators.
8	5 (R5.11)	The ARCP process in primary care is working very well.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is targeted, and outlines which part of the standard is not being met, mapped to evidence we gathered during the course of the visit. We will monitor each organisation's response to requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	1 (R1.19)	HEE Wessex must work with providers to ensure that doctors training in psychiatry can access patient records at different sites when working out of hours.
3	3 (R3.12)	HEE Wessex must continue to monitor and improve the process of study leave application and funding.
4	5 (R5.11)	HEE Wessex must continue to develop mechanisms to ensure the ARCP process is equitable, consistent and fair across all specialties.

Recommendations

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

Number	Theme	Recommendations
1	2 (R2.1)	HEE Wessex should review how we found significant issues that had recently been rated as satisfactory by HEE Wessex's quality management process.
2	2 (R2.3)	HEE Wessex should provide further data for the lay visitors so they can confirm the clarity of ARCP decisions and ensure consistency in the process.
3	2 (R2.5)	HEE Wessex should provide further clarity around E&D strategies.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards. Please note that not every requirement within *Promoting Excellence* is addressed; we report on 'exceptions' eg where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1), Dealing with concerns (R1.2), Learning from mistakes (R1.3)

- 1** At the LEPs visited as part of the Wessex regional review, both learners and educators are encouraged to raise concerns about patient safety. They are able to do this openly and safely without fear of adverse consequences.
- 2** Trainee representatives from selected specialties across the region confirmed that trainees follow the trust level policies when raising concerns. Trainees feel supported in Datix reporting (Ulysses in Southern Health) and benefit from the learning that occurs as a result of submitting a Datix report. Mortality and morbidity meetings are used to discuss Datix reporting and this provides a forum for learning for trainees.
- 3** Any relevant Datix reports (exception reporting) that are submitted by trainees in Wessex are shared with the Postgraduate Dean. We were told that HEE Wessex does not receive enough reports to establish any potential trends that may exist.
- 4** HEE Wessex investigates and take appropriate action when concerns are raised. Those concerns that affect the safety of patients or learners are addressed immediately and effectively. If a patient safety concern is raised during an HEE visit, it will immediately be flagged to the Postgraduate Dean. A live reporting mechanism exists for those trainees involved in serious incidences and it is the Postgraduate Dean's responsibility to ensure immediate action is taken at the LEPs.
- 5** The Training Programme Directors (TPDs) and Specialty Training Leads would be made aware if trainees highlighted patient safety concerns. We heard several examples of patient safety issues being raised locally and the relevant trusts responding to these concerns effectively and efficiently.

Appropriate capacity for clinical supervision (R1.7), Appropriate level of clinical supervision (R1.8)

- 6** Overall we found that the majority of doctors in training in Wessex have an appropriate level of clinical supervision from experienced and competent supervisors.
- 7** Clinical supervision in psychiatry is an example of good practice across the region. There is a clear clinical supervisory framework for trainees when working both in and out of hours. Trainees demonstrated a good understanding of the processes and systems are in place within the various organisations; the visiting team were assured that all psychiatry trainees working out of hours have access to supervision when required. All psychiatry trainees are receiving one-hour face to face consultant supervision every week and the trainees provided very positive feedback on this.
- 8** However, during two of our visits to the LEPs, we heard about concerns relating to a lack of clinical supervision in other specialties. We were told of F2s being left as the sole on-site doctor covering a range of specialties. The F2s felt exposed, unsupported and uncertain in their decision making when on call. We have received responses from both LEPs outlining the action they will be taking to address these issues. We are happy with the trusts responses to the concerns we identified and are confident they will be resolved. We will continue to monitor these concerns.

Identifying learners at different stages (R1.10)

- 9** During our visits to the LEPs across the region, it was clear that the organisations have a reliable way of identifying learners at different stages of education and training. They ensure that all staff members are aware of this so that learners are not expected to work beyond their level of competency.

Rota design (R1.12)

- 10** Rota gaps were highlighted to us by the quality management team in Wessex as an area of concern, as they are across the UK. Both HEE Wessex and the trusts in Wessex are aware of where the rota gaps are. We set requirements and recommendations at some of the trusts we visited during the review in relation to this. In March and August each year, HEE Wessex produces a spreadsheet that highlights the rota gaps in the region. They are looking for alternative workforce solutions and the Postgraduate Dean has recently had discussions with the trusts in both Poole and the Isle of Wight regarding workforce solutions.

Induction (R1.13)

- 11** Learners must have an induction prior to each placement that sets out important information, such as their role in the team and the medical guidelines they must follow. HEE Wessex provided us with a copy of their 'Health Education England Wessex Guidelines for the induction for doctors in training'. This, along with various

other documents they submitted to us prior to our visit, outlines HEE Wessex's induction standards at different levels and sites. This includes a deanery induction for all starters that contextualises the role of the deanery.

- 12** It is the responsibility of the provider organisation to cover all the relevant information and HEE Wessex expects the Directors of Medical Education (DME) to do so. The Quality Management team at HEE Wessex rely on the DMEs to ensure the quality of inductions.
- 13** The trainee representatives confirmed that trainees across the region get a good corporate induction. There are areas that could be improved at local induction level, however this is not seen as an HEE Wessex issue. IT access is one of the fundamental issues with local induction as it can take as long as a whole day to sort out the correct access at some trusts. Starting on nights can also be an issue, with trainees in some cases expected to cover four specialties on their first shift without an induction.

Handover (R1.14)

- 14** Handover of care should be organised and scheduled to provide continuity of care for patients and to maximise the learning opportunities for doctors in training. HEE Wessex produces handover guidance, which highlights the need for senior support and presence at handover to maximise learning opportunities. However, the process of handover varies depending on the trust.
- 15** Handover in some trusts and specialties is largely transactional rather than a learning experience. Trainee representatives confirmed that handover does occur at all the trusts but the level of senior input again varies depending on where it is. It became apparent that work is being done to implement handover further but there is room for significant improvement in some areas.

Multiprofessional teamwork and learning (R1.17)

- 16** Throughout our LEP visits as part of the regional review, we heard how organisations support learners to be effective members of the multiprofessional team by promoting cultures of learning and collaboration between specialties and professions. The role of nurses and other allied health professions in the clinical support and education of junior doctors was valued by the majority of groups we met.
- 17** HEE Wessex has adopted and supported a multi-professional workforce. The visiting team were particularly impressed to hear about the use of non-trainee TPDs in some specialties, which is working well.
- 18** A strong multiprofessional community exists amongst the workforce at HEE Wessex. They share any challenges they encounter and look to solve issues together, as a team. The team at HEE Wessex meet every Monday morning, where they share

significant problems or upcoming tasks across the different professions. They seek to support and challenge each other.

Area working well one: the widespread adoption and support of multi-professional workforce solutions is evident across HEE Wessex.

Capacity, resources and facilities (R1.19)

- 19** During our visits throughout the Wessex region, we determined that there is adequate capacity, resources and facilities to deliver safe and relevant learning opportunities.
- 20** During our visits to the various trusts in the region, in particular the psychiatry visits, we discovered that there is an issue for trainees accessing patient notes out of hours due to the current computer systems. Trainees in psychiatry cover multiple sites out of hours and all these sites have different patient notes systems. This is causing particular difficulties in the assessment of patients outside of normal working hours. The visit team were concerned by this as it may affect both the quality of medical assessment and handover to the locality team.

Requirement one: HEE Wessex must work with providers to ensure that doctors training in psychiatry can access patient records at different sites when working out of hours.

Accessible technology enhanced and simulation-based learning (R1.20)

- 21** We found that learners across Wessex have access to technology enhanced and simulation-based learning opportunities within their training programme.
- 22** Simulation training features heavily in all the programmes, using technology and simulated patients. In General Practice, HEE Wessex commissioned and developed a drama coach who came and taught the learners fundamental skills.
- 23** Every trust that we visited has simulation equipment for teaching foundation doctors. However, not every trust has a simulation lead. We are assured that everyone engaged in a foundation programme is receiving simulation training.
- 24** Trainees also experience simulation-based learning in Psychiatry. We were told that there is a simulation strategy in Medicine; however, the new curriculum is going to have a greater emphasis on simulation.

Access to educational supervision (R1.21)

- 25** HEE Wessex encourages learners in the region to meet with their educational supervisors or personal tutors as frequently as required. They provide guidance and outline their expectations for trusts. HEE Wessex support supervisors to include

enough time in their job plans for educational supervision. We did not hear of any issues with regards to access to educational supervisors during our visits across the region.

- 26** HEE Wessex has a plan for training and developing educational supervisors in the region. The DMEs are very active in this regard and understand how they need to generate enthusiasm for education. There is a good link between the HoS and DMEs which helps improve the quality of educational supervision.

Theme 2: Education governance and leadership

Standards

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

- 27** HEE Wessex has educational governance systems and processes in place to manage and control the quality of medical education and training. We heard about a comprehensive quality management process within the deanery with evidence of it influencing change and improving training.
- 28** HEE Wessex hosts a monthly quality assurance meeting, an important group for monitoring quality on a local level. During this meeting, all the existing high risk items are looked at individually and reassessed. HEE Wessex risk assesses using their own framework and determines whether these items are improving or getting worse.
- 29** With regards to quality management, there is a regional structure in place. Information from the risk reports is sent to the Dean of Education and Quality in the South, to enable a regional view on the risks. Following this, risks are escalated to the quality review forum and finally the HEE board. Multi-professional reports are also produced. Therefore, if a concern regarding a particular environment is raised, this enables HEE to look at all professions within that environment. The senior deanery team works efficiently and provide a coherent and effective approach to medical education management.
- 30** Throughout our visit, it became clear there are links between the Schools, the DMEs and the senior deanery staff. These links are notably effective and have been formed through local visits and engagement in regular meetings. We found several examples of effective triangulation and sharing of information between trusts, DMEs and schools.
- 31** The primary care school in Wessex is also working effectively. The school is well led and managed with effective and transparent quality control mechanisms. The GP/consultant exchange scheme was created as a result of regular DME and HoS meetings, exemplifying the strong networks of communication that exist amongst the school. The GPs and consultants spend a day swapping roles to further their

knowledge and experience. HEE Wessex believe they are the only region in the country to run such a scheme.

- 32** The visiting team feel that GP input in the region is not only working well from a patient perspective, but also from a learning perspective as learners are able to spend more of their time completing tasks that are relevant to the curriculum outcomes for the post.
- 33** The Wessex school of general practice has also shown good initiative by actively creating solutions to workforce problems. For example, there were issues in attracting GPs to the Isle of Wight, with only one in eight training places being filled. However, they created a financial incentive for trainees to be posted there and this has since risen to over 70%. The school also commissioned and developed a drama coach to teach fundamental skills to the GP trainees.
- 34** HEE Wessex visits can be triggered after concerns are identified. It became clear during our visit to HEE Wessex that there is no specific benchmark for a visit but decisions are made following conversations to determine the appropriate action. These discussions include a fortnightly call with the medical director at HEE, during which concerns are discussed informally. This provides a method of live reporting directly to the top of HEE. We were told that visits often happen despite concerns being below the recognised threshold set by HEE.
- 35** HEE Wessex does not follow a visit cycle on a scheduled basis but visits trusts as and when needed. They follow up on any concerns with triggered visits, an example being the Isle of Wight. In November 2017 HEE Wessex started to hear concerns relating to Acute Medicine at the trust. The Acute Medicine TPD was informed by trainees about concerns regarding the quality of locums at the trust. After discussions, this triggered a shorter, fact finding visit by the TPD and Head of School of Medicine. HEE Wessex then worked with the DME at the trust to put an action plan into place.
- 36** There are no specific guidelines on how long a concern remains on the risk register or risk report. HEE Wessex use RAG ratings to monitor items. A red rating would not necessarily trigger a visit. However, when the GMC visited we found significant issues that had recently been rated as satisfactory by HEE Wessex's quality management process. For example, although HEE Wessex picked up some concerns in November 2017 at Isle of Wight, the GMC identified several more serious concerns when we visited in February 2018. We also found a serious concern at Dorset County Hospital regarding a lack of supervision at night for very junior trainees. Whilst these were a small number of cases, we encourage HEE Wessex to review contradictory findings by the GMC in light of our regional review.

Area working well two: there is a comprehensive quality management process within HEE Wessex with evidence of it influencing change and improving training.

Area working well three: the primary care school is working effectively. It is well led and managed with effective and transparent quality control mechanisms.

Recommendation one: HEE should review how we found significant issues that had recently been rated as satisfactory by HEE Wessex's quality management process.

Accountability for quality (R2.2)

- 37** The schools and DMEs have a significant role in supporting providers in developing new governance systems. Good Practice is shared at the DME and Head of School meeting with the Postgraduate Dean who ensures that any significant information that needs to be shared is on the agendas for these meetings.
- 38** During our visits to LEPs in the region, we encountered a lot of variability in governance systems. HEE Wessex builds their systems around the systems at the LEPs to pick up intelligence. Several of the trusts in the region confirmed that they feel well supported by HEE Wessex and that HEE Wessex has a good oversight of key areas at the trusts.

Considering impact on learners of policies, systems, processes (R2.3)

- 39** HEE Wessex seeks to take into account the view of learners, educators and the public. During our visit, we met with a group of lay representatives. The group informed us that they are involved with a variety of tasks, including recruitment, hospital visits and ARCPs. The lay representatives feel that they play an important role in quality assurance within the organisation.
- 40** Members of the lay group have been enrolled in training with the assistance of HEE Wessex, including training to prepare them on appeals. Some have spent time with the Professional Support Unit. They rotate across specialties to broaden their experience. There is always a lay representative on the visiting panel.
- 41** The lay group are also involved in the ARCP process with the aim of ensuring fairness and that all trainees are treated the same. If there is an adverse outcome, they will be involved in ensuring due process has been followed. The lay representatives feel that they have a duty of care to the trainees and to identify when a trainee needs support. They play a significant role in the ARCPs and in challenging other members on the ARCP panel.
- 42** However, some of the lay representatives feel they do not have enough data to confirm the clarity of ARCP decisions and ensure consistency in the process. They are not provided with a laptop to look through the ARCP documentation and therefore have to share with colleagues. We were told that the lay members would feel more

valued by the organisation if they had individual access to the ARCP data during the ARCP meetings.

- 43** The lay representatives engage in lay forums every 6 months, during which they get together and discuss ideas. We were told by the lay representatives that they feel valued and listened to during these meetings. An example of change that arose as a result of these meetings was the introduction of the patient safety box and feedback forms. HEE Wessex clearly listens to and is responsive to their lay group.

Area working well four: there is good lay representation within the HEE Wessex processes. The lay members are empowered to speak up and influence HEE Wessex and school decisions.

Recommendation two: HEE Wessex should provide further data for the lay visitors so they can confirm the clarity of ARCP decisions and ensure consistency in the process.

Collecting, analysing and using data on quality, and equality and diversity (R2.5)

- 44** HEE Wessex are making further efforts to evaluate learner's performance, progression and outcomes by collecting, analysing and using data on quality and equality and diversity.
- 45** HEE South have recently appointed an equality and diversity director, whose role is to help develop the equality and diversity strategy. At a local level, work is already being carried out on equality and diversity issues and there is a plan to develop actions from this. During our visit, we were told that a meeting is scheduled to discuss equality and diversity topics in further detail. HEE Wessex recognises that further attention and effort needs to be put into analysing this data.
- 46** HEE Wessex runs a course every three years on equality and diversity for supervisors. This is run at Southampton and is highly rated by trainers. HEE Wessex is aware that they need to ensure the understanding around equality and diversity issues are understood by all schools in their region.
- 47** The Professional Support Unit (PSU) facilitates courses for lead educators that offer teaching on how to challenge behaviours that are unacceptable as they highlight pertinent issues on the protected characteristics. In the previous quality report there is a spreadsheet that highlights all the protected characteristics of referrals made to the PSU. The visiting team commend the collection of this data and encourage it to be analysed further.
- 48** HEE Wessex analyse ARCP results, especially outcome threes. The majority of outcome threes are due to exam failure and HEE Wessex have therefore implemented further policies on exam preparation to avoid further failures in the future, taking a preventative approach to address issues before failures occur.

49 HEE Wessex is revising a strategy with HEE Thames Valley that they believe will further help trainees pass exams. This will highlight the key reasons for trainees failing exams and there are a number of systems in place to allow trainees in difficulty to be identified prior to failing exams. Once identified as being at risk of failing exams, additional support is offered to trainees prior to assessments in the school of general practice.

Recommendation three: HEE Wessex should provide further clarity around E&D strategies.

Monitoring resources including teaching time in job plans (R2.10)

50 During our visits to LEPs, we found evidence that in general trainers have time in their job plan for their educational responsibilities. We heard that educators are well supported with time in their job plans. Trainers are annually appraised and have personal development plans. They have some personal objectives and some generic objectives. There is scope within objective setting to 'write in' development.

Educational supervisors for doctors in training (R2.15)

51 During our visit, we heard how HEE Wessex ensures each doctor in training has access to a named educational supervisor. HEE Wessex takes an active role in understanding and generating enthusiasm for education amongst the consultants in the region and there is a strong link between the heads of schools and DMEs.

Theme 3: Supporting learners

Standard

S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Good Medical Practice and ethical concerns (R3.1)

52 Overall we found that learners across the region are supported to meet professional standards, as set out in *Good medical practice* and other standards. Trainee representatives informed us that the trainees have good relationships with the TPDs, with open methods of communication. The trainees feel that they get responsive reactions from the TPDs and are well supported by them.

Learner's health and wellbeing; educational and pastoral support (R3.2)

53 Learners across the region have access to resources to support their health and wellbeing. This includes access to educational and pastoral support. In particular, the visiting team were impressed by the efforts of several trusts in exploring new strategies to support the working lives of trainees.

54 HEE Wessex has an established Professional Support Unit (PSU) that has evolved into a stable, confidential service. Trainees are referred to the PSU and encouraged to contact them via their TPDs or educational services. A decision is then made over whether the trainees need the PSU and, if so, they are assigned to a case work manager. There is also a specialist support team available to provide any specific support upon being referred.

55 Members of the case management team for the PSU have been trained in many areas, including coaching, exam support, dyslexia support and career support. Their aim is to coach trainees rather than provide advice. They provide confidential support to the trainees. They can challenge some of their assumptions in a supportive manner. The trainees are provided with the opportunity to attend face to face meetings to receive this support in a safe neutral environment. Trainees are asked to produce a next step development plan and, with the trainee's agreement after 1-1 coaching, the PSU share this with the trainee's casework manager.

56 If a trainee expresses a desire to experience a career outside of medicine, members of the PSU team have experience providing non-medical careers advice. Many of the PSU team have attended conferences on the topic of leaving medicine. Careers advice is available to trainees via Trusts. Trainees engage with a careers day whilst in their training programme and all foundation programmes have a careers element incorporated into them.

57 Doctors who experience difficulty whilst in a working environment also have support from the PSU, once they have a referral. Pastoral support is also available to all doctors. Outside of the PSU, the deanery analyses each situation on an individual basis to see how they can provide support and use it as a learning experience. This may include going on a course or showing what can be learnt from particular situations. HEE Wessex expects the DMEs at each trust to support trainees in difficult and challenging circumstances. HEE Wessex are always informed when a trainee is experiencing difficulty so that they can ensure any trainees subject to fitness to practise or GMC legal challenges have the full support of the DME.

Area working well five: The Professional Support Unit is highly effective and valued by both trainees and trainers.

Undermining and bullying (R3.3)

58 The majority of learners across the Wessex region told us they have not been subjected to behaviour that undermines their professional confidence, performance or self-esteem. However, we did hear some incidents of bullying and undermining which we raised with both the trusts involved and HEE Wessex. We will continue to monitor these issues.

59 Throughout our visits to the trusts, it became apparent that there are effective mechanisms in place for both learners and educators to report any concerns relating to bullying and undermining. The majority of students and trainees we talked to are confident that these concerns would then be addressed.

60 Trainee representatives told us that bullying and undermining is a rare occurrence and that trainees are aware where there may be cultural issues. There is a general recognition and willingness to do something about such issues.

Information on reasonable adjustments (R3.4)

61 Throughout our visits across the region, the visiting team were satisfied that organisations make reasonable adjustments when required. The organisations ensure learners have access to information about reasonable adjustments, providing named contacts for them.

Supporting transition (R3.5)

62 Learners in Wessex appear to receive information and support to help them move between different stages of education and training. We heard how the medical school has a close working relationship with the Foundation Programme Director at Wessex. HEE Wessex is in regular communication with the medical school regarding the transition period for medical students.

Supporting academic careers (R3.8)

- 63** Prior to our visit, HEE Wessex provided the visiting team with a document that outlined the innovative educational projects currently being undertaken in Wessex. During our visit, we heard how doctors in training are provided with both information and support for the pursuit of academic careers. We heard about the impressive support available for those who wish to engage with the innovation projects and for trainees who wish to enhance their training through additional educational opportunities.
- 64** There is a medical education fellows group, which has been established for 13 years. This group is designed to support the development of trainees that have an exceptional interest in medical education. The aim is to help them develop into the leading educators of the future. Each year a medical education fellow is appointed as a funded secondment at HEE Wessex. This provides some protected time in the week to pursue educational opportunities and they get the opportunity to observe some of the functions of the deanery, as well as participate in research.
- 65** Other innovative projects we heard about during our visit include F2 Public Healthcare, Global Health Programme and the Quality Improvement Fellowship.

Area working well six: there is impressive support for innovation projects and for trainees who wish to enhance their training through additional educational opportunities and/or well designed OOP experiences.

Supporting less than full-time training (R3.10)

- 66** Doctors in training have access to systems and information to support less than full-time training. The TPDs we talked to during our visit to HEE Wessex informed us that trainees receive support when applying for less than full-time training. They were not aware of any trainees whose applications have been refused for less than full-time training. During our discussions with the Heads of Schools, we were told by the Foundation Programme Director that around 10% of trainees at some point will work less than full-time.
- 67** There are several less than full-time trainees in psychiatry. Like the foundation programme, we were told that they have never turned down any requests. They are very eager to avoid trainees leaving training altogether. We were told about a psychiatry trainee, who was considering leaving training, being given 30% training for 6-12 months to encourage them to stay.

Study leave (R3.12)

- 68** Prior to our visit, we were provided with a copy of HEE Wessex's 'Overview of Medical Education in Health Education England Wessex'. This document references plans for the centralization of study leave and for increased funding for regional essential courses.
- 69** The senior management at HEE Wessex recognise that study leave has been an issue in the region. Trainees know how to access it but red outliers still remain in the NTS results. We were informed that study leave money is not always spent on study leave. The management team believe this is one of the main reasons for the negative outliers in study leave, rather than time or access for study leave.
- 70** Trainee representatives told us that it can be hard for trainees to establish clear guidelines from their trusts on how much study leave they can take, what the budget for this is and when they can take it. This can make discussing study leave complicated and confusing for trainees. Some trainees negotiate study leave with their rota coordinator but it can be a problem getting cover.
- 71** The TPDs and specialty leads at HEE Wessex informed us that there is a new system in place which they believe will improve trainees' experiences when requesting study leave. They regularly meet with trainees to ask them what the main barriers are to getting study leave in an attempt to solve the problem.

Requirement two: HEE Wessex must continue to monitor and improve the process of study leave application and funding.

Support for learners in difficulties (R3.14)

- 72** HEE Wessex appears to have systems in place to support learners whose progress, performance, health or conduct gives rise to concerns. The DME would escalate concerns through HEE Wessex. We heard examples of getting trainers and trainees together in a room to discuss concerns and issues, which resulted in action plans being produced following beneficial discussions. There is a small group that is run by the School of General Practice and the rest of HEE Wessex that discusses trainees in difficulty.
- 73** The TPDs and specialty leads informed us that they would try to support trainees in difficulties locally in the first instance. Failing this, they would bring concerns to HEE Wessex and the PSU. Trainers are kept up to date with development plans produced for the trainees, as long as the trainees consent to this. The TPDs believe trainees are very well supported in Wessex and they are kept well informed about the trainee's progress within the PSU. Trainee confidentiality is well respected by HEE Wessex throughout the process.

Career support and advice (R3.16)

- 74** Both medical students and doctors in training who are unable to complete a medical qualification or their training pathway are given advice on alternative career options. Every trust offers careers advice at a local level and the careers support that the PSU provides has already been highlighted.

- 75** TPDs and specialty leads at HEE Wessex told us that sessions are run for General Practice on the different careers and practices they are recruiting to. Other options for careers advice include the BMA medical forum and informal discussions on the ward.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

76 TPDs and specialty training leads are, in general, appraised in their roles. Some have annual appraisals with their DMEs and Heads of Schools and others have regular meetings with their DMEs and Heads of Schools, during which they discuss their progress. HEE Wessex organises training for senior posts and portfolios for their associate deans.

Time in job plans (R4.2)

77 HEE Wessex has produced a document titled 'Guidance on Time for Educational Roles'. This highlights the key areas that need to be taken into consideration to allow trainers to be appropriately trained and have enough time in their job plans to carry out their role effectively.

78 During our visits across the region, we found that in general trainers have sufficient time in their job plans to meet their educational responsibilities. This enables them to carry out their role in a manner that promotes safe and effective care whilst also providing a positive learning experience.

Accessible resources for educators (R4.3)

79 Educators across the Wessex region appear to have access to appropriately funded resources that they need to meet the requirements of the training programmes and curriculum. The specialty TPDs have regular meetings with the foundation programme director to discuss the foundation programme. They are given the chance to influence HEE policy and share good practice where viable.

Educators' concerns or difficulties (R4.4)

80 Prior to our visit, HEE Wessex submitted a comprehensive document that provides strategic guidance to managing and supporting doctors who require professional support, which outlines the professional support processes in Wessex. As part of their educational responsibilities, educators face various concerns and difficulties and HEE Wessex appears to be supporting them appropriately.

Working with other educators (R4.5)

- 81** HEE Wessex supports educators to liaise with each other and make sure they have a consistent approach to education and training across the region. HEE Wessex has developed a community of medical educators. This was evident from junior doctor levels through to senior trainees and into the consultant and higher faculties of educators.
- 82** The core medical training educators have informal meetings to develop consistency in training. For example simulation and access to protected teaching can vary depending on location. To help develop consistency, HEE Wessex also provides feedback to the educational supervisors on their report writing.
- 83** HEE Wessex are aware of the challenges in ensuring consistency across the ARCP process. They have developed local guidelines and training sessions to help support educators through the process. The foundation training leads also have regular meetings at HEE Wessex to discuss the ARCP process. This has led to greater consistency in difficult decisions on ARCP outcomes although this is still a work in progress.

Area working well seven: HEE Wessex has developed a community of medical educators. This was evident from junior doctor levels through to senior trainees and into the consultant and higher faculties of educators.

Recognition of approval of educators (R4.6)

- 84** Prior to our visit to HEE Wessex, we were provided with a flow chart outlining the approval and minimum requirements for becoming a GMC recognised clinical or educational supervisor in Wessex. This highlights the courses and training the educators must complete. During our visits, it became apparent that this document is utilised at trust and school level.

Theme 5: Developing and implementing curricula and assessments

Standard

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Training programme delivery (R5.9)

85 We heard during our visit to HEE Wessex that the foundation training leads at the various trusts map the training programmes to the curriculum. These are then reviewed every year to ensure doctors in training are able to meet all the required learning outcomes. Feedback on the year's cycle is also reviewed, along with more regular online feedback. If trainers receive negative feedback, they will try and adjust the programme immediately.

Examiners and assessors (R5.11)

86 During our visit, HEE Wessex informed us that they have identified issues surrounding the calibration of ARCP decisions in hospital specialties. The senior management team told us that ARCP consistency is a challenge in the region. They have used a couple of case studies on a local level to try and highlight the problems that occur when ARCPs are not consistent. In addition to this, HEE Wessex has developed guidelines on the process. They accept that this is work in progress and they have recently developed a separate team who will look specifically at the consistency across all the specialty schools and the decisions they make.

87 Those educators who are new to the role are invited to observe ARCP panels and taught how to write the reports. The new form of feedback in the ARCP process is seen as a positive change. As well as creating a learning opportunity for educators, it also allows HEE Wessex to identify any educators who are being inconsistent.

88 HEE Wessex provides ARCP training and inductions for lay members involved in the ARCP process but there is a certain element of learning through experience.

89 The ARCP process is understood and delivered in a consistent and transparent way across primary care. This process effectively identifies, and in some cases predicts, doctors who are struggling and provides mechanisms to support such trainees. Data from the ARCPs is used to develop training programmes and to identify groups who may be at risk of struggling with career progression. The visit team found primary care ARCP processes are well developed and understood. Both trainees and trainers are using the ARCP process to develop trainees and the training programme.

90 HEE Wessex is continuing to give advice to schools about outcomes and try to share good practice through the TPD training days for example. These include sessions dedicated to the ARCP process. The visiting team encourage HEE Wessex to continue to develop mechanisms to ensure the ARCP process is equitable, consistent and fair.

Area working well eight: the ARCP process in primary care is working very well.

Requirement three: HEE Wessex must continue to develop mechanisms to ensure the ARCP process is equitable, consistent and fair across all specialties.

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Evidence base	HEE Wessex prepared a lengthy document submission in line with our guidance. The documentation submitted was used to inform our visit and a full list is available on request.