

Visit report of Health Education England working across the south west

This visit is part of the 2015/16 South West Regional Review to ensure organisations are complying with the standards and requirements as set out in [Promoting excellence: standards for medical education and training](#).

Summary

Education provider	Health Education England working across the south west
Sites visited	HEE SW Peninsula Local Office - Plymouth HEE SW Severn Local Office - Bristol
Local education providers visited in the region	Gloucester Hospitals NHS Foundation Trust – 14 April 2016 University Hospitals Bristol NHS Foundation Trust – 15 April 2016 Royal Devon and Exeter NHS Foundation Trust – 18 April 2016 Royal Cornwall Hospitals NHS Foundation Trust – 19 April 2016 Torbay and South Devon NHS Foundation Trust – 28 April 2016 Plymouth Hospitals NHS Foundation Trust – 9 April 2016
Medical schools visited in the region	University of Plymouth Medical School – 3–4 May 2016 University of Exeter Medical School – 5–6 May 2016 University of Bristol Medical School – 10–11 May 2016

Programmes reviewed	Undergraduate, Foundation, Core Medical Training (CMT), Acute Internal Medicine (AIM), Cardiology, Emergency Medicine, Gastroenterology and Respiratory Medicine.
Date of visit	29–30 June 2016
Key findings	<ol style="list-style-type: none"> <li data-bbox="560 353 1444 862">1 We visited Health Education England working across the south west (HEE SW) as part of our regional review of medical education in the south west of England. During the review we visited six local education providers (LEPs) and three medical schools. The visit to HEE SW was our last visit as part of this series of visits in the south west region. During our visit, we met with HEE SW senior management and quality teams, trainee representatives, training programme directors (TPDs), heads of school (HoS), lay representatives and the pastoral support team. <li data-bbox="560 862 1444 1422">2 HEE SW has been formed through the integration of the two separate entities which were Peninsula and Severn Deaneries. Although HEE SW is one organisation they have representation in both Peninsula and Severn as the geography in the region means that travel times between sites and LEPs can be extensive. To better manage geographical challenges, postgraduate training in the south west is often split into two separate training programmes per specialty, one in the former Severn geography and one in Peninsula. Each specialty may therefore have two separate HoS. As part of the visit to HEE SW we visited both Peninsula and Severn. <li data-bbox="560 1422 1444 2004">3 During our visit we identified several areas that are working well. The learning environment in the south west values education and training, doctors in training are well supervised and educators are supported in their roles. Clinical, educational and pastoral support for doctors in training is good and is generally working well across the region. Trainers are committed to their roles as educators and time in job plans was evidenced. The integration of the two previously separate organisations is making good progress and the delivery of the professional and generic skills programme is a strong point. <li data-bbox="560 2004 1444 2038">4 However, we also identified areas for improvement

during our visit to HEE SW and LEPs across the region. We found that the national medical workforce picture is evident in some LEPs as service pressures and staffing levels are impacting on education and training, as well as the recruitment and retention of doctors in training and consultants. However there is evidence that in some areas the clinical learning environment is over populated by learners resulting in a compromised learning experience for doctors in training and we encourage HEE SW to monitor this.

- 5** Educational governance and oversight at board level is lacking at some sites. While some sites have robust methods for reporting to the trust board others did not. HEE SW should work with those in question to monitor our requirement that education and training is adequately represented and scrutinised at board level.
- 6** At the time of our visits most of the sites that we visited were on track to meet GMC milestones for the recognition of trainers. However, some educators were not aware of these requirements. HEE SW should work towards maintaining oversight of trainer recognition requirements.
- 7** We found that quality processes would benefit from a more integrated approach across schools, between LEPs and HEE SW, between LEPs and medical schools and between HEE SW and medical schools using the same environment.
- 8** While we heard that the presence of non-training grade doctors is mostly beneficial, in some places we heard they are having a negative impact on the education and training of the regulated groups. Any adverse educational impact that non-training grades may have on doctors in training posts should be monitored by HEE SW for remedial action.
- 9** In CMT and some of the higher medical specialties we found issues in curricula delivery and learners at risk of failing to achieve all their curricular outcomes. HEE SW should ensure that local curricula delivery is adequate for doctors in training to achieve their curricular requirements.

- 10** We also heard concerns about GIM training across the region including, issues with curriculum coverage, assessment and imbalance between GIM service and specialty training commitments.
- 11** Finally, we found that lay representatives are not appraised and do not receive adequate feedback on their performance. Feedback to and appraisal of lay representatives should be improved and HEE SW should consider refreshing this group.

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	Theme	Good practice
1	Theme 3: Supporting learners (R3.2)	Clinical, educational and pastoral support for doctors in training is good and we commend the work of HEE SW's professional support unit and the careers advice service. Paragraphs 64-67

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	Theme 1: Learning Environment and Culture (R1.1)	The learning environment in the south west values education and is committed to training. Despite prevalent service pressures doctors in training are generally well supervised and both learners and educators are supported in their roles. Paragraphs 1-4
2	Theme 2: Educational governance and leadership (R2.1)	The integration of two previously separate Deaneries is making good progress, with some examples of improvement being driven by

		learning from others across the region. We encourage HEE SW to continue with this journey to ensure consistency of experience for doctors in training across the region. Paragraphs 35-36
3	Theme 4: Supporting educators (R4.1)	Trainers are committed to their roles as educators and the development of supervisors is good. Paragraphs 76-77
4	Theme 4: Supporting educators (R4.2)	We commend the work of HEE SW in ensuring that all trainers have specific time allocated in their job plans. Paragraph 79
5	Theme 5: Developing and implementing curricula and assessment (5.9)	The delivery of the professional and generic skills programme is a strength of HEE SW training. Paragraph 86

Requirements

When the requirements that sit beneath each of our standards are not being met, we outline where targeted action is needed. We will monitor each organisation's response to these requirements and expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 1: Learning environment and culture (R1.7)	HEE SW must continue to monitor and work with LEPs to address the impact of service pressures, staffing levels and recruitment and retention on the delivery of education and training. Paragraphs 7-9
2	Theme 1: Learning environment and culture (R1.19)	HEE SW should work with LEPs and medical schools to maintain oversight and management of educational capacity in LEPs across the region. Paragraph 24-27
3	Theme 1: Learning environment and Culture	HEE SW must work with the LEPs to manage any adverse educational impact that non-

	(R1.19)	<p>training grades may have on doctors in training posts. In places where non-training grade junior doctors are supervising doctors in training in approved posts, they should be suitably trained for the role and the quality of training and clinical supervision they are providing should be monitored.</p> <p>Paragraphs 28-29</p>
4	Theme 2: Educational governance and leadership (R2.1)	<p>HEE SW must improve the integration of their quality processes across specialty schools, between LEPs and HEE SW and between HEE SW and medical schools using the same environment.</p> <p>Paragraphs 37-40</p>
5	Theme 2: Educational governance and leadership (R2.2)	<p>HEE SW must work with LEPs to ensure that local education governance is improved so that educational responsibilities are adequately understood and represented at board level in all LEPs across the region.</p> <p>Paragraphs 41-42</p>
6	Theme 4: Supporting educators (R4.6)	<p>HEE SW must ensure all LEPs in the region are aware of, and up to date with implementation and compliance of GMC recognition of trainers guidance.</p> <p>Paragraphs 84-85</p>
7	Theme 5: Developing and implementing curricula and assessment (5.9)	<p>HEE SW must ensure that curricular delivery in CMT and higher medical specialties is adequate and doctors in training are achieving their curricular requirements.</p> <p>Paragraphs 87-91</p>
8	Theme 5: Developing and implementing curricula and assessment (5.9)	<p>HEE SW must ensure the delivery of training in GIM meets the curricular requirements and is structured and consistent across the region.</p>

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	Theme 4: Supporting educators (R4.1)	<p>HEE SW should provide feedback to and appraisal of the lay representative group. We also encourage HEE SW to consider refreshing their lay representative group.</p> <p>Paragraph 78</p>
2	Theme 5: Developing and implementing curricula and assessment (5.10)	<p>HEE SW should continue to investigate the difference in ARCP outcomes between Severn and Peninsula.</p> <p>Paragraph 94</p>

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: standards for medical education and training* is addressed; we report on 'exceptions' e.g. 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)

- 1 During our visits to LEPs across the region, we found that generally the learning environment is positive and that LEPs value education and training. The vast majority of doctors in training and educators that we met said that they feel well supported in their roles and the educators that we met demonstrated that they are committed to their roles despite prevalent service pressures.

Area working well 1: The learning environment in the south west values education and is committed to training. Despite prevalent service pressures doctors in training are generally well supervised and both learners and educators are supported in their roles.

- 2 Before our visit to HEE SW, we examined the learning and development agreements between HEE SW and placement providers across the region. The learning and development agreement stipulates that trust induction must include information on raising concerns at that site. All of the LEPs that we visited demonstrate a culture that allows learners and educators to raise concerns about patient safety openly. LEPs demonstrated that patient safety was at the centre of their approach and there is a widespread understanding amongst doctors in training and educators on how to raise concerns.
- 3 During our visit to HEE SW, the SMT told us they have established close working relationships with the directors of medical education (DMEs) in LEPs across the

region. They meet on a quarterly basis and this meeting is a forum for LEPs to raise any concerns with HEE SW.

- 4 HEE SW has trainee representatives across the region who act as an interface for raising concerns pertaining to education and training occurring within LEPs with HEE SW. During the visit, we spoke to trainee representatives from foundation, CMT and selected specialities and they reported that issues raised by colleagues are escalated to TPDs and subsequently to HEE SW as necessary.

Dealing with concerns (R1.2) & Learning from mistakes (R1.3)

- 5 During our visits, we found that doctors in training and medical students felt that concerns they raised are effectively dealt with by their LEP. We heard from some that they had received adequate feedback on concerns they had raised. We heard examples of learning from significant events and raised concerns through implementing changes as a result of concerns raised. In addition, some of the TPDs at HEE SW confirmed that they share patient safety concerns across their school.
- 6 HEE SW respond to serious patient safety concerns raised at LEPs and there are mechanisms in place for LEPs to share these concerns with HEE SW. HEE SW confirmed that they find out about raised concerns through the quality surveillance group meetings and if a doctor in training is involved in a serious patient safety incident at a LEP then the medical director reports this to HEE SW.

Appropriate capacity for clinical supervision (R1.7)

- 7 Overall, we found that generally the learning environment is safe for patients and supportive for medical students and doctors in training. It is evident that clinical supervision is valued and the consultant body is committed to education and supervision. However, we did hear examples of how service pressures and staffing levels are impeding the supervision and workload of doctors in training. We heard that rota gaps are prevalent across the region and that recruitment into certain specialities and geographical areas is challenging.
- 8 During our visit to HEE SW it was acknowledged that, in many places the system is under strain in terms of workload and staffing levels, and that consequent rota gaps exacerbate the issue. We heard from trainee representatives that workload pressures interfere with obtaining curricular requirements, such as in CMT, as doctors in training struggle to attend clinics due to other service (often ward) work commitments. HEE SW reported that in theory they offer adequate training opportunities but that in practice these are at times affected by high workload. In addition, we were told that HEE SW plan to work with LEPs to improve the allocation process for doctors in training in order to help address the service and training balance.
- 9 We acknowledge that service pressure and staffing levels impacting on education and training as well as recruitment and retention of consultants and doctors in training

are national issues and we encourage HEE SW to continue to seek ways that ensure an adequate education and training experience for doctors in training.

Requirement 1: HEE SW must continue to monitor and work with LEPs to address the impact of service pressures, staffing levels and recruitment and retention on the delivery of education and training.

Appropriate level of clinical supervision (R1.8)

10 We found that doctors in training in the south west generally have an appropriate level of clinical supervision from competent supervisors. We heard of some variation in clinical supervision between specialities and sites and there is a sense that time for supervision is pressured across the region. It is clear that educational experience in the learning environments in the south west is generally satisfactory despite the impression that consultant availability at times can be limited, as consultants remain approachable and supportive in the clinical environment. We heard examples of how the consultant body regularly go beyond their standard duties to provide adequate clinical supervision and support to doctors in training. The SMT at HEE SW noted that they are aware of the high quality of clinical supervision and support in the clinical environments across the region.

Appropriate responsibilities for patient care (R1.9) Identifying learners at different stages (R1.10)

11 During our visits across the region, we found that generally doctors in training and medical students have appropriate responsibilities for their stage of learning and are not asked to undertake tasks outside of their competence. We heard that if doctors in training or medical students are ever in a position where they do not feel comfortable to perform a task that they feel empowered to state this. In addition, there are reliable mechanisms in place at LEPs for identifying doctors in training and medical students at different stages of their training. We heard of initiatives in place at LEPs and medical schools such as medical students wearing different coloured lanyards and separate rotas for doctors at different levels of their training.

12 Throughout our visits we heard the term 'senior house officer' (SHO) often during the different meetings at LEPs. The term is used to describe a variety of doctors in training from F2 to ST3, as well as non-training junior doctors. Therefore, the use of this term makes it difficult for consultants, members of the multidisciplinary team and patients to differentiate between different levels of doctors in training and their levels of competence. This could potentially lead to doctors in training working beyond their competence or without adequate supervision. We encourage HEE SW to work with LEPs across the region to avoid the use of this terminology.

Taking consent appropriately (R1.11)

- 13** During our visits to LEPs across the region, we found that generally doctors in training take consent appropriately. However, at one site foundation doctors were routinely taking consent for procedures outside of their competence. Some of the trainers that we met at this site noted that there is extensive trust guidance available on how to take consent and that doctors in training do not necessarily need to be competent in the procedure they are taking consent for. During our visit to HEE SW we heard from some of the TPDs that they ensure that requirements around consent are achieved by preventing foundation doctors from taking consent. HEE SW should work with this LEP to ensure that this practice ceases.

Rota design (R1.12)

- 14** We found that workloads are generally high across the region and that staffing rotas adequately is challenging in certain specialities and geographies. We heard of disparities in rota management across specialities and sites; with some rotas working well such as emergency medicine and others not so well such as AIM. We also heard repeatedly about pressures from the acute medical take and rota gaps in AIM having an impact on GIM and related medical specialities.
- 15** HEE SW acknowledges that the pressure on rotas is evident through their quality data on workload and through the national training survey. We were told that LEPs have sought to address such issues through the creation of non-training grade posts and exploring wider workforce solutions. They noted that solutions to workload issues remain challenging and that the national medical workforce picture is reflected in several LEPs in the south west. HoS told us that they have oversight of rota gaps across the region, with some acknowledging that rota gaps are an issue in their schools. They told us that there are mechanisms in their quality matrix to pick up on rota issues. The Postgraduate Dean told us that the number of CMT training posts in Severn has been increased by ten; but there is no scope to get any more.
- 16** Overall, we are confident that HEE SW is aware of issues with rota management and workload. During the visit we heard an example of doctors in training raising rota gaps with HEE SW, HEE SW subsequently liaised with the medical director and worked with them to solve the issue. This has involved the creation of further training posts in order to cover rota gaps.

Induction (R1.13)

- 17** The learning and development agreement that HEE SW hold with all of its placement providers outlines all learners must receive an induction tailored to their level of training and also the minimum content that an induction must address. The students and doctors in training that we met across the region told us that they are receiving inductions to prepare them for their placements and posts. All of the doctors in training that we spoke to told us that they have received a trust induction and a

departmental induction. We heard of variations in both trust and departmental inductions between sites and specialities, with some noting that the quality was good and others noting that it was poor. In addition, we also heard that there is a centralised HEE SW driven induction in some specialities and CMT when doctors in training commence work in the south west region. But we heard from some of the TPDs that there is no programme-wide induction for GIM, cardiology and AIM as these are carried out as departmental inductions at the trust.

- 18** During our visit to HEE SW, the quality management team told us that trust inductions are standardised across the region, but that departmental inductions are variable. We heard that any issues with inductions are identified through the national training survey and quality panels. We were told that the foundation programme completes an audit of inductions and also runs an end-of-post survey, which contains indicators addressing induction.

Handover (R1.14)

- 19** The learning and development agreement between placement providers in the south west and HEE SW stipulates that the LEP must ensure that a formal handover takes place to underpin continuity of care. During our visits to LEPs across the region, we found that handover varies between LEPs, departments and specialties – some noting that handover ensures continuity of patient care and works adequately; while others stated that it is not effective in ensuring continuity of care and at times lacks educational value. In particular, handover between different departments appeared to be problematic as opposed to handover between shifts. In addition, we are concerned about the interface and handover between different departments posing a risk to patient safety at some sites. Some doctors in training emphasised the need for medical gatekeeping and improving the communications between departments in the event of interdepartmental transfers of patients. We acknowledge that care pathways differ between sites and we understand that there are various safety measures linked to the handover of patients; however we encourage HEE SW to work with sites that are experiencing issues with the handover of patients.
- 20** During our visit to HEE SW we heard that handover is monitored through the national training survey and end of placement and post feedback. HEE SW gave an example of handover being raised as an issue at one site during the contract meeting between the trust board and HEE SW. We also heard that HEE SW undertook a level 3 visit to a site experiencing problems with handover and produced a report and action plan to address concerns.

Protected time for learning (R1.16)

- 21** We found a disparity across the region with regards to protected time for learning. Doctors in training at some sites and specialties noted that the busy working environment does not hinder their ability to attend organised teaching sessions. But at other sites, doctors in CMT told us that it is difficult to attend teaching

sessions as the high workload and service pressures could leave their ward or department inadequately staffed.

- 22** The balance between providing service and accessing education and training opportunities will be explored further in theme 5 (R5.9).

Multi-professional teamwork and learning (R1.17)

- 23** Overall, we found that LEPs are supporting learners to be effective members of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions. We heard examples of different initiatives across the region to promote this, such as teaching sessions with other health care professionals for doctors in higher specialty training and simulation training which encourages multi-professional teamwork.

Capacity, resources and facilities (R1.19)

- 24** Overall, we found that during our visits to LEPs across the region that access to educational resources and facilities is adequate. However, we did hear some concerns about capacity at LEPs across the region during our visits to medical schools.
- 25** During our medical school visits we heard from some students that they feel there are a lot of students on placement at one time, which at times has resulted in students competing for learning opportunities. Some clinical teachers supported this and noted that they felt their departments are at educational capacity. Some clinical staff at the LEPs we visited indicated that their capacity to deliver education is stretched as it is a challenge to supply teaching and experience across the different groups of learners, including medical students, doctors in training, physician associates and doctors assistants.
- 26** HEE SW advised that educational capacity is evaluated at departmental meetings and it is discussed at HoS meetings. We heard that the national training survey also feeds into discussions around educational capacity. The SMT advised that they address potential capacity issues through a sampling check, which occurs twice a year, and it was acknowledged that there are capacity issues with the delivery of certain procedures within some curricula.
- 27** We found evidence that in some areas the clinical learning environment is over populated with learners resulting in a compromised learning experience for doctors in training. We require HEE SW to work with LEPs and medical schools across the region to maintain oversight and management of educational capacity.

Requirement 2: HEE SW should work with LEPs and medical schools to maintain oversight and management of educational capacity in LEPs across the region.

- 28** In addition, we heard that junior doctors in non-training posts are making up a substantial part of the workforce across the region. We heard that as many as 30% of junior doctors in some trusts are in non-training posts. Whilst we heard that their presence is often beneficial, providing support to doctors in training and improving access to learning opportunities, in some of the places that we visited junior doctors in non-training posts are having a negative impact on the education and training of regulated groups. It was felt by some that these doctors are receiving preferential access to learning opportunities over training grade doctors who are seen as being in post to provide service continuity on the wards. Some of the trainees in approved posts advised that they are moved across departments to fill gaps in rotas and that the non-training grade doctors are moved less.
- 29** HEE SW SMT told us that LEPs manage non-training grade doctors but that they are aware of the benefits and negatives that non-training grade doctors may bring. They told us that ways of finding out if non-training grades are having an impact on education and training is through feedback from quality panels and national training survey results for the regulated groups. HEE SW is looking at the impact of these doctors on the regulated groups but the feedback that they have obtained so far has been that the positives outweigh the negatives.

Requirement 3: HEE SW must work with the LEPs to manage any adverse educational impact that non-training grades may have on doctors in training posts. In places where non-training grade junior doctors are supervising doctors in training in approved posts, they should be suitably trained for the role and the quality of training and clinical supervision they are providing should be monitored.

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

- 30** Overall, we saw that doctors in training and medical students have access to technology enhanced and simulation based learning. Most reported their experiences as positive and rewarding, but we also heard that simulation opportunities can vary between departments.
- 31** We were told about examples of regional simulation sessions and this was supported on our visit to HEE SW when we were told about a regional simulation network which is helping to share resources to deliver relevant simulation training to Foundation doctors.
- 32** HEE SW told us that they have allocated funding from within the workforce development budget to support innovation and workforce developments. All educators are eligible to bid for funding and we heard at one of the sites that we visited that a successful bid has led to the establishment of a core team to assist with simulation learning. HEE SW also advised that they have funded simulation fellows to work in 14 LEPs across the region.

Access to educational supervision (R1.21)

33 The learning and development agreement with HEE SW and placement providers stipulates that each learner must have an assigned named educational supervisor and that a meeting must take place within the first two weeks of commencing placement. During our visits across the region, we found that doctors in training have regular access to educational supervision, with most doctors in training commenting that educational supervisors are very approachable and supportive. The session with HoS at HEE SW supported this as we heard that there is a good quality of educational supervision across the region.

Supporting improvement (R1.22)

34 We found that some LEPs in the region are supporting learners to undertake activities that drive improvement in education and training. Such activity ranges from audit work to quality management projects. In addition, we heard from some doctors in training that they have been involved in participating in HEE SW quality panels which aim to drive improvement in the quality of education and training.

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)

- 35** HEE SW has been formed through the integration of the two separate entities which were Peninsula and Severn Deaneries. This was brought about through a reconfiguration in the way that education and training is managed in the geographies which was implemented in April 2013. During the visit HEE SW told us about the geographical challenges of combining the two former organisations and noted that the integration is an ongoing journey, although considerable alignment has been achieved. As mentioned in the introduction, postgraduate training in the south west is often split into two separate training programmes per specialty, one in Severn and one in Peninsula meaning that each specialty may have two separate HoS. During our visit we did not hear any concerns about the alignment of programmes arising from this arrangement.
- 36** HEE SW has made substantial progress in the alignment of their educational governance and quality management systems. During the visit HEE SW advised us that they have a quality management framework which has been developed following the harmonisation of Severn and Peninsula. In addition, the postgraduate quality function has several routine quality management processes which run on an annual cycle. These include:
- The Quality Advisory Board, which has an established governance structure and is multi-professional across undergraduate and postgraduate education and training. The Quality Advisory Board provides feedback to the Quality Team on their quality management processes. The two associate deans from Severn and Peninsula come together through this group.
 - Contract meetings are a key element of engaging with the trust board of LEPs across the region. These are annual meetings where HEE SW has separate meetings with the chief executive from each LEP.
 - HoS and TPD meetings, which discuss quality issues.

- A Dean's Education Group where directors of medical education from LEPs across the region meet on a quarterly basis to discuss issues pertinent to medical education and training.
- Quality panels have replaced routine LEP visits and are an annual process during which training programmes are reviewed. There are four levels of risk management to address concerns. (Please see the appendix for a breakdown).
- The quality register records concerns across the region and is a risk management protocol.

Area working well 2: The integration of two previously separate Deaneries is making good progress, with some examples of improvement being driven by learning from others across the region. We encourage HEE SW to continue with this journey to ensure consistency of experience for doctors in training across the region.

- 37** While we note that the alignment of quality management between the two previously separate entities is working well and that quality processes are sound, we found that the quality processes across HEE SW would benefit from an even more integrated approach. This includes across specialty schools, between LEPs and HEE SW and between HEE SW and medical schools using the same environment. In addition, we encourage HEE SW to make better use of the escalation options as set out in the quality framework, such as enhanced monitoring.
- 38** During the visit we heard how the geography of the south west region can be challenging for the integration of approaches because of travel times to have joint meetings in person with Peninsula and Severn. But we heard examples of how good practice has been shared, for instance the quality panels were first implemented in Severn, and following their success Peninsula have been running the same panels in the footsteps of Severn for the past year.
- 39** However, we heard from some of the trainee representatives that there does not always appear to be effective communication regarding issues raised across the specialities and they noted that it would be useful to meet up more regularly with all the other representatives in the region. They noted that some of the challenges of the role include ensuring that messages are passed across the region, the time taken to implement changes and a lack of feedback from HEE SW regarding how issues raised are being addressed.
- 40** In addition, some of the lay representatives noted that they would like to see more of an interface with medical students. We also heard that there are limited joint TPD and HoS meetings between Peninsula and Severn, which increases the risk of teams working in silos across the two areas. We heard from TPDs that it is the role of DMEs to look for trends across the specialties so this analysis tends only to happen locally.

Requirement 4: HEE SW must improve the integration of their quality processes across specialty schools, between LEPs and HEE SW and between HEE SW and medical schools using the same environment.

Accountability for quality (R2.2)

- 41** HEE SW demonstrated senior accountability for educational governance and we were advised that the chair of the Governing Body is responsible for governance in the south west. The Governing Body group meets quarterly and comprises key stakeholders from across the region. The Quality Improvement Committee is a sub-committee of the governing body and raises concerns to it as appropriate. During the visit we heard that HEE SW has two Quality Improvement Committees which come together into a common quality register and the Quality Advisory Board. HEE SW report directly to HEE with information pertaining to the quality of medical education.
- 42** However, during our visit to LEPs across the region, we found that there is variation in how educational governance is represented at board level. While some sites had robust methods of reporting issues to the trust board and demonstrated clear accountability for educational governance, other sites did not provide sufficient evidence that the board is appropriately engaged in education matters. We therefore expect HEE SW to work with LEPs across the region, share the good practice of the sites that are ensuring educational governance is sighted at board level and monitor our requirements of LEPs in relation to this issue.

Requirement 5: HEE SW must work with LEPs to ensure that local education governance is improved so that educational responsibilities are adequately understood and represented at board level in all LEPs across the region.

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

- 43** HEE SW has demonstrated that they take into account the views of external stakeholders in the development, delivery and quality management of medical education across HEE SW. During the visit we heard that lay representatives are utilised for recruitment, ARCP panels, appeal panels, school boards and are present on the Quality Advisory Board. In addition, they form part of the team for quality panels and attend visits pertaining to the four levels of risk management mentioned in R2.4.
- 44** Lay representatives told us that their role has a strong level of participation and that the quality panels have an inclusive environment that reinforces openness amongst doctors in training. Lay representatives advised us that they feel their feedback is listened to and that they feel confident to make any suggestions that they may have. However, we were advised that lay representatives were not consulted on the development on new policies.

Evaluating and reviewing curricula and assessment (R2.4)

- 45** The HEE SW Quality Management Framework outlines many monitoring processes that occur throughout the year to ensure standards are being met and to improve the quality of medical education and training. Mandatory standard quality processes include: the Quality Advisory Board, annual contract meetings, HoS and TPD meetings, DEG, quality panels and the risk register. (See R2.1 for further information on HEE SW quality management activity).
- 46** During the visit HEE SW told us that they also use the national training survey in order to build a picture of the different training programmes across the region. As the national training survey does not return data for posts with less than three doctors in training, HEE SW use quality panels to evaluate programmes across the region annually. We were told that quality panels have a high representation of doctors in training and the aim is to obtain verbal feedback from other doctors in training about the quality of their training post. Following a quality panel one of four levels of risk management is applied and subsequent monitoring is dependent on this level. In addition, a report and action plan with appropriate timescales is pieced together. Findings from the quality panels are evaluated at the annual contract meetings.
- 47** We heard about a lack of representation from the specialty of GIM on quality panels. It was perceived as a gap in the quality matrix as GIM is interdependent with the rest of the physicianly specialties. We heard that concerns have been raised about training in the specialty. This has been actioned by writing to all medical directors and DMEs and asking for a named educational lead for GIM at each of the LEPs.

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

- 48** During the visit we were told that HEE SW analyses differential attainment in relation to the equality and diversity protected characteristics. We were told that some trends are beginning to emerge but it was suggested that such data is in its infancy and HEE SW are thinking about how to improve support for doctors in training with differential attainment relating to their protected characteristics. We encourage HEE SW to continue to develop their analysis in this area. Additionally, HEE SW advised us that they have recently developed an equality and diversity strategy which was not in place when we received documentation in advance of the visit, but we did not access the newly developed equality and diversity strategy during our visit.
- 49** The Professional Support Unit informed us that they collect data on equality and diversity on those doctors that are referred to them. The Professional Support Unit also looks for trends in what specialties and programmes the doctors are training in and what trust they work at.

Systems and processes to monitor quality on placements (R2.6)

50 Before the visit HEE SW advised us that all LEPs in the region that receive doctors in training have a learning and development agreement with HEE SW. The learning and development agreement covers the requirements for standards of training that students and doctors in training should receive as well as listing all training activity commissioned between HEE SW and LEPs. Fundamentally, such contracts act as a framework underpinning the delivery of learning and teaching to support workforce development. During the visit we were told that the contracts are regularly reviewed to ensure funding is sustained. Additionally, we were told by the SMT that there is a formal agreement in place with medical schools to notify HEE SW about any concerns in placements which they may have.

Concerns about quality of education and training (R2.7)

51 HEE SW has many trainee representatives working across the region who act as an interface for raising concerns between doctors working on the ground and HEE SW. (See theme 1 R1.1 for more information on the role of trainee representatives.)

52 The trainee representatives also sit on HEE SW quality panels. Quality panels obtain verbal feedback from doctors in training about the quality of their training post and are essentially a forum for doctors in training to raise concerns pertaining to the quality of their post. The quality team at HEE SW collect and monitor data from the quality panels and maintain a quality register in order to address concerns.

Sharing and reporting information about the quality of education and training (R2.8)

53 HEE SW have demonstrated that they share and report information about the quality management and control of education and training with other bodies that have educational governance responsibilities. Before the visit, HEE SW told us that they have representation on three quality surveillance groups across the region, with the aim of sharing information relating to patient care with other health and social care organisations.

54 During the visit the SMT also told us that they are developing closer links with the three medical schools across the region by having undergraduate representation on their Quality Advisory Board. The SMT advised that there is a formal agreement in place with medical schools to notify HEE SW about any concerns which they may have and HEE SW and the medical schools in the region meet biannually for information sharing purposes. We heard that steps have been taken to implement the sharing of their quality data and that additional integration is being reviewed at a senior level within HEE SW. This is supported by what we heard at the medical school visits as they noted that they are beginning to develop stronger working relationships with HEE SW.

- 55** In addition, we heard about ways in which good practice is identified and shared, including at the HEE SW annual conference and quality panels. We heard about an annual report which promotes good practice and some programmes hold meetings to discuss areas that are working well and also reflect on near misses as a way of driving forward improvement. HEE SW also has many case studies used as national good practice – these are not only published on the GMC’s website, but are also showcased on the quality pages of the Severn and Peninsula websites.

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

- 56** During our visit to LEPs across the region we found that generally the SMTs in LEPs monitor the allocation of educational resources. This is supported by what we heard during our visit to HEE SW as the SMT told us that educators do have allocated time in their job plans for their educational activities.
- 57** However, we heard that high workloads impact on educational roles and that it is challenging for educators to access their allocated hours for medical education. This results in educators often spending time outside of their working hours to undertake educational duties. The SMT notes that allocated time in job plans is difficult to meet across the region and workload is the central factor in preventing this. Therefore, job planning is monitored through a standing item on the agenda at the annual contract meetings between LEP trust boards and HEE SW.

Educational supervisors for doctors in training (R2.15)

- 58** During our visit to HEE SW we were told about the steps that they take to ensure that each doctor in training has access to a named educational supervisor. We heard that Peninsula complete an audit every three months that matches doctors in training to supervisors, so a situation where a doctor in training is without a supervisor would not go on for more than three months. We have no concerns about doctors in training accessing their educational supervisor from our visits across the region.

Sharing information about learners between organisations (R2.17)

- 59** HEE SW has a process for sharing information pertaining to doctors in training with all relevant training bodies. During the visit we heard that the transfer of information process occurs via the TPD to the receiving LEP. In addition, information is transferred across responsible bodies to facilitate the revalidation process. During our visits across the region, it was evidenced that transfer of information is happening; however some sites did note that the process is not always smooth, clear and timely.
- 60** Before the visit, HEE SW told us that they are developing a process to transfer information to DMEs to enable doctors in training to access the Professional Support Unit, while maintaining the confidentiality of those involved. We encourage HEE SW to continue its work in this area.

- 61** During the visit we heard from the Professional Support Unit that they share information about doctors in difficulty with their supervisors but they are open with doctors in training about what information they are sharing. For example, when the Professional Support Unit has a concern about patient safety, they would explain to the doctor in difficulty why they could not keep this information confidential.

Recruitment, selection and appointment of learners and educators (R2.20)

- 62** We are assured by HEE SW local recruitment processes. During the visit we heard that there is a formal appointment to trainee representative roles, TPD and HoS. Lay representatives told us that the role was widely advertised and they were formally selected through a rigorous selection process.

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)

63 Overall we found that learners in the south west are supported to meet professional standards as set out in *Good medical practice* and other standards and guidance that uphold the medical profession. There is strong support network in place for doctors in training across the region and most of the doctors in training we spoke with told us that their LEP gives them appropriate support and that they would recommend their post to other. In addition, the clinical and educational supervisors we spoke to at LEPs, as well as the TPDs and HoS we spoke to at HEE SW, are dedicated to their roles in supporting doctors in training and ensuring that they uphold the medical profession.

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

- 64** We found that learners have good access to resources to support their health and wellbeing and to educational and pastoral support both at a local and regional level.
- 65** HEE SW offer a bespoke Professional Support Unit which provides advice and guidance to doctors in training who have self-referred or been referred to the service for additional support during their training programme. The preferred route that the Professional Support Unit encourages is self-referral. At the time we visited, the Professional Support Unit was managing 105 doctors in difficulty and 55% were self-referrals. The Professional Support Unit works on a one-to-one basis those referred to discuss their issues. Resources are then provided, such as counsellors, study skills, language specialists or occupational health services. We were told that that the number of referrals is increasing, possibly due to work pressure and low morale in the NHS. Doctors in training are told about the services when they register with the training programme and also at their programme regional wide induction. We were pleased to hear that the Professional Support Unit actively seeks feedback pertaining to its services. The feedback received so far has been good and a longitudinal analysis addressing efficacy of the service is soon to commence.
- 66** The Pastoral Support Team at HEE SW told us that careers support is available as part of the Professional Support Unit in LEPs and at HEE SW. We were told that when doctors in training first come into contact with the careers service that one-to-one confidential advice is offered in the first instance. Follow up sessions are offered as well as career support close to where a doctor in training is based. We heard that the interface with HEE SW undergraduate careers service is developing and HEE SW work closely with some medical schools in the region as they encourage students to be proactive with their career planning. The careers team is currently aiming to formalise

this relationship as they are engaging in discussions to develop a memorandum of understanding with the medical schools for which they provide careers guidance to undergraduate students. HEE SW careers advice team recognise that a significant amount of informal careers advice comes from educational supervisors, therefore educational supervisors are supported with providing this. In addition, doctors in training that wish to leave their profession or the region can still access the HEE SW careers advice service should they wish to seek follow up advice.

- 67** We note that the Professional Support Unit has a sound service model centrally, but we found gaps in the knowledge of consultants and doctors in training at some LEPs regarding this service. We encourage HEE SW to promote and disseminate the services of the Professional Support Unit across the region.

Good practice 1: Clinical, educational and pastoral support for doctors in training is good. We commend the work of HEE SW's Professional Support Unit and the careers advice service and encourage HEE SW to disseminate this across the region.

Undermining and bullying (R3.3)

- 68** The majority of doctors in training told us that they have not witnessed or been subjected to bullying and undermining. But we did hear about some isolated incidents of undermining and bullying and how they had been addressed by the LEPs involved, with one investigation ongoing at the time of our visit. Most of the cases that we heard about resulted from pressurised environments and high workloads. Nearly all of those that we met were aware of how to raise concerns pertaining to undermining and bullying and said they would feel confident and comfortable in doing so.
- 69** HEE SW has a policy in place to address bullying in the workplace which identifies bullying as misconduct, which is a disciplinary offence dealt with under HEE's disciplinary process. All LEPs that we visited also have a policy on undermining and bullying. Doctors in training that have experienced undermining and bullying can be supported by HEE SW's Professional Support Unit. HEE SW has a process for quality panels to follow when issues of undermining and bullying are brought to the attention of the quality panel. HEE SW told us that they investigate all undermining and bullying comments that they receive through the national training survey. However, they told us that it can be difficult to substantiate some of the comments that they receive but nonetheless they still investigate them.

Information on reasonable adjustments (R3.4)

- 70** We are satisfied that doctors in training have access to information about reasonable adjustments. During our visits we heard that LEPs are supportive of implementing reasonable adjustments and that LEPs receive reasonable adjustment requests from HEE SW before doctors in training commence in post.

71 The Professional Support Unit support guide details information on the reasonable adjustments available to doctors in training. The Trainee Support Team is the first point of contact for requests pertaining to reasonable adjustments and those that require reasonable adjustments are supported to develop an action plan to identify the resources needed and the potential support required.

Supporting transition (R3.5)

72 We found established systems for supporting transitions between the different stages of education and training at some of the LEPs that we visited. Students value the teaching that they receive from doctors in training and we found a supportive learning environment throughout the region. In addition, we heard that medical students feel prepared for practice and that all of the medical schools in the region offer adequate periods of shadowing before students graduate. HEE SW acknowledges that some of the transitions between stages can be challenging and difficult to manage but during our visits we found that learning environments are supportive enough to facilitate the different transitions between learning.

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

73 The learning and development agreement that HEE SW holds with placement providers stipulates that the placement provider will support learners who have had their application to undertake less than full time (LTFT) working approved. Learners who are LTFT must be provided with the same experience, participate in on-call duties and move between placements within rotations on the same basis as full time workers. The doctors in training that we met that were working LTFT at the time of our visit noted that their trust is supportive and they have experienced no problems with securing flexible working arrangements.

Study leave (R3.12)

74 We found that although study leave is in place across the region, at some sites it can be difficult to access this leave due to high workloads and rota gaps. There appears to be an element of variation in this as some sites and specialties reported that access to study leave is available and welcomed by the trust. In addition, we heard examples of doctors in training at some sites using study leave days to attend regional teaching as required by their curricula. HEE SW told us that they have allocated some study leave monies across the region to fund regional teaching and told us that this has been successful.

Feedback on performance, development and progress (R3.13)

75 We found that feedback on performance varies at sites and between specialties across the region. While some doctors in training noted that feedback is fair and adequate, others told us that workload affects the provision of adequate feedback on

performance. However, it was noted that consultants do their best to provide feedback.

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** During our visit to LEPs across the region, it was clear that educators are committed to their roles in the face of prevalent service pressures. Education and the learning environment is clearly valued by all educationalists in the south west region and we heard examples of educators going above what is expected of them in their role.
- 77** The TPDs and HoS that we met told us that they are appraised in their roles and that their roles are appropriately funded. TPDs told us that the majority of them had job descriptions tailored for their specialty. We heard from HEE SW that there are educational opportunities for trained supervisors to maintain and enhance their skills and that these opportunities are available for supervisors across the region. Some of the TPDs advised that they are members of the National Association of Clinical Tutors (NACT), which provides opportunities for members to improve their skills and knowledge in postgraduate medical education. We heard that the HEE SW supports professional development through NACT and frequently releases educators for courses. In addition, we heard about the Professional and Generic Skills Programme which is a CPD opportunity for those that see themselves as future teachers or leaders. (This is discussed in more detail in theme 5 R5.9.)

Area working well 3: Trainers are committed to their roles as educators and the development of supervisors is good.

- 78** During our visit we had the opportunity to meet with lay representatives and found that they were enthusiastic and committed. They told us that they were adequately inducted to their role, receive equality and diversity training on a three-yearly basis and they have an annual training session pertaining to their role. However, we were also told that while they feel valued and supported in their role, that they are not appraised and do not receive adequate feedback on their performance. In addition, some lay representatives have been in post for a significant amount of time and a regular or upcoming recruitment process to refresh the lay pool was not apparent during the time of our visit.

Recommendation 1: HEE SW should provide feedback to and appraisal of the lay representative group. We also encourage HEE SW to consider refreshing their lay representative group.

Time in job plans (R4.2)

- 79** During our visits to LEPs across the region trainers confirmed that they have adequate time allocated in their job plans for the provision of education and training. Our visit to the HEE SW supported this finding and we heard from the TPDs and HoS that they have time allocated in their job plans for educational duties.
- 80 Area working well 4:** We commend the work of HEE SW in ensuring that all trainers have specific time allocated in their job plans.
- 81** Although it was evident that sufficient time is allocated in job plans, we heard from educational and clinical supervisors at the LEPs, and it was confirmed by HEE SW, that staffing levels, clinical workload and service pressures are preventing them from using the allocated time for their educational commitments, so it is not always being delivered in practice. Despite these pressures we found that doctors in training are supported by a committed body of supervisors. We heard from the senior management team at HEE SW that job planning has become a standing item on the agenda at the annual contract meetings between the trust board of LEPs and HEE SW.

Educators' concerns or difficulties (R4.4)

- 82** During our visits to LEPs across the region, we found that generally educators feel supported in their roles and feel they can voice any concerns that they may have. We heard from some educators that they are receiving training from HEE SW on dealing with concerns and supporting learners and that LEPs have clear policies on reporting concerns that educators may have.
- 83** TPDs and HoS are widely aware of the services of the Professional Support Unit, which is mentioned in more detail in theme 3 (R3.2) and we heard examples of how this service has supported educators in supporting doctors in training.

Recognition of approval of educators (R4.6)

- 84** During the visit HEE SW told us that they are on track for meeting the milestones for the recognition of trainers. We heard that training of their trainers commenced in 2009 and progress on the milestones is tracked through a system called Intrepid.
- 85** Most of the sites that we visited across the region told us that they are on track to meet the GMC milestones for the recognition of trainers and had a sound understanding of what was required. However, we found that some educators at some sites were not aware of the GMC requirements to be a recognised and approved trainer. We were told that training for supervisors is driven by HEE SW and they maintain a record of training that has been completed. While we were told that it was the trainer's responsibility to ensure their details are up to date on the register, there was uncertainty at some of the LEPs around who needs to take responsibility for the register of trainers to meet GMC requirements. In addition, another site noted

that there has been an absence of correspondence from HEE SW on if trainers at the trust are on the approved list of trainers. We encourage HEE SW to maintain oversight across all LEPs in the region to ensure that trainers reach GMC milestones.

Requirement 6: HEE SW must ensure all LEPs in the region are aware of, and up to date with implementation and compliance of GMC recognition of trainers guidance.

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)

86 During our visit to HEE SW we heard about the Professional and Generic Skills Programme, which is a collaborative project provided by HEE SW, and delivered jointly by Plymouth University Schools of Medicine and Dentistry and the University of Bristol Faculty of Medicine and Dentistry. HEE SW funds 120 places per year for three years to ST3 and above doctors in training across the region. The course aims to develop clinical leaders through addressing topics such as: patient safety and quality systems; partnerships and team working; medicine and the law; NHS structures and developing management and leadership skills. We heard positive comments from those that have been on the course and were told that it is very useful for developing teaching skills.

Area working well 5: The delivery of the professional and generic skills programme is a strength of HEE SW training.

87 We heard about teaching days working well in some of the specialties we looked at in this review. Teaching was reported to be well organised in gastroenterology, sometimes doctors training in cardiology received up to a year's notice about training days, teaching days in emergency medicine occurred monthly and doctors in training found the sessions valuable.

88 On our visits to LEPs across the region, we found that there is an imbalance between providing service and accessing educational opportunities. Doctors in CMT said there is limited access to local and regional teaching due to service pressures. Doctors in CMT have to attend at least 70% of their teaching in order to meet the requirements of their curriculum, but we found this to be a struggle for some doctors. In addition, doctors in CMT told us that they are finding it difficult to access the outpatient clinics they need in order to meet their training curricula requirements.

89 We also heard of similar problems in some of the higher medical specialties particularly in cardiology and gastroenterology where doctors in training find the teaching useful but are frustrated that service pressures are preventing them from attending. In emergency medicine, it is challenging to get workplace based assessments completed during working hours. Reaching the required level of ultrasound experience also proved difficult but it is acknowledged that this is a challenge nationally, rather than specific to the south west and it resulted from recent

changes to the emergency medicine curriculum. We were told that some doctors in training are alleviating this pressure by using discretionary time and time out of programme to attend clinics and achieve their curricula requirements. Doctors in training told us that they are frustrated that their training is being compromised by high demands of carrying out routine tasks with little educational value.

- 90** HEE SW advised that they are aware that doctors in CMT and higher specialty doctors in training are at risk of not meeting their learning outcomes as they are not able to attend mandatory training sessions and outpatient clinics, as required in their curriculum. However, ARCP outcome data has not yet identified this as an issue requiring action. HEE SW told us that they have discussed requirements of the CMT curriculum and note issues around the high number of clinics that CMT doctors in training are required to attend. We were told that there is no scope to obtain additional CMT and higher specialty posts for the region to alleviate work pressures and release doctors in training for teaching. But we did hear that there are trust policies detailing that if local teaching is cancelled due to service pressures than it must be reinstated. These challenges in CMT are UK-wide and not specific to the south west.
- 91** Although we were assured that HEE SW is aware of these issues and is seeking to address them, we encourage HEE SW to continue to seek solutions to such issues at senior levels in the LEPs affected.

Requirement 7: HEE SW must ensure that curricular delivery in CMT and higher medical specialties is adequate and doctors in training are achieving their curricular requirements.

- 92** In addition to the issues with CMT and higher specialities mentioned above, our visits to LEPs across the region highlighted inconsistencies in the delivery of structured GIM training. At some sites doctors training in GIM feel that they do not get enough regional training days and that they are poorly organised by HEE SW. In addition, we also heard that workload commitments are high which result in doctors in training not being able to meet their curricula requirements, attend timetabled teaching and have adequate access to educational opportunities. We heard that such issues have been ongoing for some time.
- 93** Issues in the quality of training and regional teaching in GIM were acknowledged. The SMT at HEE SW told us that the pressure of the acute medical intake puts a strain on doctors training in GIM, and that rota gaps lead to levels of work intensity which impact on access to education. We heard about a lack of engagement from GIM leads in LEPs and that the GIM regional committee is not functioning. We were told that there is no quality panel for GIM and one of the challenges around this is that TPDs must tease out information pertaining to GIM from other quality panels. We heard that a new HoS for GIM has been appointed and plans to organise six training days in GIM over the course of a year. The appointment of a TPD is soon to

take place and HEE SW seemed hopeful these appointments will begin to address issues in GIM.

Requirement 8: HEE SW must ensure the delivery of training in GIM meets the curricular requirements and is structured and consistent across the region.

Mapping assessments against curricula (R5.10)

94 Progression of doctors in training through their programme is evidenced through their ARCP. Following this review doctors in training are given an outcome appropriate to their progress. We note that there is a disparity in ARCP outcomes within medicine between Severn and Peninsula. HEE SW is aware of the difference in ARCP outcomes between the two areas and informed us that the School of Medicine triggered an external review by the Royal College to investigate this. We encourage this external review and welcome an update on this in the near future.

Recommendation 2: HEE SW should continue to investigate the differences in ARCP outcomes between Severn and Peninsula.

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GMC staff	<p>Emily Saldanha (QA Programme Manager)</p> <p>Jessica Ormshaw (Education Quality Analyst)</p> <p>Richard Taylor (Education Quality Analyst)</p>
Evidence base	<ul style="list-style-type: none"> ■ South West Organogram ■ Quality team organogram ■ HEE SW risk register ■ HEE SW quality framework <p><i>Equality and Diversity strategies</i></p> <ul style="list-style-type: none"> ■ Valuing diversity policy – SHA ■ Torbay and South Devon equality and diversity policy ■ Royal Devon and Exeter equality and diversity policy ■ Plymouth Hospitals (PHT) equality and diversity policy ■ University Hospitals Bristol NHS Foundation Trust equality and diversity policy ■ Gloucestershire hospitals NHS Foundation Trust – Equality Report ■ Analysis of HR metrics HEE SW <p><i>Agreements and memoranda of understanding</i></p> <ul style="list-style-type: none"> ■ Master learning development agreement ■ Defence Deanery foundation HEE SW memorandum of understanding ■ Defence Deanery memorandum of understanding for doctors in training in secondary care within HEE SW <p><i>LEP QM reports – Plymouth Hospitals NHS Trust</i></p> <ul style="list-style-type: none"> ■ Annual contract meeting agenda ■ Annual contract meeting trust summary January 2016 ■ GMC national training survey 2015 results ■ ACCS EM final LEP visit report June 2014

- Annual contract meeting notes December 2014

Royal Devon and Exeter NHS Foundation Trust

- GMC national training survey 2015 results
- Foundation visit report
- Annual contract meeting notes December 2014
- Annual contract meeting trust summary
- Annual contract meeting agenda
- Visit report March 2015
- Visit report School of Medicine March 2015

Royal Cornwall Hospitals NHS Trust

- Annual contract meeting notes November 2014
- GMC national training survey 2015 results
- 2015 annual contract meeting trust summary report
- Annual contract meeting agenda
- Cardiology March 2015

Torbay and South Devon NHS Foundation Trust

- Medicine QM visit July 2014
- Annual contract meeting notes December 2014
- GMC national training survey 2015
- Annual contract meeting trust summary 2015
- Annual contract meeting agenda

University Hospitals Bristol NHS Foundation Trust

- Educational supervisor report
- GMC national training survey 2015 results
- UHB contract meeting minutes December 2015
- UHB issues from the quality register

Gloucester Hospitals

- GHNFT issues from the quality register
- GHNFT 2015 contract meeting minutes
- GMC national training survey 2015 results GHNFT
- Level 2 visit report
- Supervisor accreditation report
- DME report for annual contract meeting including action plans December 2015

Good Practice

- Peninsula radiology trainers conference
- Peninsula paediatric good practice case study
- Annual forum for doctors in training to showcase local initiatives
- Multi-professional point of care simulation programme

- UHB good practice report
- GHNFT good practice report

Specialty HoS reports for Peninsula

- GMC national training survey 2015 progress report for Peninsula EM
- GMC national training survey 2015 progress report for Peninsula medicine
- GMC national training survey 2015 progress report for Peninsula foundation
- Peninsula ACCS report in EM
- Peninsula report in AIM
- Peninsula report in cardiology
- Peninsula report in CMT
- Peninsula report in EM
- Peninsula report in gastroenterology
- Peninsula report in respiratory

Specialty HoS reports for Severn

- GMC national training survey 2015 progress report for Severn AIM
- GMC national training survey 2015 progress report for Severn cardiology
- Severn cardiology report – Level 3 meeting
- Severn cardiology quality panel
- Severn ARCPs cardiology in GHNFT and UHB
- Severn quality management programme report for paediatric cardiology
- Severn summary of issues 2010–13
- QM programme review for paediatric cardiology
- UHB paediatric cardiology programme review November 2013
- Severn quality panel report for paediatric cardiology
- Severn NHS England terms of reference for paediatric cardiology
- Severn GMC national training survey 2015 paediatric cardiology
- Severn stage 2 visit report
- Severn independent review of paediatric cardiology letter to the dean
- Dean's response to the independent review
- Severn ARCPs by trust – paediatric cardiology GHNFT and UHB

Doctors in difficulty policy

- Professional support unit policy
- HEE SW PGME doctors in training support guide 2015

Bullying and harassment policies

- HEE respect and dignity at work policy
- Plymouth hospitals bullying and harassment standard operating procedure
- Royal Devon and Exeter prevention of harassment policy
- Torbay and South Devon acceptable behaviour policy
- University Hospitals Bristol NHSFT bullying and harassment policy
- Gloucestershire Hospitals NHS Foundation Trust dignity at work policy
- Quality panel process for dealing with bullying and undermining

Additional documents

- Contextual information document
- Summary document

Appendices

Level 1 – these are risks on the quality register noted but managed through routine processes and additional feedback from stakeholders.

Level 2 – Schools/programmes undertake a visit to the area of concern and produce a report and action plan if Level 1 does not appear to have affected results.

Level 3 – The HEE SW quality team undertake a visit to the area of concern and produce a report and action plan if Level 2 does not appear to have affected results.

Level 4 – The GMC and the quality team undertake a visit to the area of concern and the concern enters GMC Enhanced Monitoring.