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## Review of Health Education North West

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

### Review at a glance

#### About the Local Education and Training Board

<b>Geographical area</b>	Mersey, Greater Manchester, Cheshire, Lancashire and Cumbria.  NB the geographical areas covered by the former North Western Deanery and Mersey Deanery are referred to as 'North Western' and 'Mersey' in this report.
<b>Number of trainees</b>	March 2013: 6,596
<b>NHS organisations</b>	Doctors in training are placed in 42 acute and mental health trusts /Welsh health boards and 423 GP Practices
<b>Local medical schools</b>	University of Lancaster Medical School, University of Manchester School of Medicine, University of Liverpool School of Medicine
<b>Last GMC visit</b>	North Western Deanery: 2010 - Quality Assurance of Foundation programme (QAFP)  Mersey Deanery: 2010 QAFP

**Outstanding actions from last visit**

North Western Deanery:

No open requirements or recommendations

Mersey Deanery: one open requirement

*The deanery must ensure that foundation doctors are aware of the bullying and harassment policies in place at LEP level and that the effectiveness of these is monitored by the deanery.*

Update October 2013:

*We note the bullying and harassment policies are in place and continually reviewed via AAVs and GMC survey. Please advise if the impact of this has been evaluated and, if so, whether improvement has been made. We can then consider whether the requirement can be closed.*

**About the visit**

<b>Visit dates</b>	20-21 November 2013
<b>Sites visited</b>	Manchester Royal infirmary, 3 October 2013 Aintree University Hospital 10 October 2013 North Manchester General Hospital, 10 October 2013 The Walton Centre, 10 October 2013 Royal Lancaster Infirmary, 17 October 2013 Royal Preston Hospital, 18 October 2013
<b>Programmes reviewed</b>	Foundation Programme, Core Medical Training (CMT), Core Surgical Training (CST), Paediatrics, Neurosurgery, General Practice (GP) in secondary care
<b>Areas of exploration</b>	Scheduled reporting to the GMC, quality management (QM), the emerging LETB structures and accountabilities, patient safety

<p><b>Were any patient safety concerns identified during the visit?</b></p>	<p>No patient safety issues were identified during the visit to Health Education North West 20-21 November.</p> <p>One patient safety concern was identified at the site visit to Royal Preston Hospital on 18 October 2013. The concern has been referred to the Care Quality Commission (CQC) and will be monitored through our routine monitoring of requirements and recommendations. Please see the report for Royal Preston Hospital.</p>
<p><b>Were any significant educational concerns identified?</b></p>	<p>No</p>
<p><b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?</b></p>	<p>No</p>

## Summary

- 1 Health Education North West (HENW) was visited as part of our regional review of medical education and training in the north west of England. HENW is a multi-professional local education and training board (LETB) and includes the former Mersey and North Western deaneries. It is the body responsible for the management of postgraduate education and training in the north west of England, and is accountable to Health Education England. At the time of our visit, the Mersey and North Western postgraduate medical education functions were operating as separate organisations within the LETB. In future, there will be a single postgraduate medical education and training function managed by a single postgraduate dean.
- 2 We found that HENW is meeting most of the standards in *The Trainee Doctor* that we explored during the visit and in both areas. The majority of doctors we met training in both Mersey and North Western expressed their satisfaction with much of the training and the support provided. The accessibility of the staff, including deans was valued by doctors in training and local education providers (LEPs) alike. Throughout our visits to LEPs and HENW, we saw evidence that doctors in training at many LEPs were aware of processes for raising concerns and were increasingly being encouraged and supported to do so. We found exceptions to this in one LEP (Aintree University Hospital) where some doctors in training were unable to identify routes for raising concerns, but stated they would do so with a senior doctor instead. There are robust QM systems for HENW to identify concerns at LEPs, though the quality control within some LEPs could be more systematic. We noted these could be improved further by developing current QM processes to look at programmes as well as training locations. Our standards in this area are being met at present.
- 3 Doctors in training within HENW benefit from a wide range of additional educational opportunities and many complete postgraduate diplomas in medical education and leadership before completing their training programmes. Employment arrangements within HENW are also working well, with a small number of 'lead employer' trusts for all doctors in specialty training for the duration of their training. We found that HENW had used this system well to achieve clear benefits for doctors in training. Doctors in training and the LEPs where they worked told us that they valued this arrangement, and that it avoided many of the complications resulting from doctors changing employers every six

months, such as having to have new occupational health checks, contracts or criminal records bureau checks. Items of good practice identified on previous visits, such as the Horus e-portfolio which supports doctors on the foundation programme, have been maintained and continue to be appreciated by doctors in training and their supervisors.

- 4 There are a number of risks arising from the integration of the two deanery functions within HENW, many of which would be expected in any organisational change of this scale. These include uncertainty about lines of accountability and responsibility, and issues that could arise from the bringing together of two well developed but different QM systems. These risks will need to be resolved as part of the establishment of HENW as a new organisation.
- 5 Across the area managed by HENW, workload pressure for doctors in training, and their supervisors, is a recurring theme. At each of the LEPs we visited we heard about the challenges of achieving a balance between service and education, and that careful management was required to ensure that this did not impact on patient safety.
- 6 The educational experience in secondary care for doctors training to be GPs (GPSTs) was also a recurring theme for improvement across both Mersey and North Western during the visits. There are a wide range of valuable educational opportunities experiences available for GPSTs in secondary care, but GPSTs are not always able to take advantage of these opportunities. We heard that clinical supervisors of GPSTs in secondary care had little knowledge of the GP curriculum and often had only temporary access to the e-portfolio when completing assessments. These issues meant that GPSTs often found it difficult to tailor their placements towards their future careers as GPs, or take to advantage of potentially valuable learning opportunities.

## Areas of good practice

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

Number	Paragraph in <i>The Trainee Doctor</i>	Areas of good practice for the LETB
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1	2.3, 7.3, SD2.1-2.2	Availability of the postgraduate deans and general responsiveness of HENW to support all those involved in education and training across the Mersey and North Western regions.
2	6.16, 6.34, 6.35	HENW provides the <i>Training the Trainers</i> course for all doctors in higher specialty training. Completion of the training course is requirement for the completion of specialty training.
3	SD5.1-5.2	HENW has developed processes to deliver inductions, contracts and Disclosure and Barring Service (DBS) checks for doctors in training which minimises the administrative impact of doctors undertaking placements across different organisations during their training.

**Good practice 1: the availability of and support provided by the postgraduate deans**

- 7** We found that the overall quality of training within the North Western and Mersey areas was high, with the majority of doctors in training we met expressing high levels of satisfaction with their training. The management of education is underpinned by regular and robust, QM processes in the both the North Western and Mersey areas. Visiting of LEPs takes place annually in the Mersey region and biannually in the North Western with the possibility of more regular visits if issues are identified which require more scrutiny. Although we identified some possible enhancements when quality managing at programmatic level and when responding to risks outside of the normal visiting cycle, we consider the current processes in each area to be appropriate to the structure and geography covered by Mersey and North Western.
- 8** Doctors in training and staff at the LEPs we visited frequently cited the support of the postgraduate deans as a positive feature of training. Representatives of doctors in training in both Mersey and North Western told us that they were encouraged to contact the postgraduate deans and found them, and their staff, to be approachable and responsive. We heard examples of changes being made in response to the evaluation by doctors in training, such as the introduction of training placements for foundation doctors at an LEP where doctors in CMT had fed back that there was both service need and educational opportunities.
- 9** Our analysis of documentation submitted by HENW demonstrated close

involvement by the deans in supporting training, which was confirmed during our visits to LEPs. The accessibility of the postgraduate and associate deans was praised at the LEPs we visited, and one of the medical schools. The level of support provided was valued by key education staff within LEPs. We heard that there were easy routes to access advice and support or to raise issues and concerns with the postgraduate deans. At the majority of LEPs we visited, there was an awareness of the process for raising concerns and a good understanding of how to raise issues with HENW. Both deans play a pivotal role in the management of doctors in training who are experiencing difficulties and/or require additional support. LEP staff also told us that the Annual Review of Competence Progression (ARCPs) for doctors in training was a useful opportunity to engage with Mersey and North Western about specific issues with individual doctors and identify a course of action. They also valued the programme of regional meetings which have been continued by HENW, which afford the opportunity to discuss educational issues and disseminate information and learning across different LEPs.

- 10 Most of the doctors in training we met were in well managed programmes which were usually responsive to their evaluation, and benefited from supportive and approachable staff within HENW. Most of the doctors in training we met would recommend their training. This was not universal, and we consider improvements are possible for the CST programme in the former Mersey area and some aspects of CMT in North Western. We also noted difficulties experienced by GPSTs in secondary care across the whole region. We have considered these programmes in recommendations 2 and 3 below. Despite this, we found that the overall quality of training provided within HENW is good.

**Good practice 2: the provision of the *Train the Trainers* course to doctors in higher specialty training, and the inclusion of a requirement to complete this course to complete higher specialty training**

- 11 HENW provides a wide range of opportunities for doctors in training to develop academic, leadership and educational skills. Doctors in training we met told us about the wide range of degrees and leadership courses available to them, many of which were funded and some of which required competitive entry. Overall, we heard that a strong emphasis was placed within HENW on developing skills for clinical and educational leadership, and which has been identified in previous quality visits. In particular, we heard that completion of the Edge Hill University course in medical leadership is strongly encouraged, although not compulsory.

- 12** In addition to having a wide range of opportunities to complete additional degrees and pursue educational and leadership qualifications, we heard that doctors in higher specialist training in hospital based specialties in the North West, are also required to complete the *Training the Trainers* course before they complete their training and become consultants. The requirement to complete the course before being awarded a certificate of completion of training (CCT) was confirmed by representatives of doctors in training. In addition, HENW requires all GP trainers to complete *Training the Trainers* which is provided by GP educators and is validated by the University of Central Lancashire in the form of a postgraduate certificate in medical education, and allows the holder to act as a GP trainer.
- 13** Doctors in training we met were positive about the range of courses on offer, including *Training the Trainer*, and noted it was part of their preparation for working as a consultant. We consider the inclusion of this course as a requirement to be beneficial to both the personal development of individual doctors in training and the overall quality of trainers within the region. This policy also contributes to the maintenance of a pool of qualified trainers.

**Good practice 3: HR processes which reduce the administrative impact of doctors in training rotating through different placements on doctors in training and LEPs**

- 14** The 2008 Postgraduate Medical Education and Training Board (PMETB) report on the North Western Deanery noted that the former Deanery was working towards the introduction of processes to improve the clarity of contractual arrangements and employment stability of doctors in training. We followed up the implementation of these processes on our visit and found that HENW had identified a limited number of LEPs as 'lead employers' for all trainers in the region.
- 15** Staff with responsibility for the management of education at LEPs we visited stated that the system was administered well. They also noted that LEPs had appropriate input into management of day to day issues, for example, leave arrangements are managed locally. Staff from HENW considered the process to be working well, and gave examples of how the lead employer and doctors in difficulty process worked together in Mersey.
- 16** Doctors in training we met noted the potential complications and difficulties which had been avoided by HENW, particularly the need to set

up new employment arrangements each time they rotated to a new placement. Doctors in training also gave examples of accessing occupational health support through the lead employer and noted that this had been handled well. We also noted the advantages to doctors in training of not having to complete new contracts and DBS checks (formerly CRB checks) at each new placement during their programme. Foundation doctors are not part of these arrangements and we noted that at some of the LEPs we visited, they had not been issued with contracts, despite commencing placements two months earlier. We did not find this situation replicated for doctors who were part of the lead employer arrangements.

- 17** HENW has used the lead employer model to secure improvements to stability of employment arrangements for doctors in training, and has reduced the administrative impacts on doctors in training and the LEPs in which they work. We do not consider that lead employer arrangements are the only means of accomplishing these improvements, but commend HENW on the careful use of this system to secure improvements for doctors in training.

## Requirements

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

Number	Paragraph in <i>The Trainee Doctor</i>	Requirements for the LETB
1	6.10	HENW must work with Blackburn, Macclesfield and Leighton Hospitals to ensure that workloads allow adequate educational opportunities for doctors in training.
2	SD4.1	Ensure that arrangements are made to provide appropriate externality for annual review of competency progression (ARCP) panels.

3	2.2	<p>HENW must monitor and support the LEPs to meet the requirements set out in the LEP reports for the following sites:</p> <ul style="list-style-type: none"> <li>• Manchester Royal Infirmary</li> <li>• Aintree University Hospital</li> <li>• The Walton Centre</li> <li>• North Manchester General Hospital</li> <li>• Royal Lancaster Infirmary</li> <li>• Royal Preston Hospital</li> </ul>
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**Requirement 1: Work with Blackburn, Macclesfield and Leighton Hospitals to ensure that workloads allow adequate educational opportunities for doctors in training**

- 18** HENW has identified service pressures on doctors in training as a risk to the quality of education across the north west. Doctors and their supervisors we met during our visits cited rota gaps as particular challenges. This resulted in heavy workloads for doctors and their supervisors, and a reliance on locums and non-training grade doctors to provide clinical supervision. Doctors in training consistently identified difficulties in balancing service and education and at several of the LEP visits, we heard that careful management was required to ensure the heavy workload did not lead to patient safety issues. We also heard the HENW’s QM had identified such problems and had resulted in positive change within some LEPs with steps being taken to reduce service pressures.
- 19** While many of the LEPs we visited were managing difficult workloads effectively, doctors in training also cited a small number LEPs where they were concerned about the balance between service and training. Representatives of doctors training at Blackburn Hospital stated that gaps in medical rotas made it difficult to access clinics, and that they were too busy trying to meet service needs to access experiential learning opportunities.
- 20** Regional representatives reported that in placements at Leighton Hospital, doctors in CST were unable to leave wards due to workload, and did not receive sufficient training opportunities to progress in their programmes. Staff with responsibility for management of the training programme noted that doctors in CST had reported being unable to get away from the wards because of the service requirements of the rotas. Doctors training in CST reported to their regional representatives that these posts have little educational value, and had raised issues about the CST programme within the Mersey area more generally (see

[recommendation 3](#) below).

- 21** We also heard that foundation doctors based at Macclesfield Hospital are regularly staying significantly later than the end of their shifts, and that the specialties they ended up working in were not always the same as those they had been allocated during recruitment, which had been raised with HENW. F2 doctors in surgery also form part of a second tier rota along with doctors on core training programmes, and can be left to cover wards on their own during nights. Surgery is not part of the hospital at night team, so F2s in this position are not able to call on this service.
- 22** Training programme directors across both Mersey and North Western confirmed that recruitment at these LEPs could be difficult, and that this had led to rota gaps and workload difficulties at these sites. This was often attributed to geography, as many of the LEPs in question were in relatively peripheral locations within their regions. However, they also acknowledged that doctors' perception of the quality of training at some of these LEPs was poor, and deterred recruitment.
- 23** Staff in Mersey and North Western were aware of many of the issues with provision, and had taken steps to address some areas of concern raised by doctors in training. Rotas in the trauma and orthopaedic department at Macclesfield Hospital had been identified as a longstanding area for improvement as part of regular QM activity, and were subject to mandatory requirements from HENW, with a review of progress planned for early 2014. Within North Western, we heard that there is careful allocation of training posts to ensure that rota gaps are evenly spread across the region when possible, and that additional acute medical consultants had been appointed in Blackburn following a HENW visit. We also heard about some specialties over recruiting at the beginning of programmes. This meant that if doctors left the training programme during the course of their training, there would still be sufficient numbers of doctors to provide service.
- 24** HENW has taken steps to manage difficulties with workload in a number of LEPs across Mersey and North Western. The LETB must continue to work with Blackburn, Macclesfield and Leighton hospitals to ensure that there is an appropriate balance between service and education for doctors in training.

### **Requirement 2: Provide appropriate externality in ARCP panels**

- 25** Both Mersey and North Western have made arrangements for people

with relevant expertise and from outside its region to sit on ARCP panels. The provision of external input to ARCP panels is one way to help ensure that national standards and requirements for progression to the next stage of training are maintained locally.

- 26** Before the creation of HENW, the Mersey and North Western deaneries had relied heavily on each other to provide externality. Now that there is a single medical education and training function and the two former deaneries are part of the same organisation, this arrangement no longer provides an appropriate level of externality. HENW must make arrangements to provide externality from outside the LETB in ARCP panels.

### **Requirement 3: Monitor and support LEPs to implement requirements identified during the North West Regional Review**

- 27** At all the LEPs visited, we found examples of outdated terminology being used, such as 'senior house officer' (SHO). The term is used to cover a wide range of doctors with differing levels of expertise and experience, from Foundation Year 2 (F2) to trainees at Core Training 1 and 2 level (CT1 and CT2) as well as GPSTs based in secondary care. While the level of use varied, in several sites we found it was used to describe rotas for doctors who were first on call ('SHO rotas'). The appropriate level of clinical supervision and expected competence of an F2 who has just begun a four month post in a specialty is considerably different from a CT2, who will have completed the foundation programme and a significant period of training in a broad specialty area. We found that the lack of differentiation between these grades of doctor had led to situations where the appropriate level of supervision or support for doctors in training had not been provided. This is not conducive to a good educational experience for doctors in training or patient safety.
- 28** At Manchester Royal Infirmary, we found that information technology (IT) inductions had not been provided to doctors in training in time for them to start their clinical work. This meant that doctors in training had not received access to computer systems that were essential for their roles, such as receiving the results of investigations. This had in turn resulted in situations where actions which are poor practice in data security had taken place to ensure that patient safety and care was maintained.
- 29** At Aintree University Hospital, Royal Lancaster Infirmary and North Manchester General Hospital we found examples of consultant job

planning not identifying sufficient time for education. In these cases, job planning practice was either widely variable by departments with the individual LEP, or did not conform to LEP or HENW guidance.

- 30** At Royal Lancaster Infirmary, North Manchester General Hospital and Aintree University Hospital we found that the secondary care clinical supervisors of GPSTs were not generally familiar with the requirements of the GP curriculum, and did not have access to the e-portfolio which supports the GP curriculum, unless issued temporary access to complete assessments. Increasing supervisors' awareness of the curriculum and ability to use the e-portfolio should help to ensure that GPSTs are able to take advantage of education opportunities in their secondary care placements which will be useful in their future careers as GPs (see [recommendation 2.](#))
- 31** At Aintree University Hospital, we found examples of foundation doctors being asked to take consent for procedures without adequate training or understanding of the proposed procedure. While training for consent in some procedures is provided, this is not always sufficient to enable foundation doctors to take consent. We also heard examples of poor consenting practice, such as being told by senior doctors to take consent even when they did not feel competent to do so, or to take consent by proxy with a more senior doctor on the telephone
- 32** At The Walton Centre, we found limited awareness of the educational opportunities available and difficulties in accessing training opportunities amongst doctors in CST. They advised that they were mostly carrying out tasks with little educational value and that opportunities to interact with other staff and gain teaching were limited.
- 33** At Royal Preston Hospital, we heard that patients were being moved inappropriately between clinical environments, sometimes against medical advice. Doctors in training were concerned this could result in incidents taking place where patient safety was compromised. We also found there was a lack of supervision for some doctors training in paediatrics when conducting clinics at the LEP.
- 34** HENW must monitor and support each of the requirements related to the issues outlined above through its own QM systems.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation

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should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>The Trainee Doctor</i>	Recommendations for the LETB
1	2.2 SD3.6	Improve the collection and use of QM data at the level of training programmes.
2	6.31, 6.39	HENW should ensure clinical supervisors of GPSTs in secondary care placements understand the requirements of the GP curriculum and are able to access the GP e-portfolio, so that secondary care placements provide educational opportunities which are relevant to their future careers as GPs.
3	5.4	Improve access to educational opportunities for doctors in CMT and CST, so that there are sufficient educational opportunities in their placements and they are able to meet the requirements of their training programme.
4	SD1.3	Clarify the structure and lines of accountability within HENW and to HEE and the GMC.
5	2.2, 7.3	HENW should produce a plan for the internal restructuring of the LETB which addresses risks arising from the integration of two separate QM systems.
6	2.2	HENW should continue to monitor and support the LEPs to implement the recommendations set out in the reports for each of the six LEPs visited.

### **Recommendation 1: Improve QM in relation to training programmes**

**35** The regular review of LEPs under both current QM functions is working well: both Mersey and North Western collect and use quality data and carry out a range of visits to LEPs. Visiting is regular and planned, and we heard examples where additional ‘follow up’ visits out of cycle had been arranged to determine progress in dealing with specific concerns. Underlying systems for quality managing LEPs are well developed within both areas.

**36** Training programmes in both Mersey and North Western are managed

through the existing specialty schools. They are required to report annually on the quality of training and in the Mersey area some schools have undertaken a curriculum mapping exercise.

- 37** We found that processes for reviewing training programmes was less well developed than the process for reviewing training at LEPs. There did not appear to be a process for collating information gained through QM of LEPs at programme level to give a more holistic view of the quality of training programmes. Our review of evidence and LEP visits highlighted potential risks in the review of training programmes, such as difficulties encountered by doctors on CMT programmes in North Western in achieving their curricular requirements. Although there are good management structures in place for programmes, the review of programmes themselves is inconsistent: we heard that within North Western, programme wide reviews were only carried out on a limited number of smaller specialty training programmes. QM activity in relation to particular programmes at particular LEPs would be fed back to the training programme director; reporting on individual training programmes depended on the collation of QM data in relation to LEPs, or from other activities such as annual review of competency progression (ARCP) or the GMC's National Training Survey (NTS).
- 38** Within Mersey, data on programmes is collected and collated from a range of different sources and discussed at specialty school boards. Some programmes, such as general surgery have developed routine post evaluation forms to identify quality issues. We heard that Mersey was often reliant on informal information gathered outside of formal reporting process when trying to ascertain whether individual posts were meeting the requirements of the curriculum, although we heard there was good data available for some specialties.
- 39** We consider that HENW could expand and improve the QM of programmes. QM processes are currently focussed on LEPs. While this is appropriate and provides a robust system for quality managing LEPs, expanding the QM of programmes would complement these processes and allow a better overview of training programmes.

**Recommendation 2: Ensure clinical supervisors of GPSTs are aware of curricular requirements and have access to the GP e-portfolio**

- 40** HENW could improve the educational experience of GPSTs in secondary care: the NTS identified risks in relation to the experience of GPSTs based in secondary care, particularly in relation to feedback, teaching and access to educational resources. We followed up these issues with

GPSTs their regional representatives, clinical supervisors, training programme directors and directors of GP education during the course of the visits.

- 41** Many, but not all, clinical supervisors from secondary care at all the LEPs we visited were unfamiliar with the GP curriculum. They noted a lack of access to the GP e-portfolio, unless issued temporary access to complete assessments. Temporary access does not allow them to see the results of previous assessments, or GPST's learning plans as agreed with their GP based educational supervisors. Difficulties with e-portfolio also mean that it is difficult for clinical supervisors to provide or review feedback about a GPST's performance. Both the GPSTs we met at LEPs and their regional representatives considered that, the lack of familiarity among clinical supervisors of the GP curriculum meant it was difficult to take advantage of educational opportunities in their secondary care placements. Many of those we met thought that there was very limited educational content to their placements, and that there was a poor balance between service and education. The proximity of some GP practices to LEPs where GPSTs are based means there are good opportunities to develop links between primary and secondary care to improve supervisors understanding of the GP curriculum.
- 42** Access to the e-portfolio is managed nationally, making it difficult for staff at HENW to assist clinical supervisors of GPSTs with access. However, we heard that the HENW staff had taken steps to ensure that all clinical supervisors were recorded as approved to use the portfolio with the Royal College of GPs (although supervisors still need to request access to use it) and to ensure links to access the portfolio were provided as soon as requested. Training has been offered to clinical supervisors in using the e-portfolio but has not been taken up.
- 43** GPSTs we met at all the LEPs we visited had found it difficult at various times to ensure their placements had educational value for their future careers as GPs. HENW should take steps to improve clinical supervisors' understanding of the GP curriculum and their access and understanding of the GP e-portfolio. This will enable GPSTs to take advantage of educational opportunities in their secondary care placements, and to improve the balance between service and education.

**Recommendation 3: Improve educational opportunities for doctors training in core medicine and surgery**

- 44** We found that there was scope for improving the educational experience of doctors training in core surgery in Mersey, and in core medicine in the North Western. Many of the risks identified were impacting on the educational experience of doctors in training, and may affect their ability to meet the requirements in some programmes.
- 45** Our analysis of the evidence highlighted risks in the CST programme in Mersey, as there was a high proportion of doctors in 2012 who completed the programme but did not progress to higher specialty training. Doctors in CST and their representatives wanted a more formal, relevant and structured programme of teaching, and improvements to careers advice. We heard that there is little local teaching in their LEPs and that the regional teaching programme currently repeats year on year, so the teaching offered to CST2s is the same as they had in CST1. They also stated that teaching did not take account of the fact that some doctors on the programme had already completed college membership exams. Some had also found it difficult to recoup costs for anatomy courses despite the money being allocated in their training budgets. There was clearly a low level of satisfaction with the programme and those we met did not feel supported to achieve the outcomes of the programmes.
- 46** Staff with responsibility for the Mersey CST programme confirmed there were difficulties. They considered it was challenging to put together a programme that would allow doctors to progress in two years, and that catered to doctors who had already completed their college membership exams as well as those who had not. Senior staff within Mersey also recognised the low rate of progression from the programme, and identified actions that had been taken and achieved some improvements in 2012.
- 47** Evidence submitted by HENW and the LEPs we visited, as well as data from the NTS, also indicated that doctors in core medical training within North Western were experiencing difficulties meeting the requirements of their curriculum. This was confirmed by our visits to LEPs, where some of the CMT doctors we met stated that workload pressures meant they struggled to attend the 12 clinics a year required by their curriculum. Regional representatives of CMT doctors stated that generally the programme was well managed, but could identify LEPs where attendance at clinics was extremely difficult and not included in rotas. Staff responsible for the management of North Western CMT programmes agreed that service pressure, resulting in high workload on CMT doctors,

was likely to impact their educational opportunities.

- 48 Doctors in CMT in Mersey echoed some of concerns about their ability to attend clinics. They wanted this to be included in rotas at all LEPs and also commented on the high workload at some LEPs. Despite this, they noted that overall the programme was well managed and there were few problems.
- 49 HENW should improve the educational opportunities available to doctors in CST in Mersey, and ensure doctors in CMT in North Western are able to access sufficient educational opportunities to meet the requirements of the programme.

**Recommendation 4: Clarify the structure and lines of accountability within HENW and externally, and provide a timetable or project plan of the proposed changes to the LETB structure**

- 50 Lines of accountability for postgraduate medical training beyond HENW were unclear at the time of our visit. The integration of the two former deaneries also means that the internal structure and lines of accountability for postgraduate medical training within HENW will need to be changed and clarified.
- 51 It was not exactly clear how HENW would be held accountable, or which body or staff within HEE would do this. Neither was it clear who would be responsible for revalidating for senior medical staff, such as the dean and director of education quality within HENW. HENW is not an independent body with statutory responsibilities, but a local education and training board (LETB) which is part of Health Education England (HEE). Senior staff within HENW told us that responsibility for holding HENW to account for the provision of local training would be done within HEE, and not by the local board. The local HENW board has an 'advisory', rather than a governance function, with the managing director of the HENW being primarily accountable to the Chief Executive Officer of HEE. The local board advised on priorities, particularly those of provider and commissioner organisations, and can use performance data about HENW to support its role in influencing the priorities and activity of the LETB.
- 52 We heard that the planned timescale for the creation of the single postgraduate medical education and training function was by April 2014. We also heard that a project manager has recently been appointed and

that a working group will be set up to engage stakeholders in the process and manage the transition. The changes to internal structures will inevitably involve changes to lines of reporting and accountability. We consider that it is important that regulators and management organisations are able to identify where accountability for postgraduate training lies, and HENW should clarify lines of reporting within and beyond the LETB.

**Recommendation 5: Produce a plan for internal restructuring of the LETB which addresses risks arising from the integration of the QM processes operating in Mersey and North Western**

- 53 Mersey and North Western have well developed QM processes which, at the time of our visit, continued to operate separately within HENW. We heard that in future, there will be a single QM function operating within HENW, the exact arrangements are yet to be determined. Although there are some similarities between the two current QM processes, the two systems are independent and reflect the different size and configuration of services in Mersey and North Western.
- 54 HENW intend to undertake restructuring during 2014, key staff have been appointed to take the project forward. While no project plan was in place at the time of the visit, we heard that this would be produced to enable targets to be met. HENW should produce a project plan for restructuring its QM processes, which identifies risks and mitigating actions arising from the changes.

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**Recommendation 6: Continue to monitor and support the LEPs to implement the recommendations set out in the reports for each of the six LEPs visited.**

- 56 In addition to the requirements set for LEPs (see [requirement 3](#)) there were also a number of recommendations in each LEP report. Further information on these recommendations can be found in each LEP report.
- 57 HENW should continue to monitor and support each of the recommendations, where appropriate, through their own QM systems.

## Acknowledgement

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**58** We would like to thank HENW and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

## Appendix 1: Sources of evidence

### Visit team

<b>Team leader</b>	Mr Graham Saunders
<b>Visitor</b>	Dr Chris Clough
<b>Visitor</b>	Mrs Sue Hobbs
<b>Visitor</b>	Professor Stewart Irvine
<b>Visitor</b>	Dr Rameen Shakur
<b>Visitor</b>	Dr Steve Ball
<b>Visitor</b>	Dr Richard Tubman
<b>GMC staff</b>	Simon Roer, Jennifer Barron

## Visit action plan

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

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
<b>Domain 1: Patient safety</b>					
1.2	Clinical supervision: issues in medical specialties and out of hours supervision for GPSTs  (Issue identified from documents submitted by North Western only)	NWD contextual information  NWD doc 8.13  NWD section 7. CMFT.2012.01  Head of school reports  GMC evidence summary	n/a	At LEPS:  CMT specialty - trainers and trainees  GP trainers and GPSTs  Doctors in training  Clinical supervisors	Standard met

1.2, 1.3, 1.5, 6.10	Recurring issues with workloads and recruitment of doctors in training			HENW Management team Postgraduate deans	A number of issues raised with regard to workload.  See <a href="#">requirement 1</a> , <a href="#">recommendation 3</a>
1.2, 1.11, 6.18	Patient safety and the management of patients  (Issue identified from documents submitted by North Western only)	NWD section 7 UHMBNFT: 2012: 02 Scheduled Visit – 04 Foundation Report Final.  NWD section 7 UHMBNFT:2012:01 Triggered Visit – 06 Final Report Barrow March 2012  NWD section 7 CMFT: 2013:03 Specialty	See Royal Preston Report (review at a glance, <a href="#">requirement 3</a> )	HENW/North Western:  Postgraduate dean, Quality management team	A patient safety issue was identified at Royal Preston Hospital. This has been addressed in the report of the visit and HENW is required to monitor actions to address this issue through scheduled reporting to the GMC.  <a href="#">See requirement 3</a>

		Report. NWD section 7: LTHNT: 2011: 01 Annual LEP report LEP visits			
1.2-1.9	Identifying and managing patient safety concerns	GMC evidence summary	-	Royal Lancaster Infirmary: Senior education and management teams Doctors in training HENW: QM staff	Standard met
1.3	Rota terminology and differentiation between grades of doctors, particularly the use of 'SHO' rotas	LEP visits	See all LEP reports (requirements concerning terminology)	Postgraduate deans QM staff HENW Director of Education and Quality Heads of schools/ training programme directors	This issue was raised at all LEP visits. HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement</a>

					<a href="#">3</a>
1.3	The supervision and support for ST4+ paediatric trainees in clinics  (Issue identified from visits carried out within North Western only)	LEP visits	See Royal Preston Report (requirement 4)	HENW/North Western:  Postgraduate dean  QM staff  Heads of schools/ training programme directors	HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement 3</a>
1.3	Transition from two deaneries to HENW: effect on LEPs and expanding programmes	NWD Contextual Info  NWD section 1.1NW LETB Org Chart  NWD section 1.2 Governance Framework	-	LEPs:  Senior education and management teams  HENW:  Senior management team  Postgraduate deans	Standard met  See recommendation 5
1.4	Doctors competency to take consent for procedures in F1/F2  (Issue identified from visits carried out within	LEP visits	Aintree University Hospital (requirement 2)	HENW/Mersey Deanery:  Deanery QM staff  HoS/TPD Foundation	HENW is required to support the LEPs to deliver the requirements in each LEP

	Mersey only)				report. See <a href="#">requirement 3</a>
1.8-1.9	Management of concerns through the 'pink card' system  (Issue identified from documents submitted by Mersey only)	HENW contextual information (Mersey)		HENW/Mersey:  Senior management team  QM staff	Standard met
<b>Domain 2: Quality assurance, review and evaluation</b>					
2.2	Level of reporting to the GMC: thresholds for reporting, variations in reporting, level of reporting for Keogh trusts	Mersey: Annual School reports  Mersey: QM Framework  NWD: Section 5 - LETB risk register  NWD: Section 7 - Trust QM reports  NWD: Section 5 - LETB risk	-	HENW:  HENW senior management team  Postgraduate deans  QM staff	Standard met

		register NWD: Section 7 - Trust QM reports			
2.2	Supporting staff with educational roles at North Manchester General Hospital	LEP visits NWD section 7: NMGH QM summary	North Manchester General report (recommendation 2)	HENW/North Western: Postgraduate deans	Standard met, see <a href="#">recommendation 6</a>
2.2	Role of the Director of education and quality	HENW contextual information	-	HENW senior management team Director of Education and Quality	Standard met
2.2	Processes for routine and exceptional QM, including monitoring and escalating ongoing issues	Mersey: Annual School reports Mersey: QM Framework Mersey: Doctors in difficulty documentation NWD: Section 5 - LETB risk	-	HENW senior management team Postgraduate deans QM staff	Standard met

		<p>register</p> <p>NWD: Section 7 - Trust QM reports</p> <p>NWD: ARCP process</p>			
2.2	<p>Quality management process</p> <p>(Issue identified from documents submitted by North Western only)</p>	<p>NWD Contextual Info</p> <p>NWD: 1.4 NWD Committee Structures</p> <p>NWD: 4.1 NWD QM Overview</p> <p>NWD: 4.4 QM Process Manual</p> <p>NWD: 4.17 CMFT Trust evidence</p>	-	<p>LEPs:</p> <p>Senior education staff</p> <p>HENW/North Western:</p> <p>QM staff</p>	Standard met
2.2	Variation in annual programme/specialty	Mersey: Annual School		HENW/Mersey:	Standard met, see

	reports (Issue identified from documents submitted by Mersey only)	reports		Postgraduate deans Heads of school/ training programme directors	<a href="#">recommendation 1</a>
2.2	Impact of regulatory activity by systems regulators at UHMBNFT (Issue identified from documents submitted by North Western only)	GMC evidence base LEP document submission: UHMBNFT	Royal Lancaster Infirmary Report (summary)	LEP (Royal Lancaster Infirmary): Senior management team HENW/North Western: Postgraduate dean North Western management team	Standard met
2.2	Future plans for QM at HENW:	Mersey: QM Framework		HENW Senior management QM staff	Standard met See <a href="#">recommendation 5</a>
2.2-3	Quality improvement projects at Aintree (Issue identified from documents submitted by	LEP visit GMC evidence summary	Aintree University Hospital (area of improvement 1)	HENW/Mersey QM staff Postgraduate dean/Mersey senior	Standard met

	Mersey Deanery)			management team	
2.3	Evaluation of programmes by doctors in training  (Issue identified from documents submitted by Mersey only)	Mersey: QM Framework		HENW/Mersey: Heads of school/ training programme directors  QM staff	
2.3	Patient and public involvement and employer engagement at LEPs and through HENW quarterly stakeholder meetings	HE NW contextual information	-	HENW: senior management team  Postgraduate deans	Standard met
2.3	Identifying and sharing good practice	HENW good practice information and contextual information	-	HENW/Mersey: QM staff	Standard met
<b>Domain 3: Training must be fair and based on principles of equality.</b>					
3.1, 3.7	Implementation of equality and diversity strategies/ policies at	LEP document submission (Aintree University	-	LEP: Senior education/ management staff	Standard met

	Aintree (Issue identified from documents submitted by Mersey only)	Hospital): Bullying & Harassment policy		Doctors in training	
3.3	Flexible training in Neurosurgery (Issue identified from documents submitted by North Western only)	NWD: section 6 equality and diversity	-	LEP: Senior education staff Doctors training in neurosurgery	Standard met
3.6	Equality and diversity training for staff with education roles	NWD contextual information NWD: section 6	-	HENW: senior management team LEPs: Senior education/management staff supervisors of doctors in training doctors in training	Standard met
3.6	Data on doctors in training with a disability, reductions in disability declarations from undergraduate to	NWD Doc 10.6 NWD contextual information	-	LEPs: Foundation doctors HENW	Standard met

	postgraduate training			Senior management team Postgraduate deans	
Domain 4: Processes for recruitment, selection and appointment must be open, fair, and effective.					
4.2, 4.5	selection from CST into higher surgical training in Mersey  (Issue identified from documents submitted by Mersey only)	Mersey School of surgery annual report	-	HENW/Mersey QM staff Heads of school/ training programme directors Representatives of doctors in training	Standard met, See <a href="#">recommendation 3</a> for issues related to CST programmes
Domain 5: The requirements set out in the approved curriculum and assessment system must be delivered and assessed.					
5.1-2	GP+ training programmes and the restructuring of the Mersey GP programme	LEP visits HENW Contextual info Mersey GP School Annual Report	-	HENW/Mersey: QM staff Mersey management team	Standard met
5.2	Patient and public involvement, including existing schemes and	NWD contextual	-	HENW : Senior staff	Standard met

	future plans	information LEP evidence submission: Lancashire Teaching Hospitals			
5.4	Access to educational opportunities for doctors in CMT and CST  (Issue identified from documents submitted by North Western but relevant to Mersey also)	NWD contextual information  NWD Annual Specialty Returns  LEP visits	-	LEPs:  Supervisors of doctors in training  Doctors in training  HENW:  Heads of school/ training programme directors  Representatives of doctors in training  QM staff  Postgraduate deans	See <a href="#">recommendation 3</a>
5.6	Delivery of feedback from ARCP panels and the use of surgical ARCPs to assess the quality of educational supervision	LEP visits  NWD contextual information	-	HENW:  QM staff  Heads of school/ training programme	Standard met

	provided.	NWD section 9: Annual school reports NWD section 4: Quality management strategy & operational guidance surgery report		directors	
5.6	Rates of progression at ARCP panels	GMC evidence base Mersey: GP School annual report NWD: contextual information NWD section 9: Annual school report-surgery NWD section 4: Quality	-	HENW: Postgraduate deans QM staff Heads of school/ training programme directors	Standard met

		management strategy & operational guidance			
5.6, 5.7, 5.8	Status of formative assessments delivered in Neurosurgery  (Issue identified from documents submitted by North Western only)	LEP visits	See Royal Preston Hospital report (recommendation 3)	HENW/North Western  Heads of school/ training programme directors  Representatives of doctors in training	Standard met, see <a href="#">recommendation 6</a>
Domain 6: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn.					
6.1	Doctors in training receiving specialty inductions for new posts  (Issue identified from documents submitted by North Western only)	LEP document submission: CMFT risk registers  NWD section 9: School/Specialty reports  GMC evidence summary	-	LEPs:  Supervisors of doctors in training  Doctors in training	Standard met

6.8	Transfer of Information through E-portfolios, between different stages of training, and the timeliness of transfer	Mersey Contextual information  NWD contextual information  LEP document submission: risk registers (all LEPs)	-	HENW  QM staff  Heads of school/ training programme directors	Standard met, see <a href="#">recommendation 2</a> for issues related to GPSTs
6.10	Workload and intensity issue for doctors in training	GMC evidence summary		LEPs:  Senior education/ management staff  supervisors of doctors in training  doctors in training  HENW:  Senior management team  Postgraduate deans  QM staff  Heads of school/	See <a href="#">requirement 1</a>

				training programme directors Representatives of doctors in training	
6.13	Educational experience of doctors in CST and ST1-2 in neurosurgery at neurosurgical placements.  (Issue identified from visits within Mersey only)	GMC evidence summary LEP visits	See Walton Centre report (requirement 2)	HENW/Mersey QM staff HoS/TPDs- neuro	HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement 3</a>
6.34	Training and support for trainers, including recognition of educational tasks in job planning.	LEP visits	See various requirements in reports for: Aintree University Hospital, Royal Lancaster Infirmary and North Manchester General Hospital	HENW: HENW senior management team Postgraduate deans	HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement 3</a>
6.34-5	Compliance with standards for training the trainers at the Walton Centre.	GMC evidence summary LEP visits	-	LEP Senior education/management staff	Standard met

	(Issue identified from documents submitted by the North Western Deanery only)				
6.36	Support for the roles of senior education staff at LEPs	LEP visits	Aintree University Hospital (requirement 4) North Manchester General,	LEPs: Senior education staff at North Manchester General and Aintree Hospitals	HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement 3</a>
6.9	Careers advice for Neurosurgery trainees	LEP visits	-	HENW: Heads of school/ training programme directors  Representatives of doctors in training	Standard met
6.21	Management of doctors in difficulty	NWD contextual information	-	LEPs: Supervisors of doctors in training  HENW: Heads of school/	Standard met

				training programme directors Postgraduate deans QM staff	
6.21	Future management of doctors in difficulty in the Mersey region  (Issue identified from documents submitted by Mersey only)	Mersey anonymised doctor in difficulty case studies	-	HENW/Mersey: Postgraduate dean QM staff	Standard met
6.22, 6.35, 6.39	Experience of GPSTs in secondary care, including clinical supervisor awareness of curricular requirements	LEP visits GMC evidence summary	See Aintree University Hospital report (requirement 3)  Royal Lancaster Infirmary report (requirement 4)	HENW: Heads of school/ training programme directors  Representatives of doctors in training	Standard met, see <a href="#">Recommendation 2</a> ,  HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement 3</a>
6.31, 6.35,	Training for supervisors to use portfolios and	NWD contextual	See Aintree University	LEPs:	Standard met, see

6.36	deliver workplace based assessments/ supervised learning events  (Issue identified from documents submitted by the North Western only)	information NWD section 7: LEP QM reports	Hospital report (requirement 3)  Royal Lancaster Infirmary report (requirement 4)	Supervisors of doctors in training  Doctors in training	<a href="#">recommendation 2</a> . HENW is required to support the LEPs to deliver the requirements in each LEP report.  See <a href="#">requirement 3</a>
6.33	Sharing good practice	NWD contextual information  NWD: section 8 good practice items	-	LEPs:  Senior education/ management staff  HENW:  QM staff  Postgraduate deans	Standard met
6.34	Rota design contribution to workload	NWD contextual information  NWD: Section 5 Risk Register  NWD section 7: Deanery QM visit reports	See Royal Lancaster Infirmary report (requirement 2),	HENW/North Western:  Postgraduate dean  Heads of school/ training programme directors  Representatives of	Standard met, see <a href="#">recommendation 3</a> . HENW is required to support the LEPs to deliver the requirements in each LEP report.

		NWD section 9: School/Specialty reports		doctors in training	See <a href="#">requirement 3</a>
<b>Domain 7: Education and training must be planned and managed through transparent processes which show who is responsible at each stage.</b>					
7.1	Accountability for and governance of postgraduate training	LEP visits HENW: Joint working document Mersey doctors in difficulty documents North West: ARCP process	-	HENW: Senior management staff Postgraduate deans QM staff	Standard met, see <a href="#">recommendation 4</a> .
7.3	Lead employer functions	NWD contextual information NWD: 1.7 lead employer arrangements	-	HENW: QM staff Representatives of doctors in training	Standard met
7.3	Role of Local Workforce and Education Groups	NWD Contextual	-	HENW: LWEG Chairs	Standard met

	(LWEGs)	Info NWD: 1.1NW LETB Org Chart  NWD: 1.2 Governance framework		Senior management staff	
7.1, 7.3, SD3.1, 3.5, 3.6	Extent to which neurosurgical training engages with the school of surgery  (Issue identified from documents submitted by Mersey only)	LEP visit  Mersey: 021 Surgery Annual Report 2012	See Walton centre report (recommendation 3)	HENW:  Heads of school/ training programme directors	Standard met, see <a href="#">recommendation 3</a>
7.3	Organisation structure at Health Education North West	HENW Contextual information	-	HENW:  Senior management staff  Postgraduate deans	Standard met, see <a href="#">recommendation 5</a>
<b>Domain 8: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.</b>					
8.1, 8.2, 8.3	Impact of reconfiguration at UHMBNFT, CMFT and Trafford	LEP visits/new school visits for Lancaster	Royal Lancaster Infirmary report (summary)	HENW:  Senior	Not applicable

		Medical School NWD contextual information		management staff Postgraduate deans LWEG chairs	
8.4	Consultant job planning, specifically the inclusion of educational time.	LEP visits	See requirements in reports for Aintree University Hospital, Royal Lancaster Infirmary and North Manchester General Hospital	HENW: Senior management staff Postgraduate deans QM staff Heads of school/ training programme directors	See <a href="#">requirement 3</a>
<b>Standard 5: The postgraduate deanery must work effectively with others.</b>					
5.1, 5.2, 5.3	Awareness of new education arrangements amongst stakeholders.	LEP visits	-	LEPs: Senior education/ management staff HENW: Senior management staff	Standard met

				Postgraduate deans Heads of school/ training programme directors  Representatives of doctors in training	
5.2	Good practice in widening access at Royal Preston Hospital and relationship with HENW's 'regional agenda' for widening access.	LEP visits  LEP document submission: Royal Preston Hospital	-	HENW:  Senior management staff  Postgraduate deans  QM staff	Standard met

## Appendix 2: Document register

Document number	Document name	Description	Publication date and version	Source
<b>GMC documents</b>				
-	GMC evidence summary HENW	This document collates the GMC's evidence on HENW	April 2013	GMC evidence base
<b>HENW Joint documents</b>				
-	Contextual information	This is HENW's response to the contextual information requested by the GMC and covers both the former deaneries.	Aug 2013	HENW
-	Mersey Deanery – North Western Deanery Joint Working Arrangements	This document complements the contextual information and sets into context the areas where the two deaneries work together.	July 2013	HENW
<b>North Western documents</b>				
Section 1 – Organogram and management & governance structures				
1.1	NW LETB Org Structure v8	This document sets out the organisational structure for the NW LETB.	August 2013 version 8	NW LETB intranet

1.2	NWD Governance Framework	This document explains the governance arrangements for the NWD to ensure that responsibility for delivering postgraduate medical and dental education and training is handled appropriately.	July 2013	NWD Intranet
1.3	Appendix A – List of organisations NWD works with	This document provides a list of the organisations that the NWD works with.	July 2013	NWD Intranet
1.4	Appendix C – NWD Committees and reporting structures	This document outlines the core and non-core committees at the NWD and their objectives and membership.	July 2013	NWD Intranet
1.5	Appendix D – NWD Organisation Chart – July 2013	This document sets out the organisational structure of the NWD.	July 2013	NWD Intranet
1.6	Appendix E – NWD AD responsibilities & portfolios	This document sets out the responsibilities and the portfolios of the Associate Deans, Associate GP Directors and Associate Dental Directors.	July 2013	NWD Intranet

1.7	Appendix F – NWD Lead Employer Arrangements	This document sets out the Lead Employer arrangements for trainees in the NWD since 1 April  2008. The Greater Manchester West Mental Health NHS Foundation Trust (psychiatry trainees) and Pennine Acute Hospitals NHS Trust (GP trainees and acute specialty trainees) are the lead employer organisations.	July 2013	NWD Intranet
Section 2 - Terms of Reference for the LETB				
2.1	NW LETB  Constitution Final 27  03 13 changes accepted	This document describes the constitution for the NW LETB, and includes its mission, purpose and vision.	27 March 2013	NW LETB Intranet
Section 3 – LETB's plan to implement the HEE Education Outcomes Framework				
3.1	HE NW 5 year  Workforce Skills and Development Strategy v8 formatted	This document describes the 5 year workforce skills and development strategy that has been developed for the NHS North West workforce.	Published 31 May 2013	link
Section 4 – Quality management strategy & operational guidance				

4.1	NWD Quality Management Overview	This document provides an overview of the NWD's Quality management strategy & approach.	August 2013	NWD Intranet
4.2	Non-immediate Patient Safety analysis 7 June 2013	This document provides an analysis of non-immediate concerns and clinical environment and undermining comments made by trainees in the 2013 GMC Trainee Survey.	7 June 2013	NWD Intranet

4.3	<p>Unsatisfactory ARCP</p> <p>RITA Outcomes E&amp;D review Jan-Dec 2012</p>	<p>This work book presents a number of graphs presenting information relating to gender, age, ethnic origin, country of qualification and Country of Qualification of Trainees with Unsatisfactory Outcome vs General Population Jan-Dec 2012 Shown as % Comparisons without United Kingdom, and Country of Qualification of Trainees with Unsatisfactory Outcomes vs General Population Jan-Dec 2012 Shown as Actual Numbers.</p>	December 2012	NWD Intranet
4.4	<p>QM Process manual</p> <p>July 2013</p>	<p>This document is the Quality Management process manual and describes the processes in place to support the monitoring of trainee doctors' training.</p>	July 2013	NWD Intranet

4.5	Exceptional visits policy FINAL Oct 09	This document is the NWD policy on exceptional visits. It sets out the conditions that lead to an exceptional visit as well as the procedures and timescales to follow in such instances.	October 2009	NWD Intranet
4.6	Exceptional visits policy revised draft June 2013	As above – revised draft to take account of new NHS structures as of 1 April 2013. The document is currently out for review.	June 2013	NWD Intranet
4.7	Escalation procedure 2010	This document is the NWD's Escalation procedure. It sets out additional steps the NWD may need to take when it identifies serious concerns with any of its Local Education Providers (LEPs).	November 2010	NWD Intranet
4.8	Escalation Procedure Revised Draft June 2013 v1	As above – revised draft to take account of new NHS structures as of 1 April 2013. The document is currently out for review.	June 2013	NWD Intranet

4.9	MV Schedule 2012 & 2013 @ 02.04.13	This document is the NWD's schedule of monitoring visits, extra visits and programme reviews from January 2012 to December 2013.  (this is a live document so is updated regularly)	2 April 2013	NWD Intranet
4.10	MV Schedule 2014 & 2015 @ 23.07.13	This document is the NWD's schedule of monitoring visits, extra visits and programme reviews from January 2014 to December 2015.  (this is a live document so is updated regularly)	23 July 2013	NWD Intranet
4.11	Example of Board Paper Analysis	Example of analysis of Trust board papers, seeking to review the level of discussion of PGME at Trust Board level.	30 May 2013	NWD Intranet
4.12	Trainee interview questions	These questions are used when interviewing core and specialty trainees. They are aligned to the GMC domains. This is included as an exemplar. The template is amended for other groups of trainees such as foundation.	Publication date n/a - template	NWD Intranet

4.13	Trainer interview questions	These questions are used when interviewing clinical and educational supervisors for core, specialty and foundation trainees.	Publication date n/a - template	NWD Intranet
4.14	Checklist Trainee Interviews Template	These checklists are prepared for each group of trainees who are interviewed during the monitoring visits. Based on our preparatory work, these can be amended so that the interviewing team can ensure specific issues are covered., as well as the areas the NWD wants to ensure are covered with every group of trainees.	Publication date n/a - template	NWD Intranet

4.15	Checklist Trainer interview template	These checklists are prepared for each group of clinical and educational supervisors of core, specialty and Foundation trainees who are interviewed during the monitoring visits. Based on our preparatory work, these can be amended so that the interviewing team can ensure specific issues are covered, as well as the areas the NWD wants to ensure are covered with every group of trainers.	Publication date n/a - template	NWD Intranet
4.16	Trust Evidence Folders - Good Practice	This document gives guidance to the PGME team on the supporting evidence to be supplied for a scheduled NWD monitoring visit.	2013	NWD Intranet
4.17	CMFT Trust Evidence Files Review of Key Issues	This document is an example of a completed review of Trust evidence supplied for a recent NWD visit.	April 2013	NWD Intranet

4.18	Criteria for GP specialist training 2013	This document provides the Criteria for provision of GP Specialty training in a primary care setting.	2013	NWD Intranet and
4.19	GP Clinical Supervisors guide August 2007	This document provides guidance around the supervision of hospital trainees on GP training schemes in the NWD. It also gives an overview of the curriculum and details of the assessments required.	2007	NWD Intranet and
4.20	GP Educational Supervisors guide August 2007	This document provides guidance around the educational supervision of GP Specialist Registrars (GPStR).	2007	NWD Intranet and
Section 5 – LETB Risk Register				

5.1	NW LETB Risk Register 13 05 13	This document defines the approach of the NW LETB to risk and includes details of current risks, together with their score. Where gaps are identified, an action plan is identified.	13 May 2013	NW LETB Intranet
5.2	Cumbria QSG report May 2013	Cumbria, Northumberland and Tyne & Wear Quality Surveillance Group Highlight report for May 2013.	May 2013	NWD Intranet
5.3	Manchester QSG report May 2013	Greater Manchester Quality Surveillance Group highlight report for May 2013.	May 2013	NWD Intranet
5.4	Manchester QSG report July 2013	Greater Manchester Quality Surveillance Group highlight report for July 2013.	July 2013	NWD Intranet
5.5	Lancashire QSG report May 2013	Lancashire Quality Surveillance Group highlight report for May 2013.	May 2013	NWD Intranet
Section 6 – Equality & diversity strategy				
6.1	HEE Equality and Diversity Policy	This document describes the Equality and Diversity policy for Health Education England.	Version 1.3 published February 2013	NWD Intranet

6.2	LEO Equal Opportunities Policy	This document outlines the Lead Employing Organisation's (Pennine Acute Hospitals NHS Trust) equal opportunities policy.	Published January 2010	NWD Intranet
6.3	CMFT Dignity at work policy final version July 2012	This policy outlines the dignity at work policy for Central Manchester University Hospitals NHS Foundation Trust (CMFT).	V3 Published July 2013  Supersedes 'Fair Treatment Policy'	NWD Intranet (from information supplied for NWD visit)
6.4	Lancs teaching Equality Strategy March 2012 final version (2)	This policy outlines the Equality Strategy for Lancashire Teaching Hospitals NHS Foundation Trust for 2011-14.	Published March 2012	NWD Intranet (from information supplied for NWD visit)
6.5	Pennine Acute Hospitals Equal Opps policy Feb 2010	This policy outlines the equal opportunities policy for Pennine Acute Hospitals NHS Trust.	Document authorised January 2010  Review date July 2012  Version 4.1	NWD Intranet (from information supplied for NWD visit)

6.6	Pennine Acute Hospitals Single Equality Scheme	This policy outlines the Single Equality scheme for Pennine Acute Hospitals NHS Trust.	Version 2 Authorised 24 June 2010 Reviewed December 2012	
6.7	UHMB Equality and human rights policy	This policy outlines the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) Equality and human rights policy.	Published November 2010 Reviewed November 2011	NWD Intranet (from information supplied for NWD visit)
Section 7 – QM Reports and action plans - CMFT				
7.CMFT.2011.01	Timetable	This is the timetable for the NWD Monitoring visit to CMFT on 7 January 2011.	7 January 2011	NWD Intranet
7.CMFT.2011.02	Letter with report	This letter presents the NWD's findings following the monitoring visit to CMFT in January 2011.	21 February 2011	NWD Intranet
7.CMFT.2011.03	Specialty Report	Report detailing the NWD's findings following the monitoring visit to CMFT in January 2011. This report explores the findings for core and specialty trainees.	21 February 2011	NWD Intranet

7.CMFT.2011.04	Foundation Report – appendix one	Report detailing the NWD's findings following the monitoring visit to CMFT in January 2011. This report explores the findings for foundation trainees.	21 February 2011	NWD Intranet
7.CMFT.2011.05	Letter with GP Report	This letter presents the NWD's findings for the GPST programme following the monitoring visit to CMFT in January 2011.	16 May 2011	NWD Intranet
7.CMFT.2011.06	GP Report	Report detailing the NWD's findings following the monitoring visit to CMFT in January 2011. This report explores the findings for GP trainees. The report is a combined report covering the findings from the visit to CMFT on 7 January 2011 and UHSM on 16 March 2011 as this is a joint programme across Manchester.	16 May 2011	NWD Intranet

7.CMFT.2011.07	Letter with PS Response	This letter is from the Medical Director at CMFT to the NWD, presenting the Trust's response to the Domain 1 patient safety issues identified during the visit in January 2011.	4 April 2011	NWD Intranet
7.CMFT.2011.08	PS Response	This is the patient safety issues action plan from CMFT following the monitoring visit in January 2011.	4 April 2011	NWD Intranet
7.CMFT.2011.09	Deanery response to PS plan	This is the NWD's response to the patient safety issues action plan submitted by CMFT. It outlines the areas where the NWD felt the plan needed to be improved in order to evidence real progress against the patient safety issues that were identified.	18 May 2011	NWD Intranet

7.CMFT.2011.10	Letter with Full Action Plan	This letter is from the Medical Director at CMFT to the NWD in response to the NWD response regarding their PS action plan. The letter acknowledges the comments the NWD made regarding the PS action plan and confirms these have been incorporated in their plans. The letter also introduces their action plan for the remaining recommendations under the GMC domains as set out in the monitoring visit report.	1 July 2011	NWD Intranet
7.CMFT.2011.11	Full action plan	This is the full action plan from CMFT following the monitoring visit in January 2011. It includes their action plan for the remaining recommendations under the GMC domains as set out in the monitoring visit report.	1 July 2011	NWD Intranet

7.CMFT.2011.12	Updated PS Plan	This is the Trust's updated patient safety action plan following the NWD's comments on the first draft of their plan submitted in April 2011.	1 July 2011	NWD Intranet
7.CMFT.2011.13	Deanery Response Full AP and revised PS	This letter outlines the NWD's response to the Trust's full response and updated patient safety response.	1 August 2011	NWD Intranet
7.CMFT.2011.14	Letter with GP responses	January 2011 and UHSM on 16 March 2011.	24 June 2011	NWD Intranet
7.CMFT.2011.15	GP PS plan	This is the CMFT patient safety action plan following the visits to the GP posts at CMFT on 7 January 2011 and UHSM on 16 March 2011.	24 June 2011	NWD Intranet
7.CMFT.2011.16	GP Full Action Plan	This is the CMFT full action plan for the remaining recommendations under the GMC domains following the visits to the GP posts at CMFT on 7 January 2011 and UHSM in March 2011.	24 June 2011	NWD Intranet

7.CMFT.2011.17	Deanery response to GP plans	This is the NWD's response to the CMFT GP Patient Safety and full action plan following the visits to CMFT on 7 January 2011 and UHSM in March 2011.	1 August 2011	NWD Intranet
7.CMFT.2011.18	Annual LEP report	This document is the Local Education Provider (LEP) report for CMFT in 2011.	September 2011	NWD Intranet
7.CMFT.2011.19	GP Programme report	This document is the annual report for the GP programme in 2011 for Central/South Manchester.	14 September 2011	NWD Intranet
7.CMFT.2011.20	FPD Annual Report	This document is the annual Foundation Programme Director (FPD) report for Manchester Royal Infirmary for 2011.	September 2011	QUALIFY
7.CMFT.2012.01	Annual LEP report	This document is the LEP report for CMFT in 2012.	Unknown	NWD Intranet
7.CMFT.2012.02	GP Programme Report	This document is the annual report for the GP programme in 2012 for Central and South Manchester.	8 August 2012	NWD Intranet
7.CMFT.2012.03	FPD Annual Report	This document is the annual FPD report for Manchester Royal Infirmary for 2012.	September 2012	QUALIFY

7.CMFT.2013.01	Timetable final - Venues (2)	This is the timetable for the NWD Monitoring visit to CMFT on 27 March 2013.	27 March 2013	NWD Intranet
7.CMFT.2013.02	Letter with report	This letter presents the NWD's findings following the monitoring visit to CMFT on 27 March 2013. The letter introduces the Specialty, GP and Foundation reports as well as the report following the Child and Adolescent Psychiatry Programme Review which was held at the time of the visit.	1 July 2013	NWD Intranet
7.CMFT.2013.03	Specialty Report	Report detailing the NWD's findings following the monitoring visit to CMFT in March 2013. This report explores the findings for core and specialty trainees.	1 July 2013	NWD Intranet
7.CMFT.2013.04	Foundation Report	Report detailing the NWD's findings following the monitoring visit to CMFT in March 2013. This report explores the findings for foundation trainees.	1 July 2013	NWD Intranet

7.CMFT.2013.05	GP Central and South Appendix	Report detailing the NWD's findings following the monitoring visit. This report explores the findings for GP trainees. The report is a combined report covering the findings from the visit to UHSM on 25 January 2013 and CMFT on 27 March 2013 as this is a joint programme across Manchester.	1 July 2013	NWD Intranet
7.CMFT.2013.06	C&A Psych PR report Appendix 3	This is the report from the Child and Adolescent psychiatry programme review, which was conducted during the visit to CMFT on 27 March 2013.	1 July 2013	NWD Intranet
Section 7 – QM Reports and action plans - Lancashire Teaching				
7.LANCS.2010.01	Timetable	This is the timetable for the NWD Monitoring visit to Lancashire Teaching Hospitals NHS Foundation Trust on 18 June 2010.	18 June 2011	NWD Intranet

7.LANCS.2010.02	Letter with report	This letter presents the NWD's findings following the monitoring visit to Lancashire Teaching Hospitals NHS Foundation Trust on 18 June 2010. This letter requested a response to the identified patient safety issues within the standard 6 week timeframe but also responses to some of the issues identified under domains 5 and 6 of the GMC domains.	29 July 2010	NWD Intranet
7.LANCS.2010.03	Specialty Report	Report detailing the NWD's findings following the monitoring visit to Lancs Teaching on 18 June 2010. This report explores the findings for core and specialty trainees.	29 July 2010	NWD Intranet
7.LANCS.2010.04	Foundation Report	Report detailing the NWD's findings following the monitoring visit to Lancs Teaching on 18 June 2010. This report explores the findings for foundation trainees.	29 July 2010	NWD Intranet

7.LANCS.2010.05	GP Report	Report detailing the NWD's findings following the monitoring visit to Lancs Teaching in June 2010. This report explores the findings for GP trainees.	29 June 2010	NWD Intranet
7.LANCS.2010.06	Letter with PS response	This letter is from the Chief Executive and the Director of Postgraduate Medical Education at Lancs Teaching presenting the Trust's response to the Domain 1 patient safety issues and the issues arising under domain 6 of the GMC standards, identified during the visit in June 2010.	10 September 2010	NWD Intranet
7.LANCS.2010.07	Patient Safety Response	This is the patient safety issues action plan For Lancs Teaching following the monitoring visit in June 2010. It addresses the concerns identified under domain 1, patient safety issues, and the issues under domain 6 of the GMC standards.	13 September 2010	NWD Intranet

7.LANCS.2010.08	Deanery Response to PS response	This is the NWD's response to the patient safety issues action plan submitted by Lancs Teaching. It outlines the areas where the NWD felt the plan needed to be improved in order to evidence real progress against the patient safety issues that were identified.	14 October 2010	NWD Intranet
7.LANCS.2010.09	Trust letter full AP	This letter presents the Trust's full response and patient safety response to the issues identified at the June 2010 monitoring visit.	16 December 2010	NWD Intranet
7.LANCS.2010.10	Full Action Plan	This is the Trust's full response to the issues identified at the June 2010 monitoring visit.	16 December 2010	NWD Intranet
7.LANCS.2010.11	Updated PS Plan	This is the Trust's revised response to the patient safety issues identified at the June 2010 monitoring visit.	16 December 2010	NWD Intranet
7.LANCS.2010.12	Deanery Response	This is the NWD's response to the Trust's Full action plan.	4 March 2011	NWD Intranet
7.LANCS.2010.13	Annual LEP report 2010	This document is the LEP report for Lancs Teaching in 2010.	9 September 2010	NWD Intranet

7.LANCS.2010.14	Annual LEP report  Executive Summary	This is the Trust's executive summary which complements their annual LEP report template detailed above. (See 7.LANCS.2010.13).	9 September 2010	NWD Intranet
7.LANCS.2010.15	GP Training Programme report	This document is the annual report for the GP programme in 2010 for Lancs Teaching.	11 June 2010	NWD Intranet
7.LANCS.2010.16	FPD report	This document is the annual Foundation Programme	September 2010	QUALIFY
		Director (FPD) report for Lancs Teaching for 2010.		
7.LANCS.2011.01	Annual LEP report	This document is the LEP report for Lancs Teaching in 2011.	October 2011	NWD Intranet
7.LANCS.2011.02	GP Training programme report	This document is the annual report for the GP programme in 2011 for Lancs Teaching.	16 July 2011	NWD Intranet
7.LANCS.2011.03	FPD Report	This document is the annual FPD report for Lancs Teaching for 2011.	September 2011	QUALIFY

7.LANCS.2012.01	Visit letter	<p>This letter addresses the NWD's planned monitoring</p> <p>visit to Lancashire Teaching Hospitals NHS Foundation Trust on 21 June 2012 which was postponed due to the BMA day of industrial action. It explains that the visit would be moved into the schedule for 2013 as it was felt that there were no major areas of concern when planning the original visit. It also states that John</p> <p>Adams, Director of Hospital Training and Bev Miller, Assistant Quality Manager, would still visit the Trust on</p> <p>21 July 2012 to hear the Trust presentation and receive</p> <p>the Trust's evidence folders.</p>	25 June 2012	NWD Intranet
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7.LANCS.2012.02	Report Letter	<p>This letter outlines the approach that was taken with this visit, namely that Bev Miller, Assistant Quality Manager, and John Adams, Director of Hospital Training, attended the Trust on 21 June 2012 to hear the Trust Presentation and receive the Trust's evidence files. The letter also asks the Trust to note the attached report and respond to the recommendations made therein, in the usual way.</p>	12 November 2012	NWD Intranet
7.LANCS.2012.03	Final Report	<p>Report detailing the NWD's findings based on the Trust Presentation and their evidence files for the full monitoring visit.</p>	12 November 2012	NWD Intranet
7.LANCS.2012.04	Trust Response	<p>This is the Trusts action plan, detailing their responses to the issues identified in the NWD's final report.</p>	31 March 2013	NWD Intranet

7.LANCS.2012.05	Deanery Response	This is the NWD's response to the Trust's action plan. It acknowledges the plans put in place by the Trust.	09 May 2013	NWD Intranet
7.LANCS.2012.06	Annual LEP report	This document is the LEP report for Lancs Teaching in 2012.	15 October 2012	NWD Intranet
7.LANCS.2012.07	FPD Annual Report	This document is the annual FPD report for Lancs Teaching for 2012.	September 2012	QUALIFY
7.LANCS.2012.08	GP Programme Report	This document is the annual report for the GP programme in 2012 for Lancs Teaching.	22 August 2012	NWD Intranet
Section 7 – QM Reports and action plans - Pennine Acute				
7.PENNINE.01	Pennine Acute QM Summary	This document provides a summary of the Quality Management interactions the NWD has had with Pennine Acute since February 2009.	June 2013	NWD Intranet
7.PENNINE.2010.01	Timetable	This is the timetable for the exceptional NWD monitoring visit to O&G at Pennine Acute Hospitals NHS Foundation Trust on 11 June 2010.	11 June 2010	NWD Intranet

7.PENNINE.2010.02	Letter with Report	This letter introduces the report of the NWD's findings following the exceptional visit to O&G at Pennine Acute Hospitals NHS Trust in June 2010	1 July 2010	NWD Intranet
7.PENNINE.2010.03	Report	Report detailing the NWD's findings following the exceptional visit to O&G at Pennine Acute on 11 June 2010.	1 July 2010	NWD Intranet
7.PENNINE.2010.04	First response	This is the patient safety issues action plan for O&G at Pennine Acute following the exceptional visit in June 2010. It addresses concerns identified under domain 1, patient safety issues.	5 August 2010	NWD Intranet
7.PENNINE.2010.05	Letter with first Response	This letter is from the Chief executive presenting the Trust's response to the Domain 1 patient safety issues identified during the exceptional visit to O&G at Pennine Acute in June 2010.	5 August 2010	NWD Intranet

7.PENNINE.2010.06	Letter from JH re first Response	This letter from the NWD to the Trust acknowledges the Trust's patient safety response but also outlines the areas where the NWD felt the plan needed to be improved, in order to evidence real progress against the patient safety issues that were identified.	6 September 2010	NWD Intranet
7.PENNINE.2010.07	Letter from JS re letter from JH	This letter from the Chief Executive at Pennine Acute to the NWD, acknowledges the concerns of the NWD about certain aspects of the educational and service arrangements within O&G, particularly at the North Manchester site.	11 October 2010	NWD Intranet

7.PENNINE.2010.08	Letter 2 from JS re letter from JH	<p>This is the second letter from the Chief Executive at Pennine Acute, to the NWD. It is in response to a specific concern identified in the patient safety response and our follow up letter to the Trust regarding formal consultant cover. The letter clarifies that formal consultant cover was increased to a minimum of 40 hours per week at North Manchester from 1 October 2010. It also explains that due to this increase there will also be formal consultant cover on Wednesday andThursday afternoons.</p>	11 October 2010	NWD Intranet
7.PENNINE.2010.09	Letter from JH re additional response	<p>This letter from the NWD to the Trust acknowledges the additional detail received from the Trust in their letters dated 11 October 2010. It also offers some further guidance on how the Trust can ensure its final action plan is robust.</p>	26 October 2010	NWD Intranet

7.PENNINE.2010.10	Second Response	This is the Trust's response to the concerns identified at the exceptional visit to O&G in June 2010, against the remaining GMC domains.	13 December 2010	NWD Intranet
7.PENNINE.2010.11	Letter re second response	This is the NWD's response to the Trust following receipt of their full action plan in December 2010. The letter acknowledges the plans put in place by the Trust.	4 March 2011	NWD Intranet
7.PENNINE.2010.12	Annual LEP report	This document is the LEP report for Pennine Acute in 2010.	10 September 2010	NWD Intranet
7.PENNINE.2010.13	FPD Annual Report for NMGH	This document is the annual FPD report for North Manchester General Hospital (NMGH) for 2010.	September 2010	QUALIFY
7.PENNINE.2010.14	GP Programme Report	This document is the annual report for the GP programme in 2010 for Pennine Acute.	9 August 2010	NWD Intranet
7.PENNINE.2011.01	Foundation visit Timetable	This is the timetable for the NWD monitoring visit to Pennine Acute Hospitals NHS Trust on 10 May 2011 to interview foundation trainees and their clinical and educational supervisors.	10 May 2010	NWD Intranet

7.PENNINE.2011.02	Main visit timetable	This is the timetable for the main NWD monitoring visit to Pennine Acute Hospitals NHS Trust on 19 May 2011.	19 May 2010	NWD Intranet
7.PENNINE.2011.03	Letter re monitoring visit in 2011	This letter from the NWD to the Chief Executive explains the need to conduct the visit to the Trust in such a way that requires the Foundation trainees and their supervisors to be interviewed in advance of the main visit. The letter seeks the support of the Chief Executive in this matter.	24 September 2010	NWD Intranet
7.PENNINE.2011.04	Letter with report	This letter introduces the NWD's findings following the monitoring visit to Pennine Acute on 10 and 19 May 2011. The letter requests a response to the identified patient safety issues within the standard 6 week timeframe and the remaining concerns across the remaining domains thereafter.	15 August 2011	NWD Intranet

7. PENNINE.2011.05	Specialty Report	Report detailing the NWD's findings following the monitoring visit to Pennine Acute on 19 May 2011. This report explores the findings for core trainees.	15 August 2011	NWD Intranet
7.PENNINE.2011.06	Foundation Report	Report detailing the NWD's findings following the monitoring visit to Pennine Acute on 10 May 2011. This report explores the findings for foundation trainees.	15 August 2011	NWD Intranet
7.PENNINE.2011.07	GP Report	Report detailing the NWD's findings following the monitoring visit to Pennine Acute on 19 May 2011. This report explores the findings for GP trainees.	15 August 2011	NWD Intranet
7.PENNINE.2011.08	Overview August 2011	This document provides an explanation of the issues faced by the Trust since April 2009 and the NWD's interactions with the Trust through the monitoring process.	August 2011	NWD Intranet

7.PENNINE.2011.09	Patient safety response	This is the patient safety issues action plan for Pennine Acute following the monitoring visit in May 2011. It addresses concerns identified under domain 1, patient safety issues.	30 September 2011	NWD Intranet
7.PENNINE.2011.10	Deanery response to patient safety response	This letter from the NWD to the Trust acknowledges the Trust's patient safety response but also outlines the areas where the NWD felt the plan needed to be improved, in order to see real progress against the patient safety issues that were identified.	25 October 2011	NWD Intranet
7.PENNINE.2011.11	Letter with full response	This letter is from the Chief Executive presenting the Trust's response to the concerns relating to the remaining Domains following the visit in May 2011. The letter also provides an update on one of the patient safety concerns, specifically 1.3 of the specialty report on Handover.	19 December 2011	NWD Intranet

7.PENNINE.2011.12	Full response	This is the Trust's full response to the issues identified under domains 2-9 at the May 2011 monitoring visit.	19 December 2011	NWD Intranet
7.PENNINE.2011.13	Deanery Response to full response	This letter from the NWD acknowledges the Trust's full action plan following the visit in May 2011. However it also states that the NWD would like to review the evidence that supports the implementation of the activity, with some feedback from trainees during the next visit in May 2012.	25 January 2011	NWD Intranet
7.PENNINE.2011.14	Annual LEP report	This document is the LEP report for Pennine Acute in 2011.	14 October 2011	NWD Intranet
7.PENNINE.2011.15	GP Programme Report	This document is the annual report for the GP programme in 2011 for Pennine Acute.	21 July 2011	NWD Intranet
7.PENNINE.2011.16	FPD Annual report for NMGH	This document is the annual FPD report for North Manchester General Hospital (NMGH) for 2011.	September 2011	QUALIFY

7.PENNINE.2012.01	Timetable	This is the timetable for the NWD monitoring visit to  Pennine Acute Hospitals NHS Trust on 23 May 2012	23 May 2012	NWD Intranet
7.PENNINE.2012.02	Letter with report	This letter introduces the NWD's findings following the  monitoring visit to Pennine Acute in May 2012. The letter requests a response to the identified patient safety issues within the standard 6 week timeframe and the remaining issues across the other domains thereafter.	12 September 2012	NWD Intranet
7.PENNINE.2012.03	Specialty Report Final	Report detailing the NWD's findings following the monitoring visit to Pennine Acute in May 2012. This report explores the findings for core trainees and specialty trainees.	12 September 2012	NWD Intranet
7.PENNINE.2012.04	Foundation Report Final	Report detailing the NWD's findings following the monitoring visit to Pennine Acute in May 2012. This report explores the findings for foundation trainees.	12 September 2012	NWD Intranet

7.PENNINE.2012.05	GP Report Final	Report detailing the NWD's findings following the monitoring visit to Pennine Acute in May 2012. This report explores the findings for GP trainees.	12 September 2012	NWD Intranet
7.PENNINE.2012.06	DF2 report Final	Report detailing the NWD's findings following the monitoring visit to Pennine Acute in May 2012. This report explores the findings for the Dental F2 cohort of trainees.	12 September 2012	NWD Intranet
7.PENNINE.2012.07	Patient Safety response	This is the patient safety issues action plan for Pennine Acute following the monitoring visit in May 2012. It addresses concerns identified under domain 1, patient safety issues, as well as recommendation 5 on the Dental F2 report regarding support and supervision available to DF2 trainees when undertaking ENT cross-cover on-call.	24 October 2012	NWD Intranet

7.PENNINE.2012.08	Deanery response to patient safety response	This letter from the Postgraduate Dean to the Trust acknowledges the Trust's patient safety response and seeks the Trust's agreement to cite the Trust as an example of good practice with regard to the decisive action it took to address the issues around support for Dental F2 trainees undertaking ENT cross-cover on-call.	14 November 2012	NWD Intranet
7.PENNINE.2012.09	Full response	This is the Trust's full response to the issues identified under domains 2-9 at the May 2012 monitoring visit.	12 March 2013	NWD Intranet
7.PENNINE.2012.10	Deanery response to full response	This letter acknowledges the Trust's full response but also highlights a number of areas where the NWD felt further work was necessary to ensure their response to the concerns raised were robust and would be effective.	14 April 2013	NWD Intranet

7.PENNINE.2012.11	Update to full response	This is the Trust's revised full response following the additional guidance they received from the NWD on 14 April 2013.	28 June 2013	NWD Intranet
7.PENNINE.2012.12	Annual LEP report	This document is the LEP report for Pennine Acute in 2012.	19 October 2012	NWD Intranet
7.PENNINE.2012.13	FPD Annual report for Trust	This document is the annual FPD report for Pennine Acute in 2012.	September 2012	QUALIFY
7.PENNINE.2012.14	GP Programme report	This document is the annual report for the GP programme in 2012.	31 August 2012	NWD Intranet
Section 7 – QM Reports and action plans - UHMB				
7.UHMB.01	UHMB QM Summary	This document provides a summary of the Quality Management interactions with UHMB since November 2008.	July 2013	NWD Intranet
7.UHMB.2010.01	Timetable	This is the timetable for the NWD monitoring visit to The University Hospitals of Morecambe Bay NHS Foundation Trust on 20 October 2010	20 October 2010	NWD Intranet

7.UHMB.2010.02	Letter with report	This letter introduces the NWD's findings following the monitoring visit to UHMB in October 2010. The letter requests a response to the identified patient safety issues within the standard 6 week timeframe and the remaining concerns across the other domains thereafter.	2 December 2010	NWD Intranet
7.UHMB.2010.03	Main report	Report detailing the NWD's findings following the monitoring visit to UHMB in October 2010. This report explores the findings for core trainees and specialty trainees.	2 December 2010	NWD Intranet
7.UHMB.2010.04	Foundation Report	Report detailing the NWD's findings following the monitoring visit to UHMB in October 2010. This report explores the findings for foundation trainees.	2 December 2010	NWD Intranet
7.UHMB.2010.05	GP Report	Report detailing the NWD's findings following the monitoring visit to UHMB in October 2010. This report explores the findings for GP trainees.	2 December 2010	NWD Intranet

7.UHMB.2010.06	First response	This is the patient safety issues action plan for UHMB following the monitoring visit in October 2010.	14 January 2011	NWD Intranet
7.UHMB.2010.07	Letter re first response	This letter from the NWD to the Trust acknowledges the Trust's patient safety response but also outlines the areas where the NWD felt the plan needed to be improved, in order to demonstrate real progress against the patient safety issues that were identified. These areas were focused on support and supervision for trainees.	1 March 2011	NWD Intranet
7.UHMB.2010.08	Second response	This is the Trust's full response to the issues identified under domains 2-9 at the October 2010 monitoring visit.	21 April 2011	NWD Intranet

7.UHMB.2010.09	Deanery response to second response	This letter from the NWD to the Trust acknowledges the Trust's patient full response but also outlines the areas where the NWD felt the plan needed to be improved, in order to evidence real progress against the issues that were identified.	6 June 2011	NWD Intranet
7.UHMB.2010.10	UHMB updated response	This is the Trust's revised full response following on from the feedback the Trust received from the NWD on 6 June 2011.	Unknown	NWD Intranet

7.UHMB.2010.11	Deanery Response to update	This letter from the NWD to the Trust acknowledges the Trust's revised full response following feedback from the NWD. The NWD suggested that the impact of cover arrangements should be audited and reported to the NWD during the 2012 monitoring visit. It also requested further information on issues 6.3 (educationally unproductive tasks) and 6.4 (review the impact of target setting in emergency medicine) at the 2012 visit.	30 August 2011	NWD Intranet
7.UHMB.2010.12	Annual LEP report	This document is the LEP report for UHMB in 2010.	9 September 2010	NWD Intranet
7.UHMB.2010.13	GP Programme Report South Cumbria	This document is the annual report for the GP programme in South Cumbria in 2010.	5 August 2010	NWD Intranet
7.UHMB.2010.14	GP Programme Report Lancaster	This document is the annual report for the GP programme in Lancaster in 2010.	31 May 2010	NWD Intranet
7.UHMB.2010.15	FPD Annual Report	This document is the annual FPD report for Morecambe Bay Hospitals NHS trust 2009-10.	September 2010	QUALIFY

7.UHMB.2011.01	Annual LEP report	This document is the LEP report for UHMB in 2011.	October 2010	NWD Intranet
7.UHMB.2011.02	GP Programme report South Cumbria	This document is the annual report for the GP programme in South Cumbria in 2011.	7 July 2011	NWD Intranet
7.UHMB.2011.03	GP Programme report Lancaster	This document is the annual report for the GP programme in Lancaster in 2011.	27 July 2013	NWD Intranet
7.UHMB.2011.04	FPD Annual report	This document is the annual FPD report for Morecambe Bay Hospitals NHS trust 2010-11.	September 2011	QUALIFY
7.UHMB.2012.01 TRIGGERED VISIT.01	Timetable	This is the timetable for the triggered visit to Furness General Hospital on 23 March 2012	23 March 2012	NWD Intranet

<p>7.UHMB.2012.01 TRIGGERED VISIT.02</p>	<p>Notice of visit</p>	<p>This letter to the Chief Executive of the Trust from the NWD, explains that the NWD was asked by the GMC to conduct a triggered visit to Furness General Hospital to look at postgraduate medical training in O&amp;G, paediatrics and emergency medicine. This was due to Patient Safety concerns raised by the CQC and the Nursing and Midwifery council. The letter confirms that the review was scheduled for 23 March 2012.</p>	<p>20 January 2012.</p>	<p>NWD Intranet</p>
<p>7.UHMB.2012.01 TRIGGERED VISIT.03</p>	<p>Letter with timetable</p>	<p>This letter confirms the timetable that was proposed for the triggered visit to Furness General Hospital. The letter also explained that time had been built into the agenda to allow a round-table discussion between the Chief Executive and the visiting team to enable the Trust to update the NWD on issues regarding the CQC and Nursing and Midwifery Council's concerns, as well as the progress the Trust had made in addressing these.</p>	<p>30 January 2012</p>	<p>NWD Intranet</p>

<p>7.UHMB.2012.01 TRIGGERED VISIT.04</p>	<p>Background for Team</p>	<p>This document provided a review for the visiting team of three documents published by Monitor on 7 February 2012. The document provides a brief overview of the main points in each document and outlines how the findings of these documents have influenced the planning of interviews with the trainees.</p>	<p>February 2012</p>	<p>NWD Intranet</p>
<p>7.UHMB.2012.01 TRIGGERED VISIT.05</p>	<p>Letter with report</p>	<p>This letter introduces the NWD's findings following the triggered visit to Furness General Hospital on 23 March 2012. The letter requests a response to the identified patient safety issues within the standard 6 week timeframe but also asked for a response to the concerns arising under domains 2-9 at the next scheduled visit that was due to take place in October 2012.</p>	<p>16 May 2012</p>	<p>NWD Intranet</p>

7.UHMB.2012.01 TRIGGERED VISIT.06	Final report Barrow March 2012	Report detailing the NWD's findings following the  Triggered visit to Furness General Hospital on 23 March 2012. This report explores the findings for Foundation and GP trainees in emergency medicine, O&G and paediatrics, and specialty trainees in O&G (ST3+).	16 May 2012	NWD Intranet
7.UHMB.2012.01 TRIGGERED VISIT.07	Patient Safety response FGH March 12 GN JH	This is the patient safety issues action plan for Furness General Hospital following the triggered visit in March 2012.	2 July 2012	NWD Intranet
7.UHMB.2012.01 TRIGGERED VISIT.08	Deanery response to PS response 2407	This is the NWD's response to the Trust's patient safety action plan. It acknowledges the plans put in place by the Trust.	23 July 2012	NWD Intranet
7.UHMB.2012.01 TRIGGERED VISIT.09	Full action plan	This document provides an update on the follow up to the specific visit to the Barrow site and there is no full action plan to address the recommendations in the GMC domains 2 – 9.	February 2013	NWD Intranet

7.UHMB.2012.02 SCHEDULED VISIT 01	Timetable	This is the timetable for the NWD monitoring visit to The University Hospitals of Morecambe Bay NHS Foundation Trust on 25 October 2012	25 October 2012	NWD Intranet
7.UHMB.2012.02 SCHEDULED VISIT.02	Letter with Report	This letter introduces the NWD's findings following the monitoring visit to UHMB in October 2012. The letter requests a response to the identified patient safety issues within the standard 6 week timeframe and the remaining concerns across the other domains thereafter.	7 December 2012	NWD Intranet
7.UHMB.2012.02 SCHEDULED VISIT.03	Specialty Report Final	Report detailing the NWD's findings following the monitoring visit to UHMB in October 2012. This report explores the findings for core trainees and specialty trainees.	7 December 2012	NWD Intranet
7.UHMB.2012.02 SCHEDULED VISIT.04	Foundation Report final	Report detailing the NWD's findings following the monitoring visit to UHMB in October 2012. This report explores the findings for foundation trainees.	7 December 2012	NWD Intranet

7.UHMB.2012.02 SCHEDULED VISIT.05	GP Report Final	Report detailing the NWD's findings following the monitoring visit to UHMB in October 2012. This report explores the findings for GP trainees.	7 December 2012	NWD Intranet
7.UHMB.2012.02 SCHEDULED VISIT.06	Patient Safety Response UHMB 25102012	This is the patient safety issues action plan for UHMB following the monitoring visit in October 2012. It addresses concerns identified under domain 1, patient safety issues.	25 October 2012	NWD Intranet
7.UHMB.2012.02 SCHEDULED VISIT.07	Deanery response to first response	This letter from the Postgraduate Dean to the Trust acknowledges the Trust's patient safety response but also outlines the areas where the NWD felt the plan needed to be improved, in order to demonstrate real progress against the patient safety issues that were identified.	20 February 2013	NWD Intranet
7.UHMB.2012.02 SCHEDULED VISIT.08	Full response	This is the Trust's full response to the issues identified under domains 2-9 at the October 2012 monitoring visit.	7 June 2013	NWD Intranet
7.UHMB.2012.03	LEP Annual Report	This document is the LEP report for UHMB in 2012.	Unknown	NWD Intranet

7.UHMB.2012.04	GP Annual Report 2012 – South Cumbria	This document is the annual report for the GP programme in South Cumbria in 2012.	23 August 2012	NWD Intranet
7.UHMB.2012.05	GP Annual Report 2012 - Lancaster	This document is the annual report for the GP programme in Lancaster in 2012.	31 August 2012	NWD Intranet
7.UHMB.2012.06	FPD Annual Report	This document is the annual Foundation Programme  Director (FPD) report for Morecambe Bay Hospitals NHS trust 2011-12.	September 2012	QUALIFY
Section 8 – Good practice				
8.1	Question 8 Overview Of documentation	This document provides a summary of the evaluation and impact of the examples of good practice identified in the most recent NWD Report and Q8 of the contextual information.	July 2013	NWD Intranet

8.2	Analysis of the Annual Specialty Reports 2012 for Medicine Final	<p>This report explains how the quality of the Medical Annual Specialty reports for 2012 was assessed, how the findings for 2012 compared to 2011 and identifies best practice for schools in future years.</p> <p>Amended for further reports received 12th December 2012</p>	October 2012	NWD Intranet
8.3	Destination data analysis from GMC Revalidation Records Report	<p>This report explains how information was gathered on those trainees who were no longer on the NWD's list of doctors in GMC connect, and investigated possible reasons for their change of designated body. This report covers the period August to October 2012.</p>	13 December 2012	NWD Intranet
8.4	Destination data analysis from GMC Revalidation Records Report II	<p>This report continues the work of the Destination data analysis report above and covers the period November 2012 to January 2013 to establish reliability and comparability of results.</p>	20 March 2013	NWD Intranet

8.5	Audit of ARCP Panel A Proformas	<p>The purpose of this audit was to look at how much detail was being captured on Panel A notes proformas across all specialty schools (excluding GP) during 2012. The report makes a number of recommendations to improve the quality of the proformas that are completed in subsequent years and explains further scrutiny that was applied to Psychiatry and Anaesthetics to provide better reliability of results for those schools.</p>	<p>16 November 2012</p> <p>Further detail added 19 December 2012.</p>	NWD Intranet
8.6	Audit of the overturning of ARCP Panel A outcomes by Panel Bs in 2012	<p>This report explains that an audit was originally carried out in October 2011 in an attempt to provide the NWD with evidence on how often ARCP panel Bs were overturning the decisions of Panel As. It was felt that repeating the audit in 2012 would be a useful activity to see if this had changed following recommendations that were made in 2011. This report presents the findings of the 2012 Audit.</p>	<p>January 2013</p> <p>Version 2.</p>	NWD Intranet

8.7	GUM programme review final report	This is the NWD report on the Genitourinary Medicine specialty programme. The report presents the findings of the review and sets out the recommendations to the Specialty Training Committee (STC) following the review.	19 September 2012	NWD Intranet
8.8	AV Medicine final report	This is the NWD report on the Audiovestibular Medicine specialty programme. The report presents the findings of the review and sets out the recommendations to the STC following the review.	27 February 2013	NWD Intranet
8.9	TPD and HoS user guide part I	This user guide was created to support TPDs and Heads of School to access and produce Outlier Reports for Specialties across all Trusts using the public facing GMC Survey Reporting Tool.	June 2013	NWD Intranet
8.10	TPD and HoS user guide part II	This user guide was created to support TPDs and Heads of School to investigate the outliers via the public facing GMC survey reporting tool.	June 2013	NWD Intranet

8.11	User guide for DMEs and MEMs	This user guide was created to support DMEs and MEMs to produce outlier reports for trusts showing all specialties using the public facing GMC survey reporting tool.	June 2013	NWD Intranet
8.12	CMFT GMC trainee survey synopsis for trainers	This report was written by the Postgrad team at CMFT. They extracted additional data relating to the overall satisfaction outcome and have ranked specialties delivered at the Trust against other organisations in the survey.	July 2013	NWD Intranet
8.13	Pennine Acute BTBC Project	This document explains that a project being piloted in A&E at Royal Oldham Hospital has revealed the potential to save the Trust around £120k per year. The project has resulted in more WPBAs being completed as well as an increase in productivity and better patient flow.	2012	NWD Intranet

8.14	Pennine Care Appointment	This email explains that Pennine Care NHS Foundation Trust has employed a deputy DME. The Deputy DME will be responsible for trainee involvement in quality improvement, developing avenues for trainees to report patient safety concerns in light of the Francis report and to act as the lead on revalidation and critical incidents.	28 July 2013	NWD Intranet
8.15	Quality Group ToR (updated Feb 2011).	This document records the Terms of Reference for the NWD Quality Group. It outlines the roles and responsibilities, quorum, group membership, reporting arrangements and frequency of meetings of the group. It also states that the ToR should be reviewed annually.	February 2011	NWD Intranet
8.16	Quality Group ToR Revised draft June 2013 v1	This document is the current version of the ToR and is in the process of being reviewed and signed off.	June 2013 Version 1.	NWD Intranet

8.17	Cross membership of quality groups	This document provides a summary of the Cross NWD membership arrangements with Health Education Yorkshire and the Humber and cites examples of co-operative working to date.	July 2013	NWD Intranet
Section 9 – Heads of School reports for selected specialties - Foundation				
9.FOUNDATION.2 011.01	2011 UKFPO Annual Report final	This is the Foundation school contribution to the UKFPO Annual report for 2011.	9 September 2011	NWD Intranet
9.FOUNDATION.2 011.02	2011 UKFPO Annual report FINAL accompanying information	This is the additional information that supports the Foundation School's contribution to the UKFPO annual report for 2011.	9 September 2011	NWD Intranet
9.FOUNDATION.2 011.03	Annual report for Foundation Board 2011	This report is the North Western Foundation School's annual report for 2011.	22 November 2011	NWD Intranet
9.FOUNDATION.2 012.01	2012 UKFPO Annual Report Final	This is the Foundation school contribution to the UKFPO Annual report for 2012.	14 September 2012	NWD Intranet
9.FOUNDATION.2 012.02	Annual report for foundation Board 2012	This is the North Western Foundation School's annual report for 2012.	27 November 2012	NWD Intranet
Section 9 – Heads of School reports for selected specialties - GP				

9.GP.01	GP School Report 2010	This is the annual GP School report for 2010. The report covers issues arising under the 9 GMC domains.	17 September 2010	NWD Intranet
9.GP.02	GP School Report 2011	This is the annual GP School report for 2011. The report covers issues arising under the 9 GMC domains.	1 September 2011	NWD Intranet
9.GP.03	GP School Report 2012	This is the annual GP School report for 2012.	3 September 2012	NWD Intranet
Section 9 – Heads of School reports for selected specialties - Medicine				
9.MEDICINE.01	School of Medicine 2011	This is the School of Medicine Annual Specialty Report for 2010-11 and was compiled by the Head of the School of Medicine.	September 2011	NWD Intranet
9.MEDICINE.02	CMT appendix 2011	This is the Core Medical Training Annual Specialty report for 2010-11 and was compiled by the Training Programme Director.	30 July 2011	NWD Intranet

9.MEDICINE.03	School of Medicine 2012	This is the School of Medicine Annual Specialty Report for 2011-12 and was compiled by the Head of the School of Medicine.	September 2012	NWD Intranet
9.MEDICINE.04	CMT appendix 2012	This is the Core Medical Training Annual Specialty report for 2011-12 and was compiled by the Training Programme Director.	30 June 2012	NWD Intranet
Section 9 – Heads of School reports for selected specialties - Paediatrics				
9.PAEDIATRICALS.01	School of Paediatrics 2011	This is the Annual Report for the School of Paediatrics for 2011 and was compiled by the Head of School.	Unknown	NWD Intranet
9.PAEDIATRICALS.02	School of Paediatrics 2012	This is the Annual Report for the School of Paediatrics for 2012 and was compiled by the Head of School.	Unknown	NWD Intranet
Section 9 – Heads of School reports for selected specialties - Surgery				
09.SURGERY.01	School of Surgery Annual Exception report 2011	This is the Annual Exception report for the School of Surgery for 2010-11 and was compiled by the Head of School.	Unknown	NWD Intranet

09.SURGERY.02	CST Appendix 2011	This is the Core Surgical Training Appendix for 2010-11 and complements the School of Surgery Annual Exception report 2011.	October 2011	NWD Intranet
09.SURGERY.03	Neurosurgery Appendix 2011	This is the Neurosurgery Appendix for 2010-11 and complements the School of Surgery Annual Exception report 2011.	13 October 2011	NWD Intranet
09.SURGERY.04	ASR Core Surgical Training 2012	This is the Annual Speciality Report for core surgical training for 2012 and was compiled by the Training Programme Directors for the North and South sectors.	October 2012	NWD Intranet
09.SURGERY.05	ASR Neurosurgery 2012	This is the Annual Specialty Report for Neurosurgery in 2012 and was compiled by the Training Programme Director.	13 October 2012	NWD Intranet
Section 10 – Doctors in Difficulty policies				

10.1	HENW Doctors & Dentists in Difficulty April 2013 FINAL	This document is the NWD guidance on identifying and supporting doctors and dentists in difficulty. It provides information on what signs to look for as well as sample forms that can be used to record relevant information.	April 2013	NWD Intranet
10.2	HENW Guidance on pastoral support for trainee involved in SI	This document is the NWD guidance document for supporting trainees who may be involved in a serious Incident.	Unknown	NWD Intranet
10.3	DDRG Terms of Reference – June 2013	This document is the terms of reference for the NWD Doctors and Dentists Review Group (DDRG).	June 2013	NWD Intranet
10.4	DDRG – Sample agenda	This is a sample agenda to be used by the DDRG when conducting their bi-monthly meetings. A new version of this template is created for each meeting.	Publication date n/a - template	NWD Intranet

10.5	DDRG Medical summary – template	This template is used to capture information relating to trainees discussed at the NWD DDRG. A new version of this template is created for every trainee who is discussed.	Publication date n/a – template	NWD Intranet
10.6	CMFT Supervisor training presentation re DiD	This is a presentation delivered at CMFT to supervisors of trainees about how to spot Doctors in Difficulty. (Scan is illegible in some areas).	Unknown	NWD Intranet (from information supplied for NWD visit)
10.7	CMFT Trafford Foundation TiD meeting record	This is a document for staff at Trafford Hospital (CMFT) to use to record meetings held with trainees in difficulty.	N/A – This is a generic proforma to be completed as and when necessary.	NWD Intranet (from information supplied for NWD visit)
10.8	CMFT Trafford TiD Information	This document provides some useful reminders for supervisors working at Trafford (CMFT) about things they need to bear in mind when supporting trainees in difficulty.	Undated	NWD Intranet (from information supplied for NWD visit)

10.9	Lancs Teaching Doctors in Difficulty guidance	This document provides a step by step guide for supervisors working at Lancs Teaching who may become involved in supporting doctors in difficulty.	Undated	NWD Intranet (from information supplied for NWD visit)
10.10	Lancs Teaching DiD reporting process	This document shows a flow chart for staff working at Lancs Teaching about the steps they need to take to progress issues for doctors in difficulty through the appropriate channels.	Undated	NWD Intranet (from information supplied for NWD visit)
10.11	Lancs Teaching DiD reporting template	This is a log book for supervisors at Lancs Teaching to use to track progress made in supporting doctors in difficulty.	Undated	NWD Intranet (from information supplied for NWD visit)

10.12	Lancs Teaching Learner Support Policy version 2[1]	This document is for all staff at Lancs Teaching and outlines the Trust's commitment to providing support to learners. It includes a Learner Charter and provides guidance to learners and supervisors on how they can access help and support. It also outlines the process for dealing with learners in difficulty.	Authorised 19 April 2013  Due for review 19 April 2016	NWD Intranet (from information supplied for NWD visit)
10.13	Pennine Acute trainees in difficulty flowchart	This document is for staff at Pennine Acute and provides flow charts explaining the process for supporting doctors in difficulty.	Undated	NWD Intranet (from information supplied for NWD visit)
10.14	Pennine Acute Bullying and harassment policy	This document is for staff working at Pennine Acute and is the Trust's policy on Bullying and Harassment (Dignity at Work).	Date authorised 16 April 2009  Reviewed 30 September 2011  Version 5.4	NWD Intranet (from information supplied for NWD visit)

10.15	Pennine Acute Managing Stress at work	This document is for staff working at Pennine Acute and is the Trust's policy on managing stress at work.	Date authorised March 2010  Reviewed 17  January 2012  Version 3.1	NWD Intranet (from information supplied for NWD visit)
10.16	UHMB Managing Trainees in Difficulty Policy	This document is for staff working at UHMB and is the Trust's policy on Managing a trainee in difficulty.	Published April 2012  Version 1.	NWD Intranet (from information supplied for NWD visit)
10.17	UHMB Doctors in Difficulty flowchart	This document is for staff working at UHMB and provides a flowchart on how to support doctors in difficulty.	Undated	NWD Intranet (from information supplied for NWD visit)
Section 11 – Bullying & Harassment policies				

11.1	01 Lead Employer bullying harassment policy September 2013	This document is the Lead Employing organisation's Bullying and Harassment policy and sets out procedures for dealing with cases of bullying and harassment as well as guidance for managers and trainees.	Published 5 September 2011  Due for review 6 September 2013	NWD Intranet
11.2	CMFT Dignity at work policy	This document is the CMFT Dignity at work policy. It provides guidance to managers on the Trust's expectations of how bullying and harassment issues are managed.	Published July 2012  Review date July 2015  Version 3	NWD Intranet (from information supplied for NWD visit)
11.3	Lancs Teaching Harassment at work policy V5[1]	This document is the Lancs Teaching Preventing bullying and/or harassment at work policy and procedure. It sets out acceptable standards of behaviour and applies to all staff employed by the Trust. It also sets out the processes that will be followed if anyone wishes to make a formal or informal complaint of harassment or bullying against a member of Trust staff.	Authorised 25 January 2013  Review 25 January 2016  Version 5	NWD Intranet (from information supplied for NWD visit)

11.4	Lancs Teaching Learner Support Policy version 2[1]	This document is the Lancs Teaching Learner Support Policy. It outlines the Trust's commitment to providing support to all learners through a Learner Charter. It also explains the standard of conduct expected from learners in the organisation.	Authorised 19 April 2013  Review 19 April 2016  Version 2	NWD Intranet (from information supplied for NWD visit)
11.5	Pennine Acute Bullying and Harassment policy September 2013	This document is the Lead Employing Organisation and Pennine Acute Bullying and Harassment policy and sets out procedures for dealing with cases of bully and harassment as well as guidance for managers and trainees.	Published 5 September 2011  Due for review 6 September 2013	NWD Intranet

11.6	UHMB Dignity and Respect at work policy	This document is the UHMB dignity and respect at work policy. The policy provides a constructive way of dealing with workplace situations where there is a breakdown in relationships or where individuals do not feel they have been treated with dignity and respect. It also provides guidance on how to tackle such issues.	Published 3 March 2010  Due for review March 2013  Version 3	NWD Intranet (from information supplied for NWD visit)
Section 12 – Agreement with LEPs				
12.1	GMC LDA 2013	This document sets out the agreement between Health Education England and providers who take funding to provide education and training for students and trainees. The specific requirements relating to PGME are set out in schedule F of the document.	Standard template  – updated yearly	NW LETB Intranet
Additional document request				
NWD AD 1: DID	Doctors in Difficulty – Information for Trainees	Handbook for doctors in training on the doctors in difficulty process, requested additionally	October 2013	NWD

NWD AD 2.1 ELH	Postgraduate Education Monitoring Review Visit	Report of the Deanery visits to East Lancashire Hospitals GP programme April 2013	Not recorded	NWD
NWD AD 2.2 ELH	Covering letter: Postgraduate Education Monitoring Review Visit	Covering letter with the visit report for ELHT, November 2012 & April 2013.	July 2013	NWD
NWD AD 3.1 ROH	ROH Paediatrics action plan: May 2012	Royal Oldham Hospital action plan in response to survey of paediatrics trainees	May 2012	NWD
NWD AD 3.3 ROH	ROH Paediatrics action plan: update August 2012	Update to: Royal Oldham Hospital action plan in response to survey of paediatrics trainees	Aug 2012	NWD
<b>Mersey documents</b>				
Doc 001	HENW Organisational Structure	DR1 - Organisational Structure Diagrams for HENW (including the diagram for Mersey Deanery).	Amended August 2013	Network drive
Doc 002	HENW Constitution	DR2 - HENW Constitution	27/03/2013	Network drive
Doc 003	HE NW 5 year Workforce Skills and Development Strategy	DR3 - 5 year workforce skills and development strategy that has been developed for the NHS North West workforce.	V.8 31/05/2013	Network drive <a href="http://nw.hes.nhs.uk/files/2013/05/Workforce-Skills-and-Development-Strategy-v8-formatted.pdf">http://nw.hes.nhs.uk/files/2013/05/Workforce-Skills-and-Development-Strategy-v8-formatted.pdf</a>

Doc 004	Quality Management Framework	<p>DR4 - A document setting out Mersey Deanery's approach to quality management.</p> <p>Appendices:</p> <ol style="list-style-type: none"> <li>1. Quality Management Committee Terms of Reference</li> <li>2. Patient Safety Group Terms of Reference</li> <li>3. Annual Assessment Visit Questionnaire – Trusts</li> <li>4. Annual Assessment Pre-Visit Questionnaire – Trainees</li> <li>5. Annual Assessment Visit Report Template</li> <li>6. Triggered Visits Procedure</li> <li>7. Annual Assessment Visit Template</li> <li>8. Annual Assessment Visit Cycle 2013</li> <li>9. LEP Action Plan Template</li> </ol>	Attached version to be ratified at Quality Management Committee September 2013. Replaces original version 2011.	Network drive Website
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Doc 005	Annual Assessment Visit Quality Standard	DR4 - A quality standard setting out the best practice for arranging and managing an annual assessment visit to an LEP.	V4. June 2013	Network drive
Doc 006	HENW Risk Register	DR5 - HENW Risk Register	13/05/2013	Network drive
Doc 007	Mersey Deanery Risk Assurance Framework	DR5 - Mersey Deanery Risk Assurance Framework 2013-2014	Amended August 2013	Network drive
Doc 008	NHSNW Equality and Diversity Scheme and Action Plan	DR6 - NHSNW Equality and Diversity Scheme and Action Plan	April 2009	Network drive
Doc 009	HEE Equality and Diversity Policy	DR6 - Health Education England's Equality and Diversity Policy	V1.3 February 2013	Network drive
Doc 010	AAV Report for Aintree	DR7 - Most recent AAV report for Aintree University Hospitals NHS Foundation Trust	November 2012	Network drive
Doc 011	Action Plan for Aintree	DR7 - Most recent version of Aintree University Hospitals NHS Foundation Trust's Action Plan	November 2012	Network drive
Doc 012	AAV Report for The Walton Centre	DR7 - Most recent AAV report for The Walton Centre NHS Foundation Trust	May 2013	Network drive

Doc 013	Action Plan for The Walton Centre	DR7 - Most recent version of The Walton Centre NHS Foundation Trust's Action Plan	May 2013	Network drive
Doc 014	Good practice information	DR8 - Web induction, identified in the October 2012 Dean's Report.	February 2011	Network drive
Doc 015	Good practice information	DR8 - Alder Hey Children's NHS Foundation Trust	June 2012	Network drive
Doc 016	Good practice information	DR8 - Warrington and Halton NHS Foundation Trust	2012	Network drive
Doc 017	Good practice information	DR8 - East Cheshire NHS Trust	2013	Network drive
Doc 018	School Report for General Practice	DR9 - Most recent School Report for General Practice	2012	Network drive
Doc 019	School Report for Medicine	DR9 - Most recent School Report for Medicine	2012	Network drive
Doc 020	School Report for Foundation	DR9 - Most recent School Report for Foundation	2012	Network drive
Doc 021	School Report for Surgery	DR9 - Most recent School Report for Surgery	2012	Network drive
Doc 022	Doctors in difficulty framework	DR10 – Mersey Deanery Doctors in Difficulty Framework	January 2012	Network drive <a href="#">Website</a>
Doc 023	Bullying and Harassment Policy	DR11 - Aintree University Hospitals NHS Foundation Trust	March 2010	Network drive Trust Intranet

Doc 024	Bullying and Harassment Policy	DR11 - Countess of Chester Hospital NHS Foundation Trust		Network drive Trust Intranet
Doc 025	Respect and Dignity at Work Policy	DR11 - St Helens and Knowsley Teaching Hospitals NHS Foundation Trust	June 2013	Network drive Trust Intranet
Doc 026	Dignity at Work Policy	DR11 - Warrington and Halton Hospitals NHS Foundation Trust	November 2012	Network drive Trust intranet
Doc 027	Agreements and Memoranda of understanding with LEPs	DR12 – Template Learning and Development Agreement (LDA)	2013	Network drive
Mersey deanery additional documents				
Doc 028	DIDs case Studies	D1 – Report detailing case studies of GP doctors in difficulty at Mersey Deanery	August 2013	Network drive
Doc 029	DIDs meeting notes 27/09/2013	D1 – Notes from the most recent monthly DIDs meeting	27/09/2013	Network drive (password protected folder)
Doc 030	DIDs numbers breakdown	D1 – Breakdown of number of DIDs as at 27/09/2013	27/09/2013	Network drive
Doc 031	Draft DIDs Framework	D1 – A draft version of the updated DIDs framework for Mersey Deanery	18/10/2013	Network drive
Doc 032	School of Medicine Annual School report 2011	D2 - School of Medicine Annual School report 2011	2011	Network drive

Doc 033	School of Medicine Annual School report 2012	D2 - School of Medicine Annual School report 2012	2012	Network drive
Doc 034	School of Surgery Annual School report 2012	D2 - School of Surgery Annual School report 2012	2012	Network drive
Doc 035	Mersey Deanery Quality Management Framework	D2 – Quality management framework for Mersey Deanery. See section 7 for information on programme review at Mersey Deanery	18/10/2013	Network drive
Doc 036	School of Psychiatry Quality Management Report	D2 – Report on Quality Management by the School of Psychiatry	30/07/2013	Network drive
Doc 037	Document explaining the curriculum mapping for the School of Radiology	D3 – Document showing some curriculum mapping work undertaken by the School of Radiology.	October 2013	Network Drive
Doc 038	Document showing breakdown of trainers at level 1 accreditation by Trust	D3 - Document showing breakdown of trainers at level 1 accreditation by Trust from the Trainer Database.	October 2013	Network drive
Doc 039	Surgery School Board Minutes 23/05/2012	D6 – Minutes from the School of Surgery Board Meeting on the 23/05/2012	23/05/2012	Network drive
Doc 040	Surgery School Board Minutes 01/11/2012	D6 – Minutes from the School of Surgery Board Meeting on the 01/11/2012	01/11/2012	Network drive

Doc 041	Surgery School Board Minutes 23/05/2013	D6 – Minutes from the School of Surgery Board Meeting on the 23/05/2013.	23/05/2013	Network drive
Doc 042	National Transfer of Information process and guidance 2012/13	D9 – Document setting out the national process for the transfer of information from undergraduate to foundation school (including forms).	2012	Network drive Website
Doc 043	Overview of local process for transfer of information	D9 - Document outlining the local process with a case study	18/10/2013	Network drive

## Appendix 3: Abbreviations

ARCP	Annual Review of Competence Progression
CT1	Core training year 1
CT2	Core training year 2
CMT	Core Medical Training
CST	Core Surgical Training
CQC	Care Quality Commission
CRB	Criminal Records Bureau (now DBS)
DBS	Disclosure and Barring Service
DR	Dean's Report
E&D	equality and diversity
F1	foundation year 1
GMC	General Medical Council
GP	general practice/practitioner
GPST	General Practice Speciality Trainee
HEE	Health Education England
HENW	Health Education North West
IPL	inter-professional learning
IT	Information technology
LEP	local education provider
PMETB	Postgraduate Medical Education and Training Board
LETB	Local Education and Training Board
NHS	National Health Service
NSS	National Student Survey
OSCE	objective structured clinical examination*
PFI	private finance initiative
PMQ	primary medical qualification

QAA	Quality Assurance Agency
QAFP	Quality Assurance of Foundation programme
QIF	<i>Quality Improvement Framework</i>
QM	Quality management
SHA	strategic health authority
SHO	senior house officer
SIFT	service increment for teaching
SLA	service level agreement
SPA	supporting professional activities
UKFPO	UK Foundation Programme Office

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

## Appendix 4: Glossary

Mersey	The geographical area covered by the former Mersey Deanery. This includes the Cheshire and Merseyside areas.
North Western	The geographical area covered by the former North Western Deanery, including Greater Manchester, Cumbria and Lancashire.
OSCE	A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results.
LETB	A local education and training board (LETB) is a board of healthcare providers and partner organisations whose purpose is to develop the current and future healthcare workforce and is responsible for the management of postgraduate medical training within a particular geographical area.
PMETB	Postgraduate Medical Education and Training Board was the non-governmental body responsible for the quality assurance of postgraduate medical training until it merged with the GMC in 2010
QAFP	A joint programme between the GMC and PMETB to quality assure the delivery of the Foundation Programme at a specific Deanery. Following the merger of the GMC and PMETB and move to regional review visits, this model is no longer used.