

## Review of London Deanery

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 Deanery

<b>Geographical area</b>	London
<b>Number of trainees</b>	Figures from 2012 NTS census data: Foundation Programme: 1,950 Core: 1,718 Specialty: 8,197
<b>NHS organisations</b>	<p><b>Primary Care</b></p> <p>In December 2012 training in Primary Care specialties was delivered in the following number, and type, of health services:</p> <ul style="list-style-type: none"> <li>• 371 GP Training Practices</li> <li>• 8 Hospices</li> <li>• 34 Primary Care Trusts (all 31 in London and three outside of London)</li> </ul>

	<p><b>Secondary Care</b></p> <p>In December 2012 training in Secondary Care specialties was delivered in the following number, and type, of health services:</p> <ul style="list-style-type: none"> <li>• 11 Private Sector Organisations</li> <li>• 7 Hospices</li> <li>• 4 Charities</li> <li>• 20 Primary Care Trusts</li> <li>• 10 Mental Health Trusts</li> <li>• 5 Acute Specialist Trusts</li> <li>• 8 Acute Teaching Trusts</li> <li>• 3 Small Acute Trusts</li> <li>• 6 Medium Acute Trusts</li> <li>• 5 Large Acute Trusts</li> </ul>
<p><b>Local medical schools</b></p>	<p>King's College London School of Medicine</p> <p>University College London Medical School</p> <p>Barts and the London School of Medicine and Dentistry, part of Queen Mary University of London</p> <p>Imperial College London Faculty of Medicine</p> <p>St George's, University of London</p>
<p><b>Last GMC visit</b></p>	<p>Postgraduate Medical Education and Training Board (PMETB) Visit to Deanery: 2009</p> <p>GMC and PMETB quality assurance of Foundation programme: 2008</p>
<p><b>Outstanding actions from last visit</b></p>	<p>None</p>

## About the visit

<b>Visit dates</b>	15 October - 2 November visits to local hospitals and 13–14 December 2012 interviews with Deanery and LETB teams
<b>Sites visited</b>	<p>London Deanery: 13-14 December 2012</p> <p>Barnet and Chase Farm Hospitals NHS Trust - Chase Farm Hospital: 25 October 2012</p> <p>Barts Health NHS Trust - The Royal London Hospital: 22 October 2012</p> <p>Barts Health NHS Trust - Whipps Cross Hospital: 23 October 2012</p> <p>Croydon Health Services NHS Trust - Croydon University Hospital: 16 October 2012</p> <p>Imperial College Healthcare NHS Trust – Charing Cross Hospital: 1 November 2012</p> <p>King's College Hospital NHS Foundation Trust - King's College Hospital: 17 October 2012</p> <p>North West London Hospitals NHS Trust - Northwick Park Hospital: 2 November 2012</p> <p>Royal Free London NHS Foundation Trust - Royal Free Hospital: 24 October 2012</p> <p>South London Healthcare NHS Trust - Queen Elizabeth Hospital: 18 October 2012</p> <p>St George's Healthcare NHS Trust - St George's Hospital: 15 October 2012</p>
<b>Programmes reviewed</b>	<p>Foundation</p> <p>Core and general surgery</p> <p>Anaesthetics</p> <p>Obstetrics and gynaecology (O&amp;G)</p>
<b>Areas of exploration</b>	<p>Quality management and control; preparedness for practice; transfer of information; curriculum delivery and assessment; recruitment and selection; doctors in difficulty procedures; equality and diversity; trainee support; resources and facilities.</p>

<p><b>Were any patient safety concerns identified during the visit?</b></p>	<p>No</p> <p>Patient safety concerns were identified at three LEP visits earlier in this process. The concern at Northwick Park has been referred to the GMC Response to Concern team: concerns at both Charing Cross and Royal London are being monitored by the London Deanery. See relevant LEP reports and requirement 1.</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 The GMC's Quality Improvement Framework entrusts postgraduate deaneries with responsibility for the educational governance of all approved foundation and specialty training. In England, this responsibility will be transferred to Local Education and Training Boards (LETBs) from April 2013.
- 2 The London Deanery was visited in December 2012 as part of the GMC's regional review of medical education and training in London. The visit team met with representatives from the Deanery, the four London foundation schools<sup>1</sup> and NHS London. The team also met with the three LETBs that will take over deanery responsibilities in 2013. The visit team used evidence provided by the Deanery at the start of the regional review along with additional evidence gathered during visits to ten local education providers (LEPs) across London by the five London visit teams. These LEP visits were carried out in October 2012.
- 3 The London Deanery is the largest deanery in the UK and is responsible for training approximately 20 per cent of all medical trainees, with 11,800 trainees across foundation, core and higher specialty

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<sup>1</sup> South Thames Foundation School is managed by Kent Surrey and Sussex Deanery

programmes. The Deanery also offers significant support for doctors in established practice, as well as supporting an extensive network of education and training providers.

- 4 The delivery of medical education and training in London is undergoing significant changes. At the foremost of these changes is the transition of many deanery functions to LETBs. There is also a general instability as a result of on-going service reconfiguration across London, the downsizing of district general hospital capacity and potential reductions in staff numbers across the Deanery's partner hospitals.
- 5 Despite these challenges, we found that the London Deanery is largely managing the quality of medical education and training to GMC standards, using evidence to make difficult decisions when required. Trainees spoke positively of the variety of learning opportunities available to them and of the Deanery's supportive and collegiate approach. We acknowledge the Deanery's extensive quality management processes and its close working relationships with partner LEAs as a result of effective engagement by the team of Trust Liaison Deans. The Deanery also has good learning and support resources, particularly its Professional Support Unit.
- 6 We had some concerns in specific areas, particularly regarding the consistency and fairness of Annual Review of Competence Progression (ARCPs) across specialties and the role and accountability of the Heads of School, who operate with a significant degree of autonomy.
- 7 We are also concerned by the challenges and uncertainties of the transition to LETBs; in particular how the deanery functions will be spread across three different organisations. We recognise that the Deanery and LETBs are aware of these issues and have made efforts to address them. This will however require extensive monitoring and risk management to ensure training quality and patient safety is maintained

## **Note regarding the requirements and recommendations set in this report**

- 8 The requirements and recommendations we have set out in this report are for the London Deanery. However, from April 2013 responsibility for medical education and training will transfer to the three London LETBs. Therefore, responsibility for taking action in response to the requirements and recommendations set in this report will also be transferred to the three London LETBs.

## Requirements

- 9 We identified requirements where we have found that GMC 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, the GMC can begin to withdraw approval.

Number	Paragraph in <i>The Trainee Doctor</i>	Requirements for the Deanery
1	TTD 2.2	The Deanery must monitor and support the LEPs to address the patient safety concerns identified at the visits to: <ul style="list-style-type: none"> <li>▪ Northwick Park</li> <li>▪ Charing Cross</li> <li>▪ The Royal London</li> </ul>
2	TTD 2.2	The Deanery must monitor and support the LEPs to meet the requirements set out in the LEP reports for the following sites: <ul style="list-style-type: none"> <li>▪ Northwick Park</li> <li>▪ St Georges Hospital</li> <li>▪ Croydon University Hospital</li> <li>▪ The Royal London</li> </ul>
3	TTD 2.2, 7.1, 7.3	The Deanery must closely monitor all aspects of training delivery during the transition to LETBs, and maintain its approach to shared services to ensure continuity and appropriate transfer of all responsibilities, accountabilities, processes and resources.
4	TTD 5.7	The Deanery must ensure that ARCPs are delivered consistently and fairly, both within and across schools.

**Requirement 1: The Deanery must monitor and support the LEPs to address the patient safety concerns identified at the LEP visits:**

- 10 As part of the regional visit process the five London visit teams visited ten local education providers (LEPs). Patient safety concerns were identified in three of the LEPs visited.
- 11 At Northwick Park hospital we found that there was a general imbalance between the demands of the service and the resources available to meet these demands in general surgery. As a result foundation doctors in general surgery did not receive adequate and timely supervision, tasks handed over to the night team were not always completed and foundation doctors in general surgery were routinely asked to make decisions which were beyond their competence. This concern has been referred to the GMC response to concerns process and we will be working with the deanery to monitor improvements.
- 12 At Charing Cross hospital we heard that an operating theatre was occasionally used to ventilate patients when there were no critical care beds available. We heard that appropriate nursing support was not always provided in these cases. We also heard examples of trainees being asked to transfer complex patients to distant sites within the hospital, such as the radiology department, without adequate handovers from intensive care staff. The Trust is monitoring this issue through its own quality management processes.
- 13 At the Royal London hospital we found examples where patient safety had been jeopardised, including Foundation Year 1 (F1) doctors being left isolated on wards and unable to access senior support. The Trust is monitoring this issue through its own quality management processes.
- 14 The Deanery must monitor and support each of the concerns highlighted above, whether it is through their own quality management system or the GMC response to concern process. Further information on each concern can be found in the visit report for each LEP.

**Requirement 2: The Deanery must monitor and support the LEPs to meet the requirements set out in the LEP reports for the following sites**

- 15 Four LEPs also had requirements set as a result of the visit by the regional visit team. These LEPs are Northwick Park, St Georges University, the Royal London and Croydon University hospitals. Further information on these requirements can be found in the visit report for

each LEP.

- 16 The Deanery must monitor and support each of the requirements through their own quality management systems.

**Requirement 3: The Deanery must identify and monitor risks to the quality of training and maintain shared services during the transition to LETBs**

- 17 GMC standards state that the Deanery must have effective processes for local quality management, and defined plans to ensure that standards for training programmes are maintained. We heard from both trainees and Deanery staff that there were concerns about the ability to maintain these processes during the transition to LETBs, and that this could present a significant risk to the quality of postgraduate medical training in London.
- 18 The main areas of concern are how the Deanery's functions will be divided or shared across three LETBs in such a way that overlap and duplication is limited and continuity and standards of quality and patient safety are maintained.
- 19 We heard from LEP and foundation school representatives, both at the Deanery visit and at earlier visits to LEPs, that they valued the support they received from the Deanery, particularly around quality management and data collection. Successes in responding to training challenges in the South London Healthcare Trust was provided as an example of the effectiveness of current approaches to joint working between the Deanery and its partners. We also heard uncertainty over how this will be maintained during the transition phase from those we spoke to.
- 20 Representatives of the LETBs told us that they plan to adopt a shared services model during the transition period, with core functions such as quality management and commissioning delivered by a central unit that operates across all three LETBs. This arrangement will be reviewed in 2013-14. We understand that the governance of these shared services will be the responsibility of the managing director and chairs from each of the three LETBs, with the three postgraduate deans acting as clinical advisors. However these arrangements are yet to be finalised. A joint planning group is to be convened with representation by medical directors and chairs from each of the LETBs, as well as current Strategic Health Authority and Deanery experts. The LETB representatives we spoke with acknowledged the potential risks during transition but unanimously confirmed their commitment to working on a cross-London

basis. They suggested that the system of HOS, postgraduate deans and TPDs working across London will support the retention of institutional memory.

- 21 We support the shared services model as a way of retaining organisational knowledge and stable quality management through the transition period. Retaining a shared quality management team will also ensure there continues to be a single point of contact, as well as single points for quality management and patient safety issues which will ensure clear decision making channels during the transition.
- 22 Throughout the visit it was clear that Deanery staff were committed to securing high quality training for trainees and that, in general, systems were working effectively despite the significant organisational uncertainty. Although we visited the London Deanery during a period of major change, it is clear that there is genuine commitment by the Deanery to protect trainees from the potential adverse impact of these changes, and this is to be commended. Nonetheless, we remain concerned about the transition to LETBs in London. Although these changes are being introduced across England, London is the only example of the Deanery function being split into more than one LETB.
- 23 The Deanery must monitor and manage all risks to the quality of training as the transfer to LETB status develops. We strongly recommend that the Deanery promote the value and importance of shared services to LETB officers and where possible embeds a commitment to share services into service transition agreements. We recommend that the LETBs report to the GMC in October 2013 on the implementation of the shared services model.

#### **Requirement 4: The Deanery must deliver ARCPs consistently and fairly for all trainees**

- 24 GMC standards require that assessments are appropriately sequenced and delivered as set out in the approved curriculum and assessment system. We spoke to trainees from a range of specialties during our visits to LEPs and found inconsistencies in the trainee experience of the Annual Review of Competence Progression (ARCP) process, both across and within programmes. We also heard from trainee representatives at the Deanery visit that while ARCP processes have improved, with clear guidance provided to trainees in advance, some trainee reps felt that the appeals process might be unclear for those who may wish to challenge the ARCP panel's decision.

- 25 There are greater instances of unsatisfactory ARCP outcomes in core surgery and obstetrics and gynaecology (O&G) than in the other programmes we reviewed in London. Trainees in both these specialties have two ARCPs per year: an interim assessment in July followed by a final assessment in August or October. The Heads of School suggested that the higher levels of unsatisfactory outcomes could be caused by the July ARCP ratings being logged as final rather than interim outcomes. Interim ARCPs are not used for trainees in anaesthetics.
- 26 The Heads of School explained that the interim ARCP is used as a formative assessment tool and that Training Programme Directors use the interim information to track trainee progress and inform training needs. The information is also used to share predicted final outcomes with trusts in July, ready for trainee transfer in October.
- 27 We heard from the Head of School for Surgery that outcome two is more frequently awarded because the school uses ARCPs as a means of driving quality and trainee improvement. The senior management team (SMT) also acknowledged that the Deanery's bar for ARCP outcomes has been set higher to stretch trainees beyond expected standards, and that Heads of School are actively encouraged to put in place additional requirements to improve trainee competence.
- 28 We heard from core surgery trainees that they are required by the School of Surgery to undertake 80 workplace-based assessments (WPBAs) per year, a higher number than is required by other deaneries for the same programme. Trainees felt that this high workload could put them at a disadvantage compared to trainees in other deaneries. We heard from the SMT that this is the first year that trainees have been required to undertake this number of WPBAs and although they are not aware of any negative impact on satisfactory outcomes they plan to carry out an evaluation to make certain that there aren't any unintended negative effects on the quality of assessments.
- 29 We heard that the Deanery has 300 ARCP panel members, all of whom must have completed an e-learning training programme before sitting on a panel. ARCP panellists are not appraised; rather the Deanery relies on feedback from the Colleges on their performance. Externality in the process is through representation from the Royal Colleges and lay representatives, who help quality control the ARCP process. However we heard from the Heads of School that the quality of lay input varied (see recommendation 2) and that it was not always possible to have College representation at all ARCPs due to the number of panels that take place.

- 30 The Deanery SMT explained that the Performance Advisory Group, which meets four times per year and reports outcomes to the Deanery board, monitors ARCP outcomes. There is particular focus on outcomes for doctors in difficulty and those with outcomes two, three or five.
- 31 The Deanery must ensure that ARCPs are delivered consistently and fairly, both within and across Schools, by adhering to national guidelines, with clearly defined processes and appropriate sequencing throughout the training year, and where there are additional measures in place (e.g. interim ARCPs or additional number of WPBAs) then this does not place trainees at a disadvantage to trainees following the same training programmes in other deaneries.

## Recommendations

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

Number	Paragraph in <i>The Trainee Doctor</i>	Recommendations for the Deanery
1	TTD 2.2	The Deanery should continue to monitor and support the LEPs to implement the recommendations set out in the reports for each of the ten LEPs visited.
2	TTD 2.3 Standards for Deaneries: 4.1, 4.2, 4.4, 5.2	The Deanery should standardise the appointment, training and appraisal of external lay representatives to ensure all lay representatives are treated equally.
3	TTD 2.2, 7.1, 7.3	The Deanery should clarify the lines of accountability, responsibilities and role descriptions for its Heads of School.

**Recommendation 1: The Deanery should continue to monitor and support the LEPs to implement the recommendations set out in the reports for each of the ten LEPs visited.**

- 32 In addition to the requirements set for LEPs (see requirement 1 and 2) there were also a number of recommendations in each LEP report. Further information on these recommendations can be found in each LEP

report.

- 33 The Deanery should continue to monitor and support each of the recommendations, where appropriate, through their own quality management systems.

**Recommendation 2: Standardise the appointment, training and appraisal of external advisers**

- 34 GMC standards state that deaneries must have a system for the use of external advisers, both medical and lay. We found that the London Deanery's internal systems for the use of lay representatives were effective, but different, especially in the areas of recruitment and training.
- 35 We heard from the SMT that there are two groups of lay representatives; the first group consist of five Lay Chairs that sit on the London Specialty Schools Boards. The second group, an additional 30 Lay Representatives, sit on panels for ARCPs, revalidation and recruitment (the Deanery manages national recruitment for 11 specialties), attend quality visits, and provide *ad hoc* support to investigations, which they are sometimes asked to lead and informally evaluate. The five Lay Chairs are also involved in these additional functions.
- 36 We found differences in the way lay representatives are appointed, trained and performance managed by the Deanery. There is no generic job description for lay representatives. Lay Chairs are contracted and receive an annual salary while Lay Representatives work on a day rate basis. Lay Chairs told us that they received effective induction and training for their role whereas those in other roles did not receive induction, but did receive training related to their role. We heard that there was no appraisal of the lay role, aside from informal feedback, but the introduction of formal appraisal is being considered by the SMT. We also heard that while the Lay Chairs had good peer support, those in other roles sometimes felt isolated.
- 37 We heard that the five Lay Chairs have had their contracts extended until April 2014 to ensure continuity during the transition to LETBs, and that the other Lay Representatives, who work on a day rate basis, will continue to be offered work as required. However, we found uncertainty amongst the SMT, workforce planning staff and the Lay Representatives over their roles under the new LETB arrangements.
- 38 We recommend that the Deanery standardise the appointment, training

and appraisal of all lay representatives to maintain continuity of external input and governance during the transition period.

### **Recommendation 3: The Deanery should improve performance management and clarify responsibilities and lines of accountability of Heads of School**

- 39 GMC standards state that there must be a management plan with a schedule of responsibilities, accountabilities and defined processes to ensure the maintenance of standards in training programmes. During the visit we found that the accountability and performance management processes for the Deanery's Heads of School (HOS) were inconsistent and should be strengthened
- 40 The Postgraduate Dean and College appoint each HOS jointly for each specialty, but they are accountable to and appraised by the Deans. Postgraduate deans meet with HOS on a monthly basis to discuss key issues. The SMT recognised that HOS have a significant degree of operational and decision-making autonomy. However, this autonomy should be exercised within a structured system. We saw examples where this was not the case, such as the variability in the quality of HOS reports and the need for greater reporting consistency across the different schools.
- 41 The SMT acknowledged that the HOS role responsibilities and reporting structures could be more defined and robust. They explained that the role of HOS will shift to become more strategic and advisory under the LETB structure, although similar reporting arrangements will continue. However, HOS were unclear about how they will report to postgraduate deans across three different LETBs.
- 42 As part of the planned changes to the HOS role under the LETB structures, the Deanery should improve performance management and clarify responsibilities and lines of accountability of HOS to improve quality management.

### **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 Deanery
1	TD 2.2	The areas of good practice highlighted in each LEP report.
2	TTD 3.3, 3.4, 6.9, 6.15, 6.19, 6.20, 6.21 Standards for Deaneries: 2.2	The work of the Professional Support Unit (PSU) and the Deanery's efforts to share the positive impact of the PSU with other UK bodies. The support provided for doctors in difficulty is exceptional.
3	TTD 2.2, 6.33, 6.35, Standards for Deaneries: 5.1, 5.2, 5.3	The work of the Trust Liaison Deans (TLD) in fostering positive relations with the Deanery's educational providers, and the joint working evident across the team of TLDs to disseminate good practice across the region.
4	TTD 2.2, 2.3, 5.20, 6.5, 6.7, 6.36 Standards for Deaneries: 5.2	The extensive implementation of portfolio based accreditation of staff with education responsibilities
5	TTD 8.1, 8.3	The maximising of training opportunities in emergency medicine training posts
6	TTD 5.1	The moves towards the matching of training with patient care pathways.

**Good practice 1: Areas of good practice identifies in each LEP report.**

43 As well as detailing requirements and recommendations, each LEP report highlights good practice identified at each site visited as part of the regional review. The Deanery should consider whether the practices highlighted could be shared elsewhere, both within the Deanery and externally.

## Good practice 2: The Professional Support Unit

- 44 The London Deanery demonstrated good practice in its approach to supporting trainees, particularly the high quality support provided by the Professional Support Unit (PSU) and the 'Trainee in Difficulty Management Framework'.
- 45 The PSU was established in April 2012 to provide coordinated support across a range of areas (career support, coaching and mentoring, and language and communication skills training) by bringing together units of recognised good practice from across the Deanery. The PSU operates on a self-referral basis. Its initial target of supporting 1,000 doctors and dentists in its first year was met within nine months due to considerable trainee demand.
- 46 The work of the PSU also extends to working with different schools to address trainee attrition and failure rates. The Deanery's *MedNet* service provides a confidential psychiatric support service for trainee doctors. There are also extensive return-to-practice schemes, for example, for doctors returning from long-term sick leave. Dedicated support for international medical graduates and refugee doctors is also provided. The PSU conducts learning needs assessments and occupational health assessments to identify the needs of each doctor.
- 47 The SMT confirmed that a recent review by HOS provided insight into the causes of doctors becoming doctors in difficulty, and the PSU responded with provision of new e-training resources for trainees on professionalism, personal effectiveness and self-awareness and reflection. The Deanery's trainee support website presence has also been redeveloped, with new advice pages included on the Deanery's *Synapse* network.
- 48 A network of facilitators was recently established by the PSU to encourage trainees to seek support from coaches and mentors. This network has been supported with a series of training modules relevant to supporting doctors, including occupational health, stress in the workplace, legal aspects of support and communication skills. A network of communications champions has also been established across each of the Deanery's LEPs to alert the PSU to doctors who may need additional language and communications skills support.
- 49 Trainee representatives reported that the central provision of trainee support services works well and ensures equitable access to services such as careers advice and doctors in difficulty support. They were not

confident that the LETBs would be able to replicate these Deanery services in an effective way. However, pan-London LETB representatives recognised the importance of sustaining trainee support mechanisms during the transition to LETBs.

### **Good practice 3: The Trust Liaison Dean**

- 50 Foundation school directors reported that the support provided by Trust Liaison Deans (TLDs) is invaluable, particularly the sharing of quality data and maintaining relationships with different trusts. Workforce planning staff highlighted the proactive approach taken by the TLD team to make improvements in South London Healthcare Trust, noting a pilot project to prevent post reductions at Queen Mary's Hospital from impacting on training. The project spanned 18 months and TLDs implemented a number of innovations to ensure rotas were compliant with working time regulations and that there were adequate alternative training opportunities.
- 51 The TLDs are tasked with supporting, developing and monitoring educational governance across the Deanery's partner LEPs. The TLDs provide a single point of contact for senior trust staff, disseminate good practice across the region and deliver a comprehensive regime of quality inspection visits. TLDs identify recommendations and good practice in visit reports, agree and review action plans arising from visits to monitor quality improvement.
- 52 TLDs are central to the Deanery's quality management function across sites and specialties and across London in terms of consistency of approach and standards/expectations. The allocation of a single TLD per sector ensures an in-depth knowledge of local issues and well-established relationships in each area. These relationships allow for open dialogue between the Deanery and individual trusts and ensure the identification of risks to training quality and capacity.
- 53 We were impressed by the innovative and proactive work of the Deanery's team of TLDs. LETBs may wish to consider how this role could be carried over to the new structures

### **Good practice 4: The extensive implementation of portfolio based accreditation of staff with education responsibilities**

- 54 The Deanery's comprehensive rollout of portfolio-based accreditation of staff with education responsibilities is to be commended. Quality

management staff confirmed that approximately 7,000 education supervisors are reported on annually by LEPs - against a Professional Development Framework for supervisors - through an annual 'trainer census'. Trainers are then automatically registered for an online 360-degree feedback tool developed by the Deanery, through which trainers receive feedback from their trainees.

- 55 The Deanery has also collaborated with a provider of an appraisal e-Portfolio to embed the Professional Development Framework within it. Several trusts are now using this tool which will be used as a key appraisal tool in the revalidation of those doctors who are registered to use it. All are required to complete mandatory equality and diversity training before access to the system is granted.

### **Good practice 5: The Maximising of Training Opportunities in emergency medicine training posts**

- 56 The Deanery's use of evidence and transparent approach to ensuring training posts within Emergency Medicine were placed where training opportunities occurred was identified as good practice and LETBs may wish to consider taking forward this model pan-London across different specialties.
- 57 We heard from quality management staff that the location of posts has been based on historical arrangements. The Deanery recently instigated a project to review the ability of LEPs to deliver high quality Emergency Medicine Training, which has led to a redistribution of training posts in Emergency Medicine where trainee allocations reflect the reconfiguration of services and the current capacity and requirements of the programme. Quality management staff and HOS utilised data including patient attendance, trainee numbers and NTS outcomes to identify locations that may benefit from a redistribution of posts based on agreed criteria of quality metrics.
- 58 The SMT recognised that the redistribution of training posts ensures transparency and fairness, with allocations based on quality and capacity and that it plans to extend it to other schools. However, they acknowledged that it is complicated and difficult to manage politically. Pan-London LETB representatives confirmed a desire to continue this approach.

### **Good practice 6: Matching training to patient care pathways**

- 59 The Deanery's innovative approach to matching training to patient care pathways in response to service reconfiguration in London is to be commended.
- 60 The SMT explained plans to improve alignment of community training across sites and specialties to provide more effective training environments. There was a clear desire to ensure that all foundation trainees are exposed to community or primary care placements. The SMT suggested that capacity for this model is available but that lead providers are best placed to identify where trainees should be placed. However there was recognition of the need to federate different providers within an overarching governance system to ensure accountability. We also heard of the Deanery's plans for the development of ambulatory care as a teaching/learning environment, and would be interested in monitoring the progress of this.
- 61 The SMT confirmed that a Primary Care Forum is being established to facilitate dialogue between different community care providers, such as social care, general practice and psychiatry. Pan-London LETB representatives confirmed that LETBs will further develop these forums to ensure community-based training is managed coherently across London. They also agreed that lead providers will be responsible for identifying capacity in non-hospital locations.
- 62 NHS London representatives acknowledged the risks and opportunities of service reconfiguration and its potential effect on trainees and highlighted that LETBs will need to respond to these challenges by integrating new and alternative training pathways.

## Areas of improvement since the last review

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>The Trainee Doctor</i>	Areas of improvement for the Deanery
1	TTD 2.2, 2.3 Standards for Deaneries: 1.1	The Deanery's response to previous conditions set in the 2009 PMETB visit report. In particular the Deanery's transparent and comprehensive quality management strategies, and the work it has put into its doctors in difficulty process.

## Area of improvement 1: comprehensive and transparent quality management strategies

- 63 The London Deanery was last visited by the regulator (PMETB) in 2009, and a number of conditions were imposed on the Deanery, all of which were closed by the time of this review.
- 64 One condition was that the Deanery formulate, implement and disseminate clear and consistent processes for doctors in difficulty. We were pleased to observe on this visit the work that has been undertaken by the Deanery and have highlighted the work of the Professional Support Unit elsewhere in this report (good practice 2).
- 65 Another condition was that Deanery quality management must be applied comprehensively and quality review and evaluation of systems must take place, particularly around information collection from LEPs and following up on local issues identified. We observed a number of improvements in the Deanery's quality management processes; we heard from quality management (QM) staff that the Deanery's matrix system of QM is designed to work across all sites and specialties, including GP and foundation. We also heard of the different data collection and reporting mechanisms used for quality improvement purposes, including GMC surveys, trainee feedback and the triangulation of these data with other evidence sources such as information from TLDs, HOS as well as information from other stakeholders and regulators, such as the CQC.
- 66 We found evidence of the Deanery identifying and responding to concerns, including working with its partner LEPs to address patient safety concerns within a 48 hour period, for example the serious concern identified at Northwick Park Hospital as part of this regional review
- 67 Trainee representatives reported positively that the Deanery seeks feedback from trainees, responds to their concerns and makes changes where necessary. They provided an example of workload issues, also at Northwick Park Hospital, which was identified during a visit by the Deanery. Trainees explained that there was open discussion between trainees and the Deanery team, and that changes were made very rapidly to improve the situation.
- 68 We note that both quality management and professional support will form part of the shared services model adopted by the London LETBs and we encourage the LETBs to consider the work carried out by the Deanery in these areas going forwards (see requirement 3).

## **Acknowledgement**

We would like to thank the London Deanery and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.

## Appendix 1: Visit Team and Action Plan

### Visit team

<b>Team leader</b>	Alastair McGowan
<b>Visitor</b>	Anne Garden
<b>Visitor</b>	David Croisdale-Appleby
<b>Visitor</b>	Jill Edwards
<b>Visitor</b>	Katie Carter
<b>Visitor</b>	Kyle Gibson
<b>Visitor</b>	Sam Leinster
<b>Visitor</b>	Steve Heys
<b>Visitor</b>	Stewart Irvine
<b>Visitor</b>	Stewart Petersen

### GMC Education Quality Analysts

<b>GMC staff</b>	Joe Griffiths (Education Quality Analyst)
<b>GMC staff</b>	Simon Roer (Education Quality Analyst)
<b>GMC staff</b>	Robin Benstead (Education Quality Analyst)

## Appendix 2: Visit action plan

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
<b>Domain 1: Patient safety</b>				
1.5	<p>Explore quality management and WTR compliance of trainee rotas.</p> <p>Is Deanery aware of any examples of foundation trainees working longer hours than their rotas?</p> <p>Is the Deanery aware of monitoring exercises that show rotas are non-compliant?</p> <p>Is the Deanery informed when Trusts run WTR reviews where fewer than 75% of trainees respond?</p>	Northwick Park: standard in this area was not met (see requirement 5 in LEP report).	Deanery QM staff, Foundation School Directors (FSDs), Training Programme Directors (TPDs).	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
1.6	Explore QM of handover and hospital at night procedures	<p>Croydon: there was an example of good practice (see good practice 1 in LEP report), but handover standards were generally not met (see requirement 1 in LEP report).</p> <p>Royal London: standard in this area was not met (see requirement 2 in LEP report).</p> <p>Whipps Cross: trainees in surgery reported that handover was inconsistent (see recommendation 3 in LEP report)</p> <p>Also at Charing Cross (anaesthetics trainees) and Northwick Park (see requirement 3 in LEP report).</p>	FSDs, TPDs, Trust Liaison Deans (TLDs), Deanery QM staff, Lead Providers.	Standard not met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
1.7, 1.9	<p>Explore transfer of information and transitions</p> <p>ToI between medical school and foundation training (in London and elsewhere)</p> <p>ToI between foundation training and specialty training.</p> <p>ToI from one deanery to another</p> <p>How is information shared with educational supervisors and between posts?</p> <p>What steps are they taking to share practice?</p> <p>At what level could</p>	<p>Good examples at Imperial of successful ToI between Imperial and the FS, and between FS and specialty training (see Imperial School report).</p> <p>Example of good practice of TOI between STFS and St George's (see summary of findings in LEP report)</p>	<p>Deanery management team, FSDs, Heads of School (HOS).</p>	<p>Standard met</p>

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>intervention be made if improvement is needed?</p> <p>How assured is the FS that it receives sufficient information to pass on to the LEP about foundation doctors?</p>			
1.8	<p>Trainee involvement in SUIs. Feedback and support to trainees involved in SUIs</p> <p>Deanery monitoring and changes made in response to identified trends</p>		Deanery QM staff, trainee representatives, TLDs	Standard met
<b>Domain 2: Quality assurance, review and evaluation</b>				
2.2	Quality Management of education across specialties and LEPs,	Queen Elizabeth: Limited evidence of the Trust effectively monitoring the	Deanery QM staff, TLDs, LETB representatives, HOS, Lead	Standard met See Good

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>including how visits fit into the paper-based QM processes.</p> <p>Value placed on NTS - how is it used? How often does Deanery find supporting evidence for outliers in NTS on investigation?</p> <p>Would a feedback loop to the GMC be helpful, whereby the Deanery could let the GMC know if their QM activity does not corroborate NTS survey outliers?</p>	<p>quality of education and taking measures to proactively identify issues with the quality of education (see recommendation 1 in LEP report).</p>	<p>Providers.</p>	<p>Practice 3</p> <p>See Area of Improvement 1</p>
2.2	<p>Monitoring of LEP action plans? What actions are taken if progress is not evident? How are they</p>	<p>Northwick Park: A number of serious concerns regarding training in surgery for Foundation Trainees were</p>	<p>Deanery QM staff, TLDs, Lead providers, HOS, NHS London representatives.</p>	<p>Standard met</p> <p>See Good Practice 3</p> <p>See Area of</p>

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>assured issues are resolved?</p> <p>Deanery processes for resolving serious concerns where a Trust has defaulted on a quality action plan</p> <p>Keeping track of and prioritising issues and actions across London, thresholds for removal of trainees</p> <p>Interaction with commissioning process</p>	<p>raised by the visit team and have been passed to the GMC Response to Concerns process. These issues were the subject of a Deanery action plan which the Trust had defaulted on (summary para 3, requirements 1-4 in LEP report).</p>		Improvement 1
2.2	<p>Monitoring Head of School reports, including providing guidance and feedback on quality.</p> <p>Explore variable quality</p>		HOS, Deanery QM staff.	Standard met See recommendation 3

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	of HoS reports.			
2.2 1.2	<p>QM of supervision - monitoring of the quality of supervision for Foundation Doctors</p> <p>Online feedback mechanisms for trainees - how information has been used and evaluation of project.</p> <p>How does the deanery verify level of supervision trainees are receiving?</p>	Northwick Park: Foundation doctors were asked to work beyond their competence in general surgery due to a lack of senior support and supervision (see requirement 2 in LEP report).	FSDs, Deanery QM staff, trainee representatives, TLDs.	Standard met
2.2 8.1	<p>QM of educational facilities and capacity - ensuring adequate capacity and facilities in LEPs</p> <p>Limited facilities at a</p>	KCH: Educational supervisors and the educational management team reported limited capacity for trainees with regard to teaching rooms	Deanery QM staff, TLDs, HOS, TPDs, LETB representatives.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	number of LEPs? Does the Deanery assess facilities during monitoring visits? Commissioning arrangements?	and IT facilities (see recommendation 1 in LEP report). Royal London: Educational and clinical supervisors reported limited space for teaching (see recommendation 1 in LEP report).		
2.2	Explore roles and responsibilities of Trust Liaison Dean and links between LEPs and Deanery	Good relationships generally reported across LEPs visited.	TLDs, Deanery QM staff, HOS, TPDs, and Lead Providers.	Standard met See Good Practice 3
2.2 (8.1 and 8.3 also)	Explore process for decommissioning training posts based on quality - criteria and examples.  Is training quality considered in service		Deanery management team, Deanery QM staff, Lead Providers, HOS, NHS London representatives, workforce planning (Quality and Commissioning) and Operations Department.	Standard met See Good Practice 5

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	reconfiguration?			
2.2	<p>Lead provider role - explore deanery (LETB) oversight and roles/responsibilities</p> <p>Explore role in QM and potential conflicts of interest if lead provider is not delivering.</p> <p>Performance management of lead providers.</p>		Deanery management team, HOS, Lead Providers, LETB representatives, TLDs.	Standard met
2.2	Explore processes and examples of sharing good practice across LEPs, schools and Foundation Schools.		Deanery management team, Deanery QM staff, HOS, FSDs, Lead Providers, LETB representatives.	<p>Standard met</p> <p>See Good Practice 3</p> <p>See Area of Improvement 1</p>
2.2	Explore joint working and sharing of quality data with medical		Deanery QM staff, FSD, TLDs.	<p>Standard met</p> <p>See Area of</p>

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>schools, future plans - keeping DME in loop about UG issues</p> <p>Deanery involvement in medical school fitness to practise?</p> <p>Potential for calibration of thresholds across medical schools.</p>			Improvement 1
2.2	How the Deanery will monitor the key findings from the LEP reports relevant to postgraduate training.	See key findings in each LEP report	Deanery Management staff	See requirement 1 and 2, recommendation 1 and good practice 1
2.3	<p>Patient and public involvement - externality in QM processes and ARCP Committees.</p> <p>Recruitment, support, training and appraisal of lay reps.</p>		Deanery QM staff, lay representatives, HOS.	Standard met See recommendation 2

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
Domain 3: Equality, diversity and opportunity				
3.3 6.20	Explore process for less than full time training, information provided and capacity. Is there sufficient funding at the Deanery to meet increasing demand for LTFT?	There was some inconsistency found in provision of LTFT at LEPs.	Operations Department.	Standard met
3.4	Management of reasonable adjustments and support for disabled trainees  Monitoring of adjustments requested and approved Support for trainees in LEPs.		Operations Department, TPDs, Trainee representatives and trainees at LEPs.	Standard met
3.5	Analysis of E&D data - recruitment,		Quality and Commissioning; Operations Department;	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	appointment and satisfaction data and analysis.		Information Directorate.	
3.6	Ensuring all those involved in selection and training are trained in E&D and how Deanery is assured this happens in LEPs training.		Operations Department; Information Directorate. Data, Deanery QM staff.	Standard met
<b>Domain 4: Recruitment, selection and appointment</b>				
4.2	<p>Competition and fill rate in foundation recruitment.</p> <p>LEP and Deanery role in decisions about trainee numbers/ capacity and processes to support forward planning.</p>		Quality and Commissioning and Operations Department.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
4.4	Lay involvement in selection.  Role and input of lay reps - monitoring, training.		Lay representatives, Quality and Commissioning, Operations Department, Deanery management team.	Standard met  See recommendation 2
<b>Domain 5: Delivery of approved curriculum including assessment</b>				
5.1	Placements in the community.  Expanding placements in the community and barriers to achieving this.  Responding to Collins report and enhancing foundation placements in the community  TLD role in community.	Croydon: Medical students reported that they did not have much experience of community placements. The Trust recognises that there is an opportunity to expand placements in the community (see recommendation 3 in LEP report).  St George's: the Trust is working with the primary care dean to provide more training	FSDs, TPDs, Quality and Commissioning, Operations Department, Lead Providers, TLDs, Director of Medical and Dental Education Commissioning.	Standard met  See Good Practice 6

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
		opportunities in general practice. The trust plans to take advantage of opportunities in integrated healthcare and expand its provision of training into community placements (see good practice 1 in LEP report).		
5.1	Challenges in ensuring adequate experience and how these are being addressed.  Impact of service reconfiguration.  How would all specialties know trainees were getting sufficient experience?	Northwick Park: Rotas in O&G designed in order to maximise training opportunities. SIFT funded clinic to deliver both education and service provision (see good practice 1 in LEP report).	HOS for surgery, TPDs, Deanery QM staff, TLDs.	Standard met
5.2	Implementation of 2012 Foundation		FSDs.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>Programme curriculum.</p> <p>Allocation of posts to ensure coverage of curriculum outcomes across all tracks.</p> <p>What preparations are taking place for ARCPs in foundation?</p>			
5.4	<p>Teaching time for trainees – explore systems to ensure that trainees are free to attend teaching</p> <p>How is the Deanery aware when trainees are not able to attend teaching?</p>	Queen Elizabeth Hospital: Foundation doctors reported difficulties in attending teaching because of work commitments (see recommendation 1 in LEP report).	Deanery QM staff, FSDs, TPDs.	Standard met
5.6, 5.7, 5.18	Surgery and O&G ARCPs - explore reasons for high levels		HOS, Deanery QM staff, trainee representatives, Deanery management team, Operations	Standard 5.7 not met See requirement

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>of unsatisfactory outcomes.</p> <p>How Deanery ensures consistency of experience for all trainees completing ARCPs.</p> <p>How Deanery ensures trainees receive useful and constructive feedback at ARCPs.</p> <p>Training and guidance for assessors and guidance for trainees on ARCP process (this is general and not specific to surgery ARCPs).</p>		Department, Information Directorate.	2
5.7, 5.8	Quality management of WPBAs, including guidance provided to	St George's: F2 trainees reported a variable experience of SLE, with	Deanery QM staff, FSDs, TPDs, Operations Department, Information Directorate.	Standard 5.7 not met See requirement

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	trainees and supervisors. Audits of portfolios and level of sign off. Plans to record ARCP outcomes in foundation.	the quality of the SLEs and time available to carry them out varying between placements.		2
<b>Domain 6: Support and development of trainees, trainers and local faculty</b>				
6.1, 6.2	<p>Induction for F1s. Quality Management of induction and communications with LEPs about induction.</p> <p>Specialty induction Trainee preparation for specialty training and expectations.</p>	<p>Croydon: Foundation doctors reported issues with the Trust induction did. Departmental inductions were satisfactory (see requirement 2 in LEP report).</p> <p>St George's: Foundation and specialty trainees reported variability in the quality of departmental induction. (See requirement 4 in in LEP</p>	TLDs, FSDs, TPDs, trainee representatives.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
		report). Queen Elizabeth: trainees expressed dissatisfaction with hospital induction (see recommendation 1 in LEP report).		
6.22	Shadowing for F1s. QM of shadowing and communication with LEPs about shadowing. How do they ensure that induction does not take over shadowing experience?	Croydon: Foundation doctors did not feel they had spent sufficient time shadowing the F1 whose post they were taking as they were required to attend ALS and induction (see recommendation 1 in LEP report).	FSDs, TPDs.	Standard met
6.10	Rotas and workload for foundation doctors. Ensuring rotas meet the needs of foundation doctors. Service demands impacting adversely on	St George's: Rotas did not always take into account the needs of foundation doctors and foundation doctors in surgery and medicine were working	Trainees, FSDs, TPDs.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	the workload of foundation doctors.	unacceptably long hours to meet service demands (see requirement 2 in LEP report).		
6.13	Trainees carrying out administrative tasks that do not add educational value. Involvement of core surgical trainees in administrative tasks. How is the Deanery made aware of issues?	St George's: Core surgery trainees working in plastic surgery on call reported that they spent too much time on administrative tasks of little educational value such as coordinating patient pathways and sourcing beds (see recommendation 1 in LEP report).	Trainees, TPD for surgery.	Standard met
6.14	Foundation doctor involvement in quality improvement projects good practice. Explore uptake and outcomes/ evaluation, how	Croydon (see good practice 3 in LEP report)	Trainees, FSDs.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	practice is shared.			
6.21	<p>Doctors in Difficulty policies - ensuring trainees are informed of DiD policies</p> <p>Implementation of new policy - how do you ensure trainees etc know about it</p> <p>Thresholds for reporting.</p>	<p>Royal London and Whipps Cross: few trainees were aware of the Deanery DiD policy (see recommendation 1 in LEP reports).</p>	<p>Trainee support staff, FSDs, HOS, trainees.</p>	<p>Standard met</p> <p>See Good Practice 2</p>
6.34, 8.4	<p>Time in job plans for education/teaching</p> <p>Ensuring that trainers have sufficient time for education in their job plans</p> <p>Deanery approach to ensuring 0.25PA per trainee guidance is implemented</p>	<p>Croydon: The Trust demonstrated commitment to education but trainers reported variability in recognition of time for training in job plans (see recommendation 4 in LEP report).</p> <p>Queen Elizabeth: a review of job plans is underway</p>	<p>Deanery management team, NHS London representatives, TLDs, FSDs, TPDs, Lead Providers, LETB representatives.</p>	<p>Standard met</p>

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	consistently.	<p>but trainers reported variability in the recognition of time for training in job plans (see recommendation 2 in LEP report).</p> <p>Charing Cross: The team found variation in time allocated to education in consultant job plans (see recommendation 1 in LEP report).</p> <p>Northwick Park: The team found variation in time allocated to education in consultant job plans (see recommendation 1 in LEP report).</p> <p>KCH: The team found variation in time allocated to education in consultant job plans (see recommendation 2 in LEP</p>		

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
		report). Barnet and Chase: The team found variation in time allocated to education in consultant job plans (see recommendation 5 in LEP report).		
6.36	Monitoring uptake and effectiveness of trainer training and appraisal - preparation for approval of trainers.  Sharing resources across UG and PG.  How would TPDs know not to put someone on an ARCP panel if not trained?		Faculty and professional development staff, Deanery QM staff.	Standard met  See Good Practice 4
6.35	Training for ARCP panellists		Faculty and professional development staff, Deanery QM	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
			staff, TPDs, Lead Providers.	
6.15, 6.16, 6.19, 6.20, 6.21	<p>Professional support unit, LaCRU and back to work scheme - explore uptake and effectiveness.</p> <p>Trainee access to academic and pastoral support.</p> <p>Future plans for LaCRU when LETBs come in?</p>		Faculty and professional development staff, trainee representatives, LETB representatives.	Standard met See good practice 2
6.7	<p>Reporting incidents of undermining.</p> <p>Addressing issues from NTS related to undermining.</p> <p>Ensuring trainees are informed of process for reporting undermining.</p> <p>Ensuring trainees are supported to report</p>		Operations Department, Quality and Commissioning, trainee representatives.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	incidents if they have been undermined.			
<b>Domain 7: Management of education and training</b>				
7.1	<p>Transition to LETBs Impact on QM, shared services model, HoS role Interaction with lead providers Governance - level of preparedness</p> <p>Reciprocal Board membership with FS and medical school links and how they work in practice.</p> <p>Student FtP on committees.</p> <p>Agreements with LEPs and other deaneries Managing agreements</p>		Deanery management team, HOS, LETB representatives, Lead Providers, NHS London representatives, Quality and Commissioning, Operations Department , FSDs.	Standard met  See recommendation 4

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	with East of England, KSS.			
7.2	<p>How does the Deanery ensure education and training is considered when services are reconfigured? What information is received about service reconfiguration?</p> <p>Quality monitoring of placements in Trusts where there is major change taking place.</p> <p>Are there challenges and if so what is being done to address them?</p>		Deanery Management Team, Quality and Commissioning, Operations Department, NHS London representatives.	Standard met
7.2	Education and training at Board level Deanery influence on ensuring education and training issues are discussed at		Deanery Management Team, NHS London representatives.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	Board level. Relationships between Deanery and CEO/ Medical Director.			
7.2	Communication across the Deanery - DME links, interactions between different parts of Deanery - FS to schools.		HOS, FSDs, Deanery management team.	Standard met
<b>Domain 8: Educational resources and capacity</b>				
8.1	Capacity at LEPs. Coordination of placements and links with medical schools - high numbers of students and trainees in some departments. Changes in trainee numbers and potential impact.	Issues at KCH and across South London DGHS (see recommendation 1 in LEP report)	Deanery management team, Deanery QM staff, NHS London representatives, TPDs, TLDs, LETB representatives, Lead Providers.	Standard 8.1 met  See Good Practice 5

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	Changes to funding streams (eg SIFT) and impact on capacity or other implications.			
8.5	Explore simulation – monitoring, evaluation and future plans. What role does Deanery play in development of simulation training? Who will be responsible in future landscape?	Trainees at Croydon spoke highly of simulation (see good practice 2 in LEP report), also at St George's (see good practice 2 in LEP report).	HOS, FSDs, TLDs, LETB representatives.	Standard met
8.1	Engagement with Queen Elizabeth Hospital and management of risk. What contingency plans should the SLHT have to remove trainees from QEH?	Queen Elizabeth Hospital: the hospital is experiencing pressure as a result of the downsizing of district general hospital capacity and the placement SLHT in the Unsustainable Providers	Deanery management team, TLDs, LETB representatives.	Standard met

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>Plans to reorganise and protect training for all trainees at SLHT. Support from the Deanery for SLHT to carry out its training duties.</p> <p>What learning that could apply elsewhere?</p>	<p>Regime (see paragraphs 2-3 in LEP report).</p>		
<b>Domain 9: Outcomes</b>				
9.1	<p>Mechanisms for providing feedback to medical schools on graduate preparedness and impact.</p> <p>Plans to support evaluation of student assistantships.</p> <p>Use of trainee progression data to inform training quality.</p>		<p>FSDs, Deanery management team, Quality and Commissioning, Deanery QM staff, Operations Department.</p>	<p>Standard met</p>

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Findings
	<p>Collection and use of information about trainee progression to make changes to training.</p> <p>Link to E&amp;D re: exam data analysis, sign off.</p>			

## Appendix 3: Abbreviations

ALS	Advanced Life Support	OSCE	Objective structured clinical examination
ARCP	Annual Review of Competency Progression	PG	Postgraduate
CQC	Care Quality Commission	PMETB	Postgraduate Medical Education and Training Board
DID	Doctors in Difficulty	PSU	Professional Support Unit
DME	Director of Medical Education	QEH	Queen Elizabeth Hospital
E&D	Equality and diversity	QM	Quality Management
F1 / F2	Foundation year 1 / Foundation year 2	SHA	Strategic health authority
FS	Foundation School	SHO	Senior House Officer
FSD	Foundation School Director	SIFT	Service increment for teaching
FTP	Fitness to Practise	SLE	Supervised Learning Event
GP	General practice/practitioner	SLHT	South London Healthcare Trust
GMC	General Medical Council	SMT	Senior Management Team
HOS	Head of School	STFS	South Thames Foundation School
KCH	King's College Hospital	SUI	Serious Untoward Incident
LEP	Local education provider	TLD	Trust Liaison Dean
LETB	Local Education and Training Board	TPD	Training Programme Director
LTFT	Less than full time	TTD	<i>The Trainee Doctor</i>
NHS	National Health Service	UG	Undergraduate
NTS	National Training Survey	WPBA	Workplace Based Assessment
NWTFS	North West Thames Foundation School	WTR	Working Time Regulations
O&G	Obstetrics and Gynaecology		