

Postgraduate Quality Assurance Visit

Report on Wales Deanery

2011/12

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Executive summary

1. Overall the deanery is performing well, its quality management (QM) processes are embedded and well understood by key partners, and the deanery is identifying and managing concerns appropriately. Progress at local level is closely monitored to ensure resolution of the issues identified, for example through the use of targeted surveys and visits. We found the deanery reports to the GMC to be a fair reflection of the areas where improvement is needed and the progress made.
2. We found that the deanery had a well defined system for managing the quality of training programmes and the progression of trainees. Some of the people we met who had deanery roles were very recently appointed, meaning that it was not possible to judge how the new arrangements would work once fully in place. However those responsible for delivering and managing training locally had noted significant improvement in the deanery's engagement; they had been involved in deanery led activity e.g. training events, and knew about forthcoming changes to the management of training programmes. In particular they understood the deanery's approach to managing risk and considered the rating system fairly reflected the challenges for their training programmes.
3. During the visit we noted significant improvements to the original concerns that we identified in advance of the visit. We did find instances where foundation programme trainees were not adequately supervised in psychiatry rotations at night. These instances appeared to reflect a misunderstanding locally about the competence of foundation programme trainees and difficulties in staffing rotas across multiple sites, in part due to recruitment challenges and service configuration in Wales. Once the issues were identified, the deanery and the Health Board acted swiftly to rectify the issues and ensure foundation programme trainees were appropriately supervised during all rotations.
4. The deanery has provided an initial action plan against the requirements and recommendations identified below, and has undertaken to provide an audit of implementation of the requirements and of the recommendations in their next scheduled Deanery Report to the GMC in 2012.

Visit overview

Deanery	Wales deanery
Dates of visit/s	8 – 10 November 2011
Sites visited	University Hospital Wales, Cardiff University Hospital Llandough, Cardiff (core psychiatry training only) Ysbyty Gwynedd, Bangor
Programmes investigated	Core surgical training Core psychiatry training Paediatrics and neonates training Foundation training
Monitoring of programmes investigated in previous visits	Neurosurgery training Obstetrics and gynaecology training

Risk based visiting

5. The GMC Quality Improvement Framework (QIF) recognises that quality management (QM) within deaneries has become well established and that quality control (QC) within local education providers (LEPs) requires further development. Previous visits have investigated all standards in all deaneries. This is no longer proportionate and we have committed to focusing our visits on areas of risk or concern. We work with deaneries to identify the programmes and LEPs where there are risks, which allows us to address both the risks themselves and also to assess the validity of the deanery's QM processes in identifying risk and managing concerns. We are also committed to sharing good practice encountered through visits.

6. As visiting is risk based we are focused on areas of concern. This is appropriate and reflects that the deanery's QM processes are working to identify where there standards are not being achieved and regulatory assistance is required.

7. We recognise that many concerns identified during a visit will relate to the experience of an individual trainee or small group of trainees within a programme or site. The majority of trainees in Wales have a good training experience. In the 2011 National Trainee Survey the overall satisfaction score for the Wales Deanery was in line with the UK average.

Programme and site selection

8. We used the GMC evidence base and the deanery's QM data (see Annex 1) to identify the following areas for exploration during the visit: deanery follow up of previous concerns in obstetrics and gynaecology and neurosurgery; paediatrics including neonatology - a specialty experiencing recruitment challenges and low exam pass rates across the UK; core surgical and core psychiatry training which received lower than average results in the 2010 trainee survey and were identified by the deanery as key programmes facing challenges because of service reconfiguration.

9. In discussion with the deanery we identified three sites to visit: University Hospital Wales in Cardiff which hosts the largest number of trainees and students from Cardiff University School of Medicine (also visited in 2011); University Hospital Llandough which was chosen by the deanery due to the concentration of core psychiatry trainees there and in nearby sites, and Ysbyty Gwynedd which had not been subject to a regulatory visit for some time and was part of a Health Board some distance from the deanery and medical school.

Concerns raised during the visit

10. We have a policy which sets out the process for responding to serious patient safety or educational concerns that may be raised during a scheduled quality assurance visit. Concerns raised via this process will require immediate action and if necessary will then be referred to our response to concerns process:

<http://www.gmc-uk.org/education/process.asp>.

Were any patient safety concerns identified during the visit?	
Yes <input checked="" type="checkbox"/> See paragraphs 26 and 27	No <input type="checkbox"/>
Detail: Two instances of foundation programme trainees working on night rotas on psychiatry and paediatric surgery rotations without adequate supervision.	
Were any significant educational concerns identified?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has further regulatory action been requested via the responses to concerns element of the QIF?	
Yes <input checked="" type="checkbox"/> The deanery resolved the concerns during the visit by requiring the foundation programme trainees to be taken off the night rotas. The deanery has confirmed that this has happened, and will report on the monitoring of the issues through our agreed reporting mechanisms.	No <input type="checkbox"/>

Summary of key findings

Good practice

1.	<i>Trainee Doctor 6.18</i>	The deanery's rigorous and effective approach to tackling undermining of trainees in LEPs across Wales (see paragraph 10).
2.	<i>Trainee Doctor 1.7</i>	The deanery's Performance Support Unit in providing advice and support for trainees in difficulty (see paragraph 11). The Unit has also provides good support for trainees in less than full time training which has been recognised by a national award (see paragraph 56).

3.	<i>Trainee Doctor 1.9</i>	We note that the deanery attends an F1 Monitoring Group which is used to provide feed back to Cardiff Medical School on any of its graduates within Wales Deanery experiencing difficulty as foundation doctors (see paragraph 20).
4.	<i>Trainee Doctor 2.2</i>	The deanery Commissioning Process which was valued at a senior Health Board level as a driver for improvement (see paragraph 39). The deanery may wish to share the outcomes of this process more widely with trainees and trainers.
5.	<i>Trainee Doctor Domain 3</i>	The proactive use of equality and diversity data by the Performance Unit to provide targeted trainee support. For example providing extra exam support for doctors who qualified overseas, a group identified as having lower success rates in some national exams (see paragraph 42).
6.	<i>Trainee Doctor Domain 4</i>	The innovative and effective recruitment campaign, 'Wales the Smart Choice' which has resulted in fewer rota gaps (see paragraph 44).
7.	<i>Trainee Doctor 2.3</i>	The deanery's commitment to working with the Community Health Councils to identify patient/ public representatives for use on ARCP panels and deanery visits (see paragraph 52).
8.	<i>Trainee Doctor Standard 4.4</i>	The deanery's engagement with another deanery to provide external scrutiny of their Annual Review of Competence and Progression (ARCP) processes (see paragraph 53).
9.	<i>Trainee Doctor 5.11-5.16</i>	The use of the Annual Review of Foundation Programme (ARFP) process to bring consistency to the process of sign off for the foundation programme and trainee preparation for the Annual Review of Competence Progression (ARCP) process (see paragraph 98 and 99).

Good Practice observed in Local Education Providers that should be shared:

10.	<i>Trainee Doctor 1.6</i>	Core surgical trainees at Ysbyty Gwynedd praised the twice daily multi-disciplinary handovers, supported by an electronic handover template. The outgoing and incoming medical and surgical teams attend the same handover and attendance is closely monitored (see paragraph 116).
11.	<i>Trainee Doctor Domain 6</i>	At Ysbyty Gwynedd the foundation programme director (FPD) and administrator run a confidential drop in each week for foundation trainees, which is popular with trainees (see paragraph 138).
12.	<i>Trainee Doctor Domain 6</i>	The 'Hot Review' every Friday for core psychiatry trainees at UHL, as an effective group in which to discuss complex issues with senior colleagues (see paragraph 159) and similar weekly group supervision at Ysbyty Gwynedd, which was highly valued by trainees.

Requirements

1.	<i>Trainee Doctor</i> 1.2	The deanery must raise awareness among LEPs of expected duties, level of competence and supervision arrangements for foundation doctors and implement an audit of night rotas to verify supervision arrangements. The deanery must only place trainees in environments where adequate supervision is provided. Abertawe Bro Morgannwg University (ABMU), Betsi Cadwaladr and Cardiff and Vale University Health Boards must ensure adequate supervision arrangements for foundation trainees on night rotas, particularly in psychiatry (see paragraphs 26, 28 and 29). The deanery must provide an update on this by 8 February 2012.
2.	<i>Trainee Doctor</i> 1.4	Cardiff and Vale Health Board must ensure that trainees in obstetrics and gynaecology only take consent for procedures that they can perform themselves or in which they have had consent training. The deanery must ensure that trainees are only placed in training environments where they are supported and monitored to ensure they only take consent in these circumstances and must provide an update report by 8 February 2012 (see paragraph 95).
3.	<i>Trainee Doctor</i> D2	The deanery must monitor core surgical training across Wales closely and provide an update to the GMC on this as part of the annual deanery reporting cycle (see paragraph 112).
4.	<i>Trainee Doctor</i> 5.1	The deanery must review the opportunities in psychotherapy for core psychiatry trainees in Cardiff and Vale Health Board to ensure that trainees can meet the curriculum outcomes (see paragraph 121).
5.	<i>Trainee Doctor</i> 6.18	Betsi Cadwaladr Health Board must ensure that all trainers in core surgical training in trauma and orthopaedics in Betsi Cadwaladr Health Board seek to maximise training opportunities for trainees. The deanery must only place trainees in environments where trainers contribute to the learning culture in which patient care occurs (see paragraph 147).
6.	<i>Trainee Doctor</i> 5.5	The deanery must ensure that all foundation trainees at University Hospital Wales have access to organised educational sessions during which they can give up their pagers (see paragraph 164).

Recommendations

1.	<i>Trainee Doctor</i> 6.21	The deanery should promote the very well regarded Performance Support Unit more strongly with trainees, as many did not realise that they can access this support by self referral, and continue its efforts to ensure that the Unit is accessible for trainees across Wales (see paragraph 12).
2.	<i>Trainee Doctor</i> 1.9	The deanery should issue guidance to LEPs about placing newly transferred trainees on high risk rotas in their first few days of their new post. In addition the deanery should ensure information about the learning and support needs of incoming trainees is received by the Training Programme Directors and educational supervisors in all programmes before trainees arrive at sites (see paragraph 21 and 139).

3.	<i>Trainee Doctor</i> 6.22	The deanery should monitor the effectiveness of this shadowing period, particularly for those F1s coming from outside the deanery, and report back on this as part of the annual deanery reporting cycle (see paragraph 106).
4.	<i>Trainee Doctor</i> 6.25	The deanery should review the MSc courses available to psychiatry trainees currently used as preparation for the MRCPsych (see paragraph 127).
5.	<i>Trainee Doctor</i> 6.25	Betsi Cadwaladr Health Board should review the allocation of the study leave budget for paediatric and core psychiatry trainees to allow annual course fees to be paid (see paragraph 134 and 151).

10. In order to aid the navigation of the report we have structured the findings by key theme and by domains in the *Trainee Doctor*, by foundation and specialty and by the local education provider (Health Board) visited. We appreciate that this structure may result in some repetition between the different sections but the aim is to increase the accessibility of the findings in the report for different groups.

11. The deanery's right of reply and initial action plan against the requirements and recommendations is appended to this report. The deanery will provide an update on progress in their next scheduled deanery report to the GMC in 2012.

The Report

1. This is a report on the quality assurance programme for the Wales Deanery (the deanery) for 2011/12.

The deanery

2. Training in Wales is delivered through seven Health Boards. In 2010/11 there were 2148 doctors in training posts within the deanery, including 329 F1s, 325 F2s, 1050 core trainees, and 444 specialty trainees.

3. The deanery has links with the two medical schools in Wales: Cardiff, which provides a five year programme and Swansea, which provides a four year graduate entry programme.

Findings by key theme

Scheduled reporting to the GMC

4. The deanery appropriately identifies concerns in scheduled reporting to the GMC and provides an action plan for how they will address concerns and monitor improvement. Although inappropriate night rotas for foundation trainees in local psychiatry posts raised during the visit were not previously identified by the deanery, the underlying problems with the psychiatry training programmes, including rota staffing problems, had been raised with the GMC showing an awareness of the nature of these concerns.

Managing concerns

Neurosurgery

5. Neurosurgery training was identified as problematic prior to the Postgraduate Medical Education and Training Board (PMETB) Visit to the deanery in July 2009. At the time, training was delivered in both Abertawe Bro Morgannwg University (ABMU) Health Board and Cardiff and Vale University Health Board but without a large enough caseload to support teaching on both sites. The two rotas were understaffed leading to difficult work patterns and trainees not being working time regulation (WTR) compliant. Additionally educational supervision was found to require improvement at UHW.

6. Serious training concerns led to consolidation of training at the UHW site. However delays in service reconfiguration meant that significant training concerns persisted. At this point, the deanery referred the issue to the GMC's Responses to Concerns process. With GMC support in place, the deanery and Health Board worked together to ensure adequate consultant presence at UHW to deliver educational supervision of an appropriate standard. These positive initiatives mean that the concern can now be closed.

7. NHS Wales now ensures education and supervision are factored into reconfiguration plans. In the last six months the Dean has become involved in the national forum overseeing options for service reconfiguration. We heard across the sites that educational supervisors and training programme directors are also engaged in discussions about reconfiguration. This is a very positive development and will be key to maintaining the quality of educational experience during further service reconfiguration in 2012.

Obstetrics and gynaecology (O&G)

8. In July 2009 the PMETB Visit to Deanery found safety issues in obstetrics and gynaecology delivered on two sites within Cardiff and Vale Health Board, University Hospital Llandough (UHL) and UHW. At UHL there was a lack of consultant supervision post-operatively, which was compromising patient safety. Foundation and general practice specialty trainees felt vulnerable, and that they were being asked to work above their level of competence. Problems with post-operative care resulted in part from lack of allocated time in consultant job plans for split site working. The deanery quickly managed the issues and took direct action through its established QM processes. The issues were monitored and subjected to escalated action planning with the LEP.

9. As part of its monitoring, the deanery conducted a targeted visit to foundation training in obstetrics and gynaecology in UHL in October 2011 to consider progress against action planning; this visit suggested that problems remained at the site. Following the targeted visit the Postgraduate Organiser (PGO) surveyed the obstetrics and gynaecology and foundation trainees, the results of which confirmed the visit findings and suggested that problems remained. A revised action plan is now in place and the deanery is returning in January 2012 to follow this up. The deanery will provide an update in its scheduled reporting to the GMC.

Undermining of trainees

10. Through the National Trainee Survey and its QM processes the deanery identified the undermining of trainees as a problem across Wales. It tackled this difficult area head on with a zero tolerance position, referring trainees or trainers who were reported to be undermining to Cardiff University's Individual Support Programme (ISP). Through analysis of the cases referred to the ISP the deanery discovered that undermining was more likely to be a problem during periods of stress, it was rarely intentional and trainers were committed to amending their behaviour to ensure they did not undermine trainees' professional confidence or self esteem. The trainees and trainers we met considered this has been very successful and undermining of trainees had been significantly reduced. In the 2011 national trainee survey the deanery scored below the UK average for both undermining by consultant and undermining by other staff.

Identifying and supporting trainees who give cause for concern

11. The deanery Performance Support Unit¹ was well known to education supervisors and programme directors in Cardiff and Vale and North Wales and was well appreciated in supporting trainers and trainees. The deanery stated that the Performance Support Unit is aware of all trainees across Wales who have ill health or are experiencing other difficulties. Trainees are automatically referred to the Unit after adverse outcomes in the ARCP or workplace based assessments (WPBAs) and an 'educational prescription' is put in place for the trainee's following post to remediate any deficiencies. We heard of two examples of excellent support the Unit provided for a struggling trainee in North Wales.

12. We note that trainees can refer themselves to the Unit but found that most trainees we met were unaware of this. Given the value of the Unit, the deanery should promote more strongly with trainees across Wales that they can self refer to the Unit and continue its efforts to ensure that the Unit is accessible for trainees across Wales.

13. Educational supervisors had found the deanery run training on trainees in difficulty particularly helpful in explaining the routes that they should follow should they have concerns about a trainee.

14. Currently, trainees must travel to Cardiff to access the support, however it was reported that a performance lead has now been appointed in North Wales to provide support locally for these trainees. This is a very positive expansion of the well valued support facility and a positive move to develop resources to support training in the North of Wales.

Sharing good practice

15. One of the key aims of the deanery Quality Unit is to develop mechanisms to encourage the identification and dissemination of good practice with its stakeholders through the quality management systems.

16. The deanery Commissioning Process also highlights both good practice as well as adverse exceptions. The deanery gave an example of the Betsi Cadwaladr Health Board report that had been shared with other Health Boards as an example of good practice. However the Commissioning reports did not appear to be actively shared with the Specialty Advisors, we recognise that this may be due to the recent appointment of these individuals (see paragraph 69).

¹ Now known as the Professional Support Unit

17. The deanery has introduced an Innovations Process to recognise and reward innovative practice in the delivery, management and support of postgraduate medical education and training in Wales. Stakeholders including trainees can submit nominations for innovative practice to the deanery Quality Unit. Commendations are published in the commissioning reports to encourage wider dissemination of the practice. A deanery Newsletter is also used to share good practice across the deanery. We found limited awareness of this at LEPs and we encourage the deanery to promote this more widely.

Transfer of information and engagement with local medical schools

18. We note that the deanery is working to align undergraduate and postgraduate quality frameworks, through collaboration with the All Wales NHS Liaison Unit. This includes joint financial quality visits within the Commissioning visit process from September 2011.

19. The deanery uses the national transfer of information (TOI) forms provided by the United Kingdom Foundation Programme Office (UKFPO). The foundation trainees we met had completed a TOI form on graduation from medical school and the deanery reported that there is an effective process in place between the deanery and Cardiff University School of Medicine. The deanery is also working with Swansea University, College of Medicine on this in preparation for graduates from the new Swansea graduate entry programme in 2014. Although the form is a self declaration the medical school encourages students to declare any issues so that they can access appropriate support. The deanery recognised the need to further develop TOI with medical schools outside Wales, as around 33% of foundation trainees in the Foundation School graduate from medical schools outside the deanery. This is a UK-wide issue that all medical schools and deaneries are working together on improving.

20. We note as an area of good practice that the deanery attends an F1 Monitoring Group through which it gives feedback to Cardiff Medical School on any of its graduates experiencing difficulty as foundation doctors within Wales Deanery.

21. Paediatrics and neonatology educational supervisors at UHW confirmed that the process of written communication between educational supervisors within a training programme regularly occurs across placements but is not formalised. In Ysbyty Gwynedd an educational supervisor reported not receiving adequate information on the development needs of a trainee in advance, who had been assigned to work as the most senior specialty doctor at night on their first day after induction. We understood that the information had been transferred to the Health Board by the deanery but had not been shared with the educational supervisor. In light of the further work needed to embed robust transfer of information the deanery should issue guidance to LEPs to ensure that incoming trainees are not allocated to higher risk rotas, e.g. at night with less supervision, in their first few days of their new post. We heard that educational supervisors in Ysbyty Gwynedd had previously raised concerns with the deanery about transfer of information between the Health Boards in Wales and the deanery had addressed their concerns. However the clinical governance structure has changed and the process needs to be reviewed again. The deanery should ensure information about the learning and support needs of incoming trainees is received by the Training Programme Directors and educational supervisors in all programmes before trainees arrive at sites.

22. The deanery has already identified the transfer of information as a weakness and a priority area and it is currently reviewing the transfer of information from F2 into specialty training programmes. This is potential good practice and the deanery should share this work with other deaneries as there are no formal mechanisms nationally for sharing information from F2 to core or run-through training programmes. This lack of transfer of information between training programmes has arisen as an issue on other deanery visits.

Findings by *Trainee Doctor Domain*

Domain 1: Patient Safety

23. The deanery embeds patient safety into its QM processes. It has a risk monitoring system that identifies and prioritises patient safety concerns and is well understood at local level. There is evidence that the deanery has appropriately raised concerns that may lead to patient safety risks with the GMC e.g. issues related to the supervision of neurosurgery trainees (see paragraphs 5 to 7) and the deanery acted swiftly during the visit to address patient safety risks identified by the visit team (see paragraph 26 and 27).

24. Rotas in Wales continue to be affected by recruitment challenges and the structuring of health services across multiple sites. At the time of the visit, in Betsi Cadwaladr and Cardiff and Vale Health Boards, there were a number of rotas where foundation programme trainees were on the same night rotas as trainees in speciality training programmes who have more experience in the specialty. Duties and supervision were not adjusted to reflect the lower competence level.

Clinical supervision

25. In Betsi Cadwaladr Health Board the supervision arrangements in core surgery, paediatrics and the non-psychiatry posts of the foundation doctors were appropriate. The supervision arrangements in foundation posts (excluding O&G) in Cardiff and Vale Health Board were also appropriate but we were unable to meet with trainees in core surgery at Cardiff and Vale Health Board to explore clinical supervision issues. At Caswell Clinic the daytime rotas for core psychiatry trainees provided appropriate supervision.

26. Trainees in core psychiatry posts we met at UHL gave examples of foundation trainees working at night without adequate resident supervision across sites in Cardiff and Vale Health Board. A similar supervision issue was reported by core psychiatry trainees in Betsi Cadwaladr Health Board. In these cases the only supervision available was from an offsite registrar or consultant. Trainees we met at UHL also described supervision and workload issues at Neath Port Talbot Hospital (within ABMU Health Board) which resulted in trainees working beyond their competence (see paragraphs 120 and 122). The Deanery was informed of the concerns during the visit and quickly engaged with the Health Boards to resolve them. A report was provided to the GMC on 15 November 2011 confirming that foundation doctors were removed from these rotas. We will continue to monitor this issue and the deanery will provide a further update on 8 February 2012.

27. There were also examples in paediatric surgery in UHW and emergency medicine in Ysbyty Gwynedd where foundation doctors were the most senior doctors in those specialties at night. Although the trainees had access to on-site supervision from medical registrars and therefore the posts met minimum standards, the arrangements were not optimal for learning or for patients.

28. In both Health Boards this concern was recognised and we heard of action plans to address these rotas, although some of these plans were dependent on future reconfiguration of services. Cardiff and Vale Health Board has since written to all junior and middle grade staff in paediatrics to clarify the cover arrangements. The deanery must raise awareness among LEPs of expected duties and supervision arrangements for foundation doctors and implement an audit of night rotas to verify supervision arrangements. The deanery must only place trainees in environments where adequate supervision is provided. ABMU, Betsi Cadwaladr and Cardiff and Vale Health Boards must ensure adequate supervision arrangements for foundation trainees on night rotas, particularly in psychiatry. We will continue to monitor this issue and the deanery will provide a further update on 8 February 2012.

29. In these examples F1 and F2 trainees were working on what was termed 'an SHO rota' with ST1-ST3 trainees at night. This nomenclature may have exacerbated the problems of inadequate night time supervision as the role and competency of the foundation doctors was not properly understood. This reflects the findings of previous QAFP visits and we recognise this as a problem that must be addressed across the UK. The deanery must raise awareness among LEPs of expected duties, level of competence and supervision arrangements for foundation trainees and implement an audit of night rotas to verify supervision arrangements.

Sign-off

30. Sign-off at specialty level is through the ARCP for trainees on the 2010 curricula and through the Record of in-training assessment (RITA) for the 2007 curricula. Some specialties have an e-portfolio which is used to track the trainee progress but others are still paper based. Sign-off at foundation level has been improved through the introduction of an Annual Review of Foundation Programme (ARFP) process (see paragraph 98).

Domain 2: Quality management, review and evaluation

Quality management (QM) processes

31. The deanery has a Quality Strategy covering a two year period which is broken down into four key areas: routine quality management, stakeholder engagement, quality improvement and trainee engagement. Representatives from the senior educational teams at the LEPs we visited were aware of the deanery's Quality Strategy and processes.

32. The deanery Quality Unit uses a risk based approach to quality management made up from both routine and reactive processes to address areas of concern and to share good practice. Deanery routine reporting processes include the Commissioning Process, annual reporting from the heads of specialty and of foundation training, GP Scheme Review Visits, and GP Practice Approval/Re-approval Visits. The deanery's reactive process is its Targeted Process, which has four stages: low level enquiries, investigation, targeted visit and escalated action planning with potential referral to the GMC.

33. The deanery collects evidence from multiple sources to feed into its QM processes such as the GMC surveys, health board reports, ARCP feedback, end of placement evaluation forms or direct feedback from training leads or LEPs and this evidence is monitored centrally by the deanery Quality Unit. Health board self-assessments are triangulated with other evidence sources.

34. The QM strategy had been circulated to the health boards for comments. Awareness of the deanery QM processes had not fully reached the trainers and trainees that we met at LEPs, but we acknowledge that this may be because the new local faculties and specialty leads are not yet all in place. The deanery considers that these new structures will improve the communication of the deanery QM processes at LEP level (see paragraph 70).

35. The deanery is working to enhance trainee engagement through the QM processes as part of the Quality Strategy. The deanery has introduced meetings with the trainees in advance of action planning meetings for Stages III (deanery targeted visit and monitoring) and IV (escalated action planning meeting) of the Targeted Process, to provide trainees an opportunity to feed in their concerns and to validate the deanery's evidence base. The role of trainee representatives had been formalised with support provided by the Local Faculty Lead and the format of trainee representatives' meetings has been changed to increase collaboration with the deanery.

36. We welcome the close relationship between the deanery and the undergraduate medical schools in Swansea and Cardiff and note the alignment of systems and processes and joint working in a number of areas such as; quality management, careers advice and local faculty development.

Managing risk

37. We agree with the deanery that its use of evidence and sharing of risk rating is a strength. During the visit we verified that overall, the deanery's assessment of the risks and improvements made were appropriate although we noted that in O&G and psychiatry that the actions taken had not yet fully resolved those issues. In neurosurgery, paediatrics and with psychiatry day rotas we found the improvements reported had been made.

38. The deanery highlights areas of concern to LEPs and Specialty Leads through quarterly risk reports, which the Leads and Health Board managers found very helpful. Core surgery and paediatrics educational supervisors in North Wales also thought that the deanery's risk profile fairly matches the problems on the ground and that they can raise concerns with the deanery and they will be addressed.

Managing training across local education providers and sharing practice

39. The Commissioning Process, part of the deanery's routine QM, was enhanced in 2010. The newly structured Health Boards were considered too big for exception reporting and so this was broken down into focused discussions about financial accountability, educational governance, exception reporting and an overall meeting with the Board senior management. The deanery had received positive evaluation from the Health Boards and we found that the Commissioning Process was valued at a senior Health Board level as a driver for change. The Health Boards in Cardiff and Bangor found the process offered an opportunity to resolve problems prior to the main Commissioning meeting through informal pre-meetings with the deanery. The PGO, who leads on quality and educational governance at LEP level, receives documentation from the deanery prior to the Commissioning meeting and found that this allowed the LEP to be proactive in addressing issues and escalate only the issues that needed additional resources or could not be resolved. This new process also ensured that the deanery and the Board understood each other's position better when the deanery and the Health Board senior managers met.

Specialty training programme reports to the deanery

40. We reviewed the annual Specialty Training Programme Reports for core surgical training, neurosurgery, obstetrics and gynaecology, paediatrics and psychiatry and noted significant variation in the quality of the responses provided to the deanery. The deanery stated that this is an area that requires further work and is developing minimum standards for reports and revising the report forms for foundation and specialty.

Domain 3: Equality, diversity and opportunity

41. The Postgraduate Sub Dean (Quality) leads the deanery's equality and diversity programme of work. The deanery has recently reviewed its equality and diversity strategy and was working to improve the quality of the data and to introduce routine reporting.

42. The deanery Performance Support Unit collects equality and diversity data and has used this data to identify certain groups that may require tailored support. For example extra exam support had been made available for doctors in the paediatric and psychiatric training programme who qualified overseas, a group that has been identified as having lower success rates in some national exams. We commend the proactive use of equality and diversity data in targeting support for trainees as good practice.

43. We met a trainee who required reasonable adjustments and another who required less than full time training and both stated that they had received a good level of support from the Performance Support Unit.

Domain 4: Recruitment, selection and appointment

44. The NHS in Wales has faced difficulties in recruiting and retaining medical staff, particularly middle grade doctors, and we were impressed with the efforts made by the deanery in promoting Wales as the 'Smart Choice' in order to improve recruitment to training programmes, particularly those in more remote and rural areas. A team building day for F1 trainees in North Wales was also appreciated by the trainees and may aid recruitment there.

45. We found evidence of improvement in paediatrics, neonatology and psychiatry where the deanery's proactive recruitment strategy had helped to fill rota gaps and to ease workload (see paragraphs 130 and 162). There remain some rota gaps resulting from recruitment challenges, which the deanery state may be addressed by reconfiguration.

Domain 5: Design and delivery of the curriculum including assessment

46. Overall we found trainees to be getting good practical experience relevant to their training programmes; some improvements could be made in paediatrics at UHW and in psychiatry at Cardiff and Vale, while at Ysbyty Gwynedd flexible trainers were making the most of the learning opportunities in their surgical lists for trainees.

Training sessions

47. Access to formal teaching was patchy across the programmes we investigated during the visit and teaching programmes are hampered by poor information technology (IT), so that trainees often had to travel to other sites within their Health Boards for teaching sessions. F1s we met at UHW had some difficulties attending teaching sessions (see paragraph 164). However most trainees we spoke to regarded the quality of organised teaching sessions as good. There is evidence that the deanery is actively managing training programmes to improve access to formal teaching, for example the new All-Wales paediatric teaching sessions for ST1-3. These initiatives are heavily reliant on improvements to IT systems and, in Ysbyty Gwynedd, the availability of rooms to hold the conference sessions.

Assessment

48. All the educational supervisors we met had completed training on WPBAs. The senior educational team at Cardiff and Vale stated that they have trained 200 educational supervisors in completing WPBAs and the FPD had also run training workshops for non-medics on completing WPBAs.

49. All trainees we met could complete their WPBAs. The Foundation School checks to see who is completing the assessments for foundation doctors. In Ysbyty Gwynedd trainees in paediatrics, core surgery (vascular and general surgery posts), psychiatry and the foundation programme did not find it difficult to complete their WPBAs.

50. Paediatric and neonatology trainees at UHW stated that they should be able to complete WPBAs with any consultant working within the unit rather than just their educational supervisor however, the consultants are often too busy to complete them.

51. The deanery reported that its ARCP panels are convened, according to the national training guidance (the Gold Guide), which requires lay representatives to be involved in the ARCP review of at least 10% of trainees from each specialty. As noted below in paragraph 53 the deanery has commissioned an external review of its ARCP processes.

52. The deanery has committed to reviewing externality arrangements for ARCP's as part of its Quality Strategy and wants greater lay involvement for ARCP panels and their quality visits. It has asked the Community Health Councils, statutory bodies providing a voice for patients and the public in improving the quality of healthcare in Wales, to identify 15 – 20 lay people for intensive training for this work, which we note as good practice.

53. We note that the deanery has asked Kent, Surrey and Sussex Deanery to conduct an external review of their Annual Review of Competence and Progression processes. We commend this use of external scrutiny to improve processes and encourage the deanery to share the outcomes of this review and the results of any actions taken with other deaneries as variability in these processes between specialty programmes is a UK wide issue.

Domain 6: Support and development of trainees, trainers and local faculty

Educational supervision

54. Trainees across all specialty programmes we spoke to knew their educational supervisor and reported having signed their personal Learning and Development Agreements.

Careers advice

55. An all Wales careers strategy has been developed in collaboration with Welsh medical schools, including a website for students to support career thinking and tools for educational supervisors to promote continuous professional development and careers advice. An interactive medical careers map had been developed by the deanery which plots career options. Trainees and trainers we met did not yet show awareness of these resources as they are in an early stage of development.

Less than full time training

56. The deanery has been recognised for its family friendly policies with a UK wide award from the Medical Women's Federation. This included the deanery's policies and support provided for less than full time training. The deanery stated that less than full time training is welcomed as a route to dealing with a trainee need or emergency.

Undermining

57. The 2010 GMC trainee survey had identified undermining as an issue in a number of sites and specialties across Wales. However the results had improved in the 2011 GMC trainee survey. We note the deanery's rigorous and effective approach to tackling undermining of trainees in LEPs across Wales. We found evidence that the zero-tolerance approach was well known by trainers and trainees, and identified incidences that had been successfully addressed in both Health Boards visited and had not reoccurred. We heard during our visit of an example of undermining in neonatology being successfully managed at UHW.

Support for trainers

58. The deanery strategy for supporting trainers is covered by its 'Supervising the Route to Excellence' programme. There are five strands to this programme that the deanery stated are progressing at different rates: Training resources for trainers; a database of undergraduate and postgraduate supervisors; quality systems to report on training completed and the tripartite agreement (a 'memorandum of understanding' between educational supervisors, Health Boards and the deanery in which mechanisms for, and support of, the provision of educational supervision in postgraduate medical education are defined); changes to the PGO role.

59. The deanery had completed a pilot of the Educational Supervision Tripartite Agreement in January 2011 and was evaluating the process prior to implementing it across Wales. The deanery stated that the evaluation had generally been positive and the agreement was welcomed by Health Boards.

60. Ysbyty Gwynedd was a trial site for this approach but a number of trainers we met did not think that it would be implemented successfully and there is work to be done to secure the commitment of all trainers. The deanery stated that once the new Faculty Lead with responsibility for the development of trainers is in place (see paragraph 70) they will be able to launch and champion it across sites. Cardiff and Vale Health Board had not been involved in the supervising the route to excellence pilot and so trainers were not aware of this although the Medical Director was fully supportive of the project.

61. Trainers we spoke to were appreciative of the deanery's efforts to respond to training needs that they had identified and to the delivery of training locally across Wales so that trainers did not have to travel to Cardiff for the sessions.

62. All trainers praised the quality and flexibility of the deanery's 'Training the Trainers' course and the online resource. The training is on a continual rolling basis and trainers receive email reminders from the deanery about these courses. In Ysbyty Gwynedd it was reported that 80% of trainers had attended this course. Educational supervisors are encouraged by the deanery to complete regular training and the local Associate Medical Director ensures that they take up training opportunities.

Job planning and appraisal

63. The deanery stated that job planning in Wales is a high priority for the deanery as at some sites as little as 40% of consultants have job plans. In the past there have been different approaches to job planning across Wales, which varied across LEPs and specialties. The deanery has undertaken a major piece of work to address this, including holding focus groups with Health Board management. The Wales Audit Office has been looking at job planning and an action plan is now in place.

64. Job planning was patchy across the sites we visited although the principle was of seven programmed activities (PAs) of clinical commitment and three PAs for supporting professional activities (SPAs). There was a lack of clear detailed job planning for the SPAs supporting educational roles and some trainers stated that there was an expectation that they would fit everything in.

65. The deanery is reviewing how the three SPAs are used and ensuring that educational supervisors have educational objectives for their SPAs. This will improve the transparency of funding for educational roles and the recognition of educational activities within clinicians' appraisals.

66. The deanery is exploring how the effective GP appraisal system can be applied to hospital systems. It is also looking at the outcomes of team appraisal and how this is taken to employer appraisal but this has not yet been introduced.

67. The deanery and educational supervisors considered that GMC revalidation will help to drive appraisal and embed it properly, potentially solving the problem of job planning. We note that educational activities are not currently embedded within job plans but acknowledge the ongoing work being undertaken by the deanery to address this.

Domain 7: Management of education and training

Governance arrangements

68. The deanery has established a Quality Committee to review the quality of training in Wales. The Quality Committee reports directly to the deanery Management Executive and meets twice a year.

69. In 2010 the deanery identified the need to improve governance for individual specialties across the deanery. With the restructuring of the specialty schools the head of specialty role was no longer considered effective and the joint strategic and operational role was not deliverable. The change in structures was partly in response to the need to manage the changes to service provision and the potential impact of this on training. Specialty Leads have been in post for less than six months and some individuals also hold the role of College Regional Advisors, who are the links with the professional standard setting bodies and independent of the NHS. The Specialty Leads are on the deanery Quality Committee, work closely with the Reconfiguration Leads and have a close working relationship with the Royal Colleges. The deanery considers that this new structure should help to improve the consistency of content of the annual specialty reports (see paragraph 40).

70. The deanery is revising its local educational governance structure, moving from a single coordinator at each site (the PGO) to a Faculty Lead model, identifying key individuals with responsibility for specific areas across all sites in the Health Board (such as doctors in difficulty, careers, trainee support, development of trainers, quality support). The structure was not fully in place at the time of our visit but the deanery hopes that it will improve the workload of those with deanery roles and improve consistency in how issues are dealt with across sites and Health Boards. The Faculty Lead posts were due to be advertised at the time of the visit and were open to the PGOs to apply.

71. These changes are intended to bring consistency to these key areas. Those we met at the sites we visited knew about the changes but not all posts had been appointed to and so we could not assess the impact of the changes.

72. We heard that there is likely to be a 5% reduction in funding for postgraduate medical education in 2012. The deanery stated that there is an ongoing dialogue with Health Boards and the Welsh Government to identify packages of activities that may need to be reviewed in light of this reduction and acknowledgement that the deanery's strategy may need to change in future. NHS Wales considers that all areas of education will need to become more efficient at planning and deploying resources in future to meet this target.

Reconfiguration of services and training

73. The reconfiguration of training in Wales predates the plans for service reconfiguration with established principles such as fewer training sites, rotas with a minimum of 11-12 staff on each site and realignment of core services to better match output. These overarching principles had been shared with the Health Boards and the Welsh Government. The deanery reported that it has a clear strategy for the reconfiguration of training programmes in Wales. Training reconfiguration will be overseen by a Reconfiguration Programme Lead who will be responsible for ensuring that any interdependencies are managed appropriately.

74. The deanery was positive about the role that it could play in the service reconfiguration plans. NHS Wales recognises the important role that the Dean has to play in discussions about service reconfiguration because of the importance of developing programmes and training patterns that will meet Wales' workforce needs and deliver them in a way that leads to a more stable and committed workforce.

75. We heard from trainers and NHS managers across the sites we visited that there is potential for reconfiguration to make training more attractive in the next few years by concentrating doctors on fewer rotas and reducing split site working.

76. An independent National Clinical Forum has been established by the Welsh Government to provide clinical advice to the Health Boards on their proposals for service change. The deanery is engaged with this forum and the Health Boards demonstrated commitment to considering training needs within service reconfiguration plans, which will be submitted over this winter for consultation over spring-summer 2012. There was a recognition amongst all NHS managers and trainers we spoke to that improvements in the quality of care relied on the development of programmes and training patterns that will meet Wales workforce needs and the delivery of high quality training that leads to a more stable and committed workforce.

77. The deanery is appointing reconfiguration leads for specialty training programmes to provide advice to the Boards on how reconfiguration could be used to improve training. We met educational supervisors in Ysbyty Gwynedd who were engaged in this process already.

78. We also found that the deanery was engaged in the Wales forum, which is overseeing local reconfiguration plans at national and local levels. NHS managers demonstrated commitment to considering training needs within service reconfiguration plans.

79. Reconfiguration has not always run smoothly in Wales and we are aware of issues that arose when training and service reconfiguration were not aligned in neurosurgery. However, we found evidence that more recently Health Boards have engaged positively with the deanery to reconfigure service to protect and improve training. For example the deanery and Health Boards are committed to working together to cut the number of core surgical training posts and to ensure that this leads to improvements in training (see paragraph 110).

Domain 8: Educational resources and capacity

Deanery website and internet access

80. Deanery policies and procedures are published on the deanery website. We noted that it was not easy or intuitive to access all the key policies. The deanery stated that the content and layout of the website had been revised over the last six months and a new version of the site was due to be launched on 11 November 2011. This includes both the internal and external facing sites. We reviewed the new website after the visit and noted some improvement in the accessibility of key policies.

81. Access to the internet remains an ongoing issue across Wales. The deanery confirmed that despite progress made this remains a challenge that has been escalated to the Chief Information Officer at the Welsh Government. The main pipeline had been enhanced but there remain issues with speed and dial up time at certain sites. Mobile technology is not an issue in Cardiff but providing computers in an NHS setting is a greater challenge. In Ysbyty Gwynedd the Health Board stated that the network is not fit for the purpose and trainees thought that this reinforces the feeling of isolation from the deanery.

82. We found examples in Cardiff and Bangor where lack of reliable internet access is hindering the monitoring of training through the e-portfolio and may lead to an information governance risk as people find solutions around this. For example paediatric and neonatology educational supervisors in UHW stated that the signal is very slow and so they resort to completing assessments from home computers.

83. The deanery is trialling a number of innovations such as the use of personal digital assistant (PDAs) and smart-phone devices primed with medical text books for foundation trainees. It has also been invited by The Association for the Study of Medical Education (ASME) to lead on the use of technology to enhance learning and was in the process of devising the terms of reference for this work.

84. Screens have been introduced in some postgraduate centres to send out specific messages and to disseminate information about central Health Board or deanery activities at a local level.

Domain 9: Outcomes

85. The deanery collects the responses to end of placement questionnaires in F1 and F2 as part of its quality management framework as well as in most of the major specialty groups.

86. The deanery reviews outcomes data from national surveys, Royal College examinations data and ARCP data as part of its QM system. For example the deanery used its analysis of the outcomes of College examinations and provided additional support for trainees holding a non UK primary medical qualification. The identification of low pass rates for examinations in paediatrics and psychiatry by the deanery also triggered concern about the programmes, which the deanery has been investigating and managing.

Findings by foundation and specialty

Foundation training

87. We explore foundation training as part of all deanery visits, including the transition from medical school to the first period of employment as a doctor, as this is a high risk time as students move into clinical practice. In 2010, the National Training Survey identified some issues for foundation trainees in Wales in relation to workload intensity and adequate experience. The focus of the visit was to explore how the rota and staffing issues are impacting on clinical supervision, trainee completion of mandatory skills for foundation trainees and how the deanery is addressing this.

88. Wales reported that they had 318 standard foundation programme places for F1 trainees, 21 academic posts and three supernumerary posts last year. 13 of the 318 standards posts were released for local service recruitment as appointments into training posts were not made. There were 316 standard posts for F2 trainees, 21 academic posts and four job shares last year. 16 of the 316 standard posts were released for local recruitment to service.

89. We identified no requirements as part of the last Quality Assurance of Foundation Programme (QAFP) visit to Wales Deanery in 2006.

90. We note that the deanery has close links with the UKFPO as the Postgraduate Dean also chairs the organisation.

Supervision

91. The deanery has a clinical supervision policy in place which states that no foundation doctor should be the most senior person at night. However a number of trainees we met gave examples of foundation trainees working at night without adequate resident supervision, which the deanery has addressed (see paragraphs 26 and 27).

92. It is the deanery's policy that foundation trainees should have a different educational supervisor for each four month placement who is normally also their clinical supervisor. Foundation trainees we met were supportive of this structure and did not report any issues with this dual supervisory role. Most trainees we met would approach their local FPD if they were experiencing difficulties with their educational/clinical supervisor. Foundation trainees are informed at their induction of who else they can turn to for support and advice aside from their supervisors.

93. All educational supervisors for foundation training are approved by the FPDs as part of the selection process. Educational supervisors for foundation meet their trainees during induction, at the mid point if there are issues and at the end of the rotation.

Seeking consent

94. Foundation doctors should only take consent for procedures that they can perform themselves, or in which they have had consent training and therefore understand the possible complications and effects of the procedure. The deanery had a clear policy on consent but had previously identified that trainees were sometimes taking consent for procedures in which they were not competent. To address this, the Medical Director of NHS Wales wrote to all Medical Directors across Wales on 2 August 2011 to clarify the guidance around taking consent. The Associate Dean for Foundation followed this up and requested that the information is cascaded to all trainees and trainers.

95. Despite this positive action taken by the deanery we heard from an F2 in obstetrics and gynaecology who was being asked to take consent for laparoscopic procedures without having had appropriate training. The deanery was disappointed to hear this and on 10 November 2011 the Assistant Medical Director of Cardiff and Vale University Health Board wrote to all medical staff about the competency required to take consent. All clinical staff were instructed to ensure that they were satisfied with the competency of any junior doctor when delegating. In addition foundation doctors were contacted to remind them that they can only take consent if they have the required competence for the procedure. The deanery also reported that clarification of the guidance surrounding consent will be enhanced through the induction process. The deanery will provide a monitoring report by 8 February 2012 as part of our monitoring of concerns.

Working within competency

96. We found a number of examples where foundation trainees were included in the same rotations as speciality trainees (ST1 – 3) and were referred to as Senior House Officers (SHOs), which does not reflect the considerable difference in the clinical competence that can be expected of an F1 or F2 and their ST1 - 3 colleagues (see paragraph 29).

Sign-off and transfer of information

97. F1 and F2 trainees who have made satisfactory progress are confirmed by the local FPD, who discusses this at the quarterly FPD meetings. In addition the Foundation School Director formally signs-off all foundation trainees within the Wales Foundation School.

98. The introduction of an Annual Review of Foundation Programme (ARFP) process has brought greater consistency to the process of sign-off in the foundation programme. The FPD and Centre Manager/Foundation Programme Administrator review all F1 and F2 e-portfolios and anyone who has failed to meet the minimum requirements is called to an ARFP panel, along with 10% of foundation doctors who are making satisfactory progress selected at random. We consider that this process may provide good trainee preparation for the Annual Review of Competence Progression (ARCP) process.

99. The ARFP panel consists of an FPD from the foundation trainee's Health Board, an FPD from a different Health Board and a lay panel member. We consider this a good use of externality.

100. Educational supervisors we met confirmed that they review the previous educational supervisors' reports via the e-portfolio and some would also speak to the previous educational supervisor. Foundation programme educational and clinical supervisors that we met were not aware of any graduates who had been placed with them with potential difficulties of which they had not been informed about.

101. We heard that foundation trainees declaring a disability are offered a meeting with the Foundation School Director so that an appropriate placement and additional support can be arranged. The Performance Support Unit works to ensure that agreed reasonable adjustments move with an individual trainee across their placements as they rotate.

102. The Deputy Foundation Programme Director reviews all 130 foundation portfolios in Cardiff and the Foundation Programme Director (FPD) reviews all 39 trainee portfolios in Ysbyty Gwynedd. Representatives from Cardiff and Vale Health Board considered that this system is effective but may not pick up all lower level issues. Although we are satisfied that this system provides a longitudinal view of the foundation trainees performance we consider this is a large burden on these individuals which may not be sustainable.

Career advice

103. The deanery stated that foundation trainees are given the opportunity to meet with their local FPD to discuss a suitable rotation for their career progression.

104. Tasters are available for foundation trainees but are self directed. The deanery was aware that rota demands affect the trainees' ability to access tasters, particularly in F1, and that employer understanding of tasters could be improved. Foundation trainees we met confirmed this view.

Shadowing and induction

105. All F1s across Wales complete a mandatory paid four-day induction and orientation programme which is 50% job shadowing and includes a prescribing competency programme. F2s and above attend a corporate induction and all trainees are also expected to attend a departmental induction.

106. There is a four-week clinical consolidation block for Cardiff medical students after their final examinations to allow students to familiarise themselves with the team that they will be working with as an F1. This is only for medical students based in Cardiff as it is more difficult to arrange this with other medical schools. There are also four days of shadowing in Wales immediately prior to commencement in post, which include the F1 trainees' induction. This commitment to a common shadowing period across the country is good practice and the Medical Director for NHS England has adopted this approach in England. However we found that F1s we spoke to who came from outside Wales Deanery reported struggling with protocols and procedures despite the four-day shadowing period. The deanery should monitor the effectiveness of this shadowing period, particularly for those F1s coming from outside the deanery, and report back on this as part of the annual deanery reporting cycle.

107. The process for the allocation of F2 training posts was not considered fair by all trainees we met, with lack of anonymity reported and lateness in communicating decisions about the allocation of posts.

108. All foundation trainees we met could complete their WPBAs. The Foundation School checks to see who is completing the assessments for the foundation doctors.

Core surgical training

109. When agreeing the programmes to visit, the deanery asked us to consider core surgical training due to quality data it held which indicated there are challenges to the delivery of training and plans for service reconfiguration.

110. The deanery's quality data, such as the GMC survey results, Royal College of Surgeon portfolio returns and the deanery's targeted process, had suggested serious quality issues within core surgical training in Wales. The deanery had identified dissatisfaction amongst trainees, which was largely due to being required to carry out routine ward work with little educational value. As a result the numbers of core surgical training posts are being reduced from 157 posts to 90 posts over 18 months. The reduced numbers align to work force planning predictions for higher training numbers and will increase focus on high quality training rather than on purely on service provision.

111. A Reconfiguration Lead has been appointed to liaise with stakeholders and to develop and implement the core surgical training reconfiguration strategy. The deanery will provide the Health Boards with a formal plan on the proposed reconfiguration to inform their future planning.

112. The recommendations in this report are limited to core surgical training in Ysbyty Gwynedd because although we were scheduled to meet with trainees and trainers in core surgery at UHW, only a small number of trainers arrived to participate in the interview and no trainees met with us. Given the issues identified and the significant changes on the horizon we continue to be concerned about core surgical training in Wales. The deanery must monitor this programme closely and to provide an update as part of the annual deanery reporting cycle. Following this update we will consider if further action is required.

113. Core surgical training in North Wales was generally reported as good with the isolated exception of issues identified in training delivered in trauma and orthopaedics in Ysbyty Gwynedd (see paragraph 147).

114. We note that the deanery has been working closely with all Health Boards and that nurse practitioners have been appointed to reduce the volume of ward work for the core trainees and to give them access to activities of greater educational value.

115. Core surgery educational supervisors in Ysbyty Gwynedd thought that the deanery's risk profile fairly matches the problems on the ground and that they can raise concerns with the deanery and they will be addressed.

Handover

116. Core surgical trainees in Ysbyty Gwynedd praised the twice daily multi-disciplinary handovers which are supported by an electronic handover template. The outgoing and incoming medical and surgical teams attend the same handover and attendance is closely monitored. The electronic handover had been introduced to reduce errors that may occur in written handover notes. This was also shown in the results of the 2010 and 2011 GMC trainee survey in which there was a positive outlier for handover at Ysbyty Gwynedd. This is an area of good practice that should be shared with other Health Boards.

Core psychiatric training

117. We are aware from scheduled reporting to the GMC that psychiatry training across the UK faces a number of challenges including:

- a. Selection and retention problems, there are fewer applicants than training places and a significant proportion of trainees leave their training programmes part way through.
- b. Difficulty ensuring programmes can deliver the competences required by the curriculum, particularly in psychotherapy because much care is delivered by non-medics and through the charitable sector.
- c. Comparatively low numbers of trainees passing college exams when viewed alongside other specialties.

118. These UK wide issues taken together with 2010 National Trainee Survey results which indicated problems within core psychiatry training at Whitchurch Hospital, Caswell Clinic and Neath Port Talbot Hospital informed our decision to visit core psychiatry in Wales.

119. The 2010 National Training Surveys identified issues at Whitchurch Hospital within the Cardiff and Vale University Health Board in the provision of core psychiatry training in terms of the experience, overall trainee satisfaction, local teaching and learning opportunities. However the deanery requested that we visit University Hospital Llandough (UHL) instead of Whitchurch Hospital as the majority of psychiatric trainees and service had been transferred there from Whitchurch since the surveys had been conducted.

Working within competency

120. A core psychiatry trainee we met at UHL reported that they were working beyond their competency in making assessments under Section 136 of the Mental Health Act at Neath Port Talbot Hospital. The Dean responded constructively by raising the issue with ABMU Health Board. The Health Board investigated the issue and advised that they recognise that it is good practice for trainees to discuss cases with a Senior Registrar or Consultant and that this has not always happened. To address this the Mental Health Directorate is issuing a directive to all staff stating that in cases where a trainee is not Section 12 approved they should, in all cases, discuss the assessment and management of patients under Section 136 with the Senior Medical personnel on-call. In addition the Health Board is also in the process of updating their policies to reflect this.

Educational experience

121. We found inadequate opportunities in psychotherapy for core psychiatry trainees in Cardiff and Vale Health Board. CT3 psychiatry trainees we met stated that they thought that improvements had been made recently but that they had missed out on opportunities in earlier years. In contrast the provision of psychotherapy in Betsi Cadwaladr Health Board was reported as good by trainees. We are aware that this is an issue for core psychiatry training nationally. The deanery must review the opportunities in psychotherapy for core psychiatry trainees in Cardiff and Vale Health Board to ensure that trainees can meet the curriculum outcomes.

Workload

122. Core psychiatry trainees were generally positive about recent changes to their rotas and the effect that this has had on reducing their workload and increasing educational opportunities. However trainees in core psychiatry who were working at Caswell Clinic during the day reported recent excessive workload and hours at Neath Port Talbot Hospital (within the ABMU Health Board) for the night and weekend rota. Clinical supervision on these rotas was described by trainees as variable and junior members of the rota (such as GP trainees) could be asked to work beyond their competence (see paragraph 120). This was another example of trainees with varying levels of experience being on the same rota (see paragraph 29).

123. This concern was raised with the deanery during the visit who investigated these rotas. The deanery reported that the Health Board's human resources department had taken steps to address the trainees' concerns before our visit. A meeting was scheduled to review the concerns on 11 November and as a result of this the working pattern for Neath Port Talbot has changed from a 1:7 non resident on call rota to a 1:7 full shift system, which will prevent trainees completing very long shifts and ensure scheduled rest periods.

124. The 2010 GMC survey highlighted significant concerns with workload, supervision and general satisfaction for core psychiatry trainees based at the Caswell Clinic. Core psychiatry trainees we met based at Caswell Clinic reported good supervision and teaching at the site. The educational supervisors confirmed that trainees' were able to attend ward rounds and other learning opportunities and to become part of the clinical team. Trainees based at Caswell Clinic stated that issues with their training related only to out of hours working on rotas within ABMU Health Board (see paragraph 122).

Supervision

125. The College tutor for psychiatry meets trainees individually at the end of each term, and provides them with feedback, which trainees found helpful.

126. The weekly group supervision in psychiatry was greatly valued by the trainees that we met at both UHL and Ysbyty Gwynedd.

Assessment

127. At present the Royal College of Psychiatrists requires trainees to attend a university based course as part of the MRCPsych examination preparation. Trainees in psychiatry reported that the MSc which is provided in Cardiff as exam preparation is not fit for purpose and this is supported by the lower national exam pass rates for psychiatry trainees in Wales. Trainees in North Wales access the University of Liverpool training course which was better regarded by the trainees but expensive and may not be value for money. The deanery should review the MSc courses available to psychiatry trainees to ensure that specified study leave provision is effective for trainees.

128. A mock Clinical Assessment of Skills and Competencies (CASC) examination is organised by the specialty school alongside the ARCP process, to give trainees examination practice and to identify any trainees who are struggling with this form of assessment, so that they can be given targeted support.

Paediatrics and neonatology training

129. The deanery QM data had identified that there were risks with paediatrics and neonates training programmes due to a lack of trainees, recruitment issues and because of the planned reconfiguration of services. The deanery had identified problems with workload and work intensity in neonatology at UHW due to rota gaps and had put in place an action plan to address these. We agreed to visit these specialties through analysis of our evidence base and discussions with the deanery.

130. Paediatric and neonatology trainees at UHW and in Ysbyty Gwynedd stated that despite improvements to the rotas they sometimes struggle to attend teaching sessions due to their workload. Educational supervisors in paediatric and neonates confirmed that there is a rolling programme of core training organised programmes every month but that trainee attendance is poor due to service pressures. The deanery has made attempts to address this and staffing levels had improved with a reported doubling of middle grade staff numbers at UHW. The improved rotas had increased the educational opportunities for paediatric and neonatology trainees.

131. Hospitals run an induction in August when other specialties changeover, but paediatric trainees change posts in September and therefore miss this induction. Many of the paediatric trainees we met stated they had not had a formal hospital induction. However the Medical Director at Cardiff and Vale stated that there is a generic induction available online via PLATO as well as mandatory e-induction modules.

132. All paediatric trainees we met had received a departmental induction on their first day including an introductory talk about how the unit runs and roles and responsibilities and had found it useful.

133. Paediatric trainees in Cardiff stated that the deanery had provided a specialty induction last September for the first time and those who had been able to attend had found it useful in finding out about the structure of training and those involved.

134. Core paediatric trainees reported that the study leave budget is not used flexibly enough. Trainees in paediatrics in Ysbyty Gwynedd reported that they were only able to access half the study leave budget for a course that ended in the first half the year and would like the second part of their budget to be made available at the time the course must be paid for and undertaken. Betsi Cadwaladr Health Board should review the allocation of the study leave budget for paediatric trainees to allow for annual course fees to be paid.

Findings by LEP

Betsi Cadwaladr University Health Board

135. At Betsi Cadwaladr University Health Board we explored foundation, psychiatry, paediatrics and neonates and core surgical training.

136. At the site we found a clear commitment to training and recognition of the importance of high quality training in the provision of high quality care. Most trainees were positive about their experience at the site. We found evidence of flexibility and creative thinking to optimise training opportunities for trainees. There remains a disproportionately large number of vacant training places in the area despite work done by the deanery to improve this. The area is rural with services spread over a wide and sometimes not very accessible area which brings challenges. The site appears to be embracing reconfiguration positively and approaching it as an opportunity to improve training in the area.

137. Foundation trainees we met at Ysbyty Gwynedd felt welcomed and valued, the FPD and postgraduate staff were accessible and approachable and they stated that they would recommend completing a foundation year there. F1s praised an outdoor pursuits team building day and thought that it demonstrated that they are valued by the hospital.

138. The deanery funds an administrator post in North Wales for Foundation trainees and the FPD and the administrator run a confidential drop in each week, which is popular with trainees.

139. Some educational supervisors we met in Ysbyty Gwynedd considered that information about trainees is not transferred effectively between sites. They stated that this had previously been raised with and addressed by the deanery but that it needs to be reviewed in light of changes to the clinical governance structure.

140. We heard that the Foundation Programme Director and the paediatric and surgical educational supervisors at Ysbyty Gwynedd had received information from the deanery about new trainees who required specific support. In response they adapted the induction and training, which were examples of the transfer of information about trainees joining new programmes working effectively.

141. Those we met in Betsi Cadwaladr Health Board recognised that there had been a positive change in the relationship with the deanery and appreciated efforts to include the North within training and quality management activities. There has been particular difficulty in recruiting to training programmes, it was noted that the deanery had made great efforts to improve recruitment.

142. The deanery and the Health Board are aware of risks to the local paediatric training programme due to the problems with trainee recruitment that meant they did not fill their national training numbers. They acknowledged operating a bare minimum rota. We note that the deanery is monitoring this high risk situation closely to ensure that the rota issues do not make training unsustainable.

143. The Health Board considered that there is strong potential to use reconfiguration to make training more attractive in the next few years with larger numbers on fewer rotas and less split site working.

Generic training

144. We found evidence of trainers in North Wales working flexibly and thinking creatively to optimise training opportunities for trainees in paediatrics, for example, trainers supporting trainees to attend additional training sessions in Liverpool to access more complex cases. Trainees also reported that consultants held their bleeps for them so they could attend training sessions.

145. Core surgical trainees at Ysbyty Gwynedd found the monthly surgical teaching sessions helpful and reported the quality of teaching to be very good. They had not experienced problems in attending the sessions and praised the practical sessions on managing their portfolio and interview techniques.

146. Core surgery trainees in general surgery and vascular surgery posts at Ysbyty Gwynedd reported receiving good access to training opportunities in the operating theatre. We heard from trainees and trainers that consultants arrange training rotas to give all trainees a breadth of experience and opportunities to trainee with different consultants. We regard this as very positive training practice.

147. However we heard from a number of different groups about lack of support and engagement in teaching in core surgical training posts in trauma and orthopaedics at Ysbyty Gwynedd. This appeared to us to be a well known problem within the hospital and we heard examples of attempts to address it. However we consider that Board managers and the deanery must take stronger action to address this problem in an otherwise well managed core surgical training programme and ensure that all trainers in core surgical training in trauma and orthopaedics in Betsi Cadwaladr Health Board seek to maximise training opportunities for trainees. The deanery must only place trainees in environments where trainers contribute to the learning culture in which patient care occurs.

Induction and supervision

148. Core surgical trainees at Ysbyty Gwynedd had found the hospital induction very helpful. All paediatric trainees, apart from one who had started on nights, had also completed a hospital induction.

149. Core surgical and paediatrics trainees at Ysbyty Gwynedd had met their educational supervisors and signed a learning agreement. Core surgical (in vascular and general surgery posts) and paediatrics trainees at Ysbyty Gwynedd felt they had good educational supervision.

Practical experience

150. We heard that paediatric trainees in Ysbyty Gwynedd received good practical experience and had no problems meeting their curriculum and assessment requirements.

Study leave

151. Trainees in core surgery and foundation programmes in Ysbyty Gwynedd were able to access study leave although some reported that the new electronic system was not used by consultants so they had to fill in paper requests as well. Paediatric and core psychiatry trainees at the site reported that they were unable to get their full amount for expensive courses that they had to complete in a short time (see paragraph 134).

Trainer issues

152. In North Wales the educational supervisors' education role is not uniformly appraised and the Associate Medical Director highlighted consistency across the sites in job planning and appraisal as a priority for 2012.

153. Educational supervisors we met at Ysbyty Gwynedd were very committed to attending training opportunities and said that sessions fill up quickly. The Postgraduate Diploma in Medical Education was well attended and trainers had found it useful. Trainers in North Wales were appreciative of the deanery's efforts to provide training locally so that they don't have to travel to the Cardiff.

Cardiff and Vale University Health Board

154. At UHW we explored foundation, paediatrics and neonates and core surgical training. However we were unable to meet core surgical trainees as part of our visit to UHW and therefore comments about core surgical training are based on discussion with educational supervisors and the LEP management team only. We received good feedback from those that we spoke to at UHW and found a good level of engagement between the Health Board and the deanery.

155. At UHL we explored core psychiatry training. Psychiatry trainees we met at UHL who were based at Caswell Clinic praised the training that they receive there. Trainees were positive about the recent changes to their rotas and the effect this has had on reducing their workload and increasing educational opportunities. All trainees felt well supported by the Clinical Tutor.

156. F2s in UHW stated that too much information was provided at the formal hospital induction with lots of handouts, which they had not found helpful.

157. Trainees in paediatrics and neonatology in UHW stated that allocation of training posts was left very late due to shortages of trainees. They often did not find out the details of their post until the day before the post was due to begin, which had created difficulties particularly with childcare arrangements.

Supervision

158. F1s and F2s at Cardiff and Vale reported a good level of educational supervision with regular meetings, informal mid placements reviews, assessments and constant feedback as they are also the clinical supervisor. Most paediatric trainees we met at UHW were happy with their level of educational supervision although they described it as variable at times.

159. Core psychiatry trainees at UHL praised the 'Hot Review' every Friday as an effective group in which to discuss complex issues with senior colleagues.

160. We commend the use of external psychiatrists brought in at Cardiff and Vale Health Board to provide feedback to trainees and to enable trainees to discuss any issues with someone external.

161. Representatives from Cardiff and Vale Health Board stated that there is a heavy dependence on the PGO to provide longitudinal support for specialty trainees rather than the educational supervisors. We note that the PGO role is being replaced by Faculty Leads (see paragraph 70). The deanery will need to monitor the new structures to determine whether they provide longitudinal support for trainees in a more sustainable way.

Workload

162. Core psychiatry trainees at UHL were positive about recent changes to their rotas and the effect that this has had on their workload and access to educational opportunities. The education supervisors confirmed that improvements to the rota had improved clinical and educational supervision and trainees' ability to attend ward rounds and other learning opportunities and to become part of the clinical team.

Practical experience

163. Neonatology trainees in UHW stated that they have to complete a large number of 'baby checks', which are not of educational value. Educational supervisors stated that more midwives are being trained to complete these checks and by the end of year there should be 16 extra people who can do this which will reduce the burden on trainees, which we support.

Generic teaching

164. F1s we met at UHW were struggling to attend scheduled teaching sessions due to the infrequency of the block of teaching that, if missed, resulted in a significant gap in their programme. Most were unaware that they should be able to give their pagers to someone else during organised educational sessions so that they can take part. The deanery must ensure that all foundation trainees at UHW have access to organised educational sessions during which they can give up their pagers.

A solution had been found for F2s' generic teaching where it is run a number of times at different sites. The same study day is run for F2s across sites in Wales up to seven times and trainees are encouraged to book early to select their preferred site. F2s at UHW stated that they have local teaching for an afternoon once a month, which they find useful.

165. A new health education centre (the Cochrane Building) at Heath Park Campus (which the University shares with UHW) will provide more space and resources for teaching and self study for Cardiff undergraduate medical students. The transfer of facilities to the new building will release space for Cardiff and Vale University Health Board at the main building at Heath Park Campus. It should also increase opportunities for inter-professional learning and other professional collaborations in future.

Trainer issues

166. At UHW the Medical Director reported that 95% of trainers have agreed job plans, which include the educational sessions they are doing, but that only 48% have been appraised for these activities. We were impressed that the Health Boards were able to provide these statistics and are working to improve them under the leadership of the deanery.

167. Paediatric educational supervisors at UHW stated that they are developing a team job plan that allocates educational supervision to consultants with an interest in education and protects their time to deliver training. This appears to be the only specialty where team job plans are used. Paediatric educational supervisors at UHW confirmed that their educational roles are taken into account during their NHS appraisals.

168. Paediatric educational supervisors at UHW found the feedback from the end of placement evaluation and GMC survey helpful but would welcome more feedback on their performance from the deanery.

Acknowledgement

169. The GMC would like to thank the deanery and all those we met during the visits for their co-operation and willingness to share their learning and experiences.

Annex 1: The GMC's role in medical education

1. The General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for qualified doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.
2. The GMC sets and monitors standards in medical education. The standards and outcomes for postgraduate medical education are set out in the publication *The Trainee Doctor* while the standards for undergraduate medical education are contained in *Tomorrow's Doctors*. The GMC visits deaneries and medical schools to share good practice, review management of concerns and investigate any other areas of risk indicated by the information held by the GMC.
3. When the evidence collected indicates that specific standards are not being met we will set requirements with deadlines in the visit report so that schools and deaneries can adjust their programmes to ensure they meet all of our standards. We may also make recommendations when deaneries are meeting the standards but there are opportunities to improve the way medical education is managed or delivered. The visit reports will highlight good practice identified in the review.
4. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries. Visits will be targeted towards areas of risk identified through the GMC's evidence base and coordinated across all stages of medical education and training within a region of the UK.

Annex 2: Visit detail

Visit team	
Team Leader	Elaine Tait
Deputy Team Leader	Dr Graham Cox
Visitor	Dr Linda Brown
Visitor	Dr Kate Duffield
Visitor	Dr Alexander McNeil
Visitor	Dr Richard Tubman
GMC Staff	Robin Benstead
GMC Staff	Elizabeth Leggatt
Quality assurance activity	
Meetings with:	
<ul style="list-style-type: none"> • The deanery senior management team • The postgraduate dean • Heads of Schools (Specialty Advisors) for foundation, paediatrics and neonatology, core surgical training, core psychiatry training, obstetrics and gynaecology and neurosurgery • Specialty and foundation school managers • Regional Specialty Advisors • Those responsible for deanery quality management • Representatives from NHS Wales • Those responsible for fitness to practise, trainee support and careers advice, transitions and sign off at different stages of training • The Betsi Cadwaladr Health Board senior management team • The senior education team at UHL, University Hospital Wales (UHW) and Betsi Cadwaladr Health Board • Core psychiatry trainees and GPST trainees in psychiatry at UHL and Ysbyty Gwynedd • Core psychiatry educational supervisors at UHL and Ysbyty Gwynedd • F1 and F2 trainees at UHW and Ysbyty Gwynedd • Core surgical trainees at Ysbyty Gwynedd only • Paediatric and neonatology specialty trainees at UHW and Ysbyty Gwynedd • Core surgical educational supervisors at UHW and Ysbyty Gwynedd • Paediatric and neonatology educational supervisors at UHW and Ysbyty Gwynedd • Foundation educational supervisors at UHW and Ysbyty Gwynedd • The Cardiff and Vale Health Board senior management team 	
Evidence base	
GMC evidence sources:	
<ul style="list-style-type: none"> • National Training Surveys 2010 and 2011 • GMC Visit to Deanery • GMC Quality Assurance of the Foundation Programme • GMC Response to concerns and triggered visits • Annual Specialty Reports 2009/10 • Annual Deanery Report Action Plan 2009/10 • Annual Review of Competence Progression (ARCP) and Record of in-training 	

assessment (RITA) 2010 data

- Health Inspectorate Wales reports
- Documentation received from the deanery in advance of the visit:
- Deanery governance and accountability arrangements
 - Wales Deanery organogram
 - Quality Management Strategy and Framework
 - Quality Management Strategy Update
 - Targeted Process Methodology
 - Commissioning Process Summary
 - Risk Reports FAQ's
 - Organogram - Local Faculty Lead Accountability
 - Deanery guidance to supporting trainees
 - Anonymised examples of trainees in difficulty
 - Deanery relationship with WG Accountability Statement and Service Level Agreement
 - Time for change document
 - Wales Deanery use of externality
 - Local Faculty Lead Quality, Lead Trainees, Lead Trainers Job Description
 - Educational Supervision Agreement Update
 - Supervising The Route To Excellence Programme Update
 - Junior Doctors Task & Finish Group on Modernisation Terms of Reference
 - Training Reconfiguration Newsletter
 - iDoc Project - Trainee doctor's use of mobile technology
 - Betsi Cadwaladr West Foundation Programme Director Report
 - Betsi Cadwaladr and Cardiff and Vale Health Board Risk Reports
 - Cardiff and Vale Annual Foundation Programme Director Report
 - Betsi Cadwaladr and Cardiff and Vale Commissioning Reports
 - F1 and F2 Sign Off Guidance
 - ARFP Terms of Reference, process and trainee guidance
 - ARFP Interview Assessment Form
 - Annual Foundation School Report
 - UKFPO Foundation Outcomes Report
 - Foundation and Core Cardiothoracic Surgery Minutes 21 February 2011
 - Neurosurgery at UHW - Targeted Process Stage IV
 - Neurosurgery Review Meeting Minutes
 - Obstetrics and gynaecology (O&G) at UHL:
 - Summary of Concerns
 - Health Board Action Plan
 - Action Plan Update
 - O&G survey results
 - Trainee feedback October 2009
 - Deputy FPD feedback
 - O&G review meeting minutes Sept 2009
 - FPD update
 - O&G review meeting minutes 4 April 2011
 - Neonates at UHW:
 - Stage III Action Planning Meeting Report, March 2010
 - Escalated Action Planning Minutes 26 April 2010

- Paediatrics Action Planning Meeting Minutes 8 June 2010
 - Paediatrics Action Planning Meeting Minutes 17 Sept 2010
 - Paediatrics Action Planning Meeting Minutes 15 Feb 2011
 - Core Surgical Training (CST) Reconfiguration case for change
 - CST Committee Structures
 - CST Annual Specialty Report
 - Neurosurgery Annual Specialty Report
 - O&G Annual Specialty Report
 - Paediatrics Annual Specialty Report
 - Psychiatry Annual Specialty Report
 - Paediatrics Organisational Structures
 - Psychiatry School Structures
 - Whitchurch Core Psychiatry Update
- Deanery Response to GMC Concerns post visit

Annex 3: Glossary

ABMU	Abertawe Bro Morgannwg University Health Board
ARCP	Annual Review of Competence Progression
ARFP	Annual Review of Foundation Programme
CST	Core surgical training
E&D	Equality and diversity
F1	Foundation Year 1
F1s	Foundation Year 1 trainees
FPD	Foundation Programme Director
GMC	General Medical Council
GP	General practice/practitioner
LEP	Local education provider
NHS	National Health Service
NSS	National Student Survey
PAs	Programmed activities
PGO	Postgraduate Organiser
PLATO	Postgraduate Learning and Teaching Online.
PMETB	Postgraduate Medical Education and Training Board
PMQ	Primary medical qualification
QAFP	Quality Assurance of Foundation Programme
QC	Quality control
QIF	Quality Improvement Framework
QM	Quality management
RITA	Record of in-training assessment
SIFT	Service Increment for Teaching
SLA	Service level agreement
SPA	Supporting Professional Activities
TOI	Transfer of information
UKFPO	UK Foundation Programme Office
UHL	University Hospital Llandough
UHW	University Hospital Wales
WPBAs	Workplace based assessments

Action Plan for Wales Deanery – March 2012

Requirements

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
1	The deanery must raise awareness among LEPs of expected duties, level of competence and supervision arrangements for foundation doctors and implement an audit of night rotas to verify supervision arrangements. The deanery must only place trainees in environments where adequate supervision is provided. Abertawe Bro Morgannwg University (ABMU), Betsi Cadwaladr and Cardiff and Vale University Health Boards must ensure adequate supervision arrangements for	Betsi Cadwaladr and Cardiff & Vale Health Boards confirmed that foundation trainees were removed from the rotas immediately, with written confirmation to the GMC on 15 th November 2011. Betsi Cadwaladr Health Board has moved trainees to acute care to ensure that they obtain the required level of experience in acute care and within the community without compromising supervision arrangements. Abertawe Bro Morgannwg University Health Board have also issued a specific directive to all senior staff and trainees around the arrangements for the	The Deanery's recently appointed Local Faculty Leads will be asked to undertake an audit of the night rotas in order to verify the supervision arrangements. The outcomes of this will be reviewed by the Quality Unit and in the event that concerns are raised through this then local action planning will be initiated.	Audit to commence in March 2012 and an update will be provided within the next GMC Deanery Report.	Sub Dean, Quality

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/deanery lead
	foundation trainees on night rotas, particularly in psychiatry (see paragraphs 26, 28 and 29).	<p>assessment and management of patients to ensure that trainees are not working beyond their level of competence.</p> <p>A deanery monitoring report submitted to the GMC on 8th February 2012 confirmed that foundation trainees are not on out of hours rotas, and that daytime arrangements are safe.</p>			
2	Cardiff and Vale Health Board must ensure that trainees in obstetrics and gynaecology only take consent for procedures that they can perform themselves or in which they have had consent training. The deanery must ensure that trainees are only placed in training environments where they are supported and monitored to ensure they only take consent in these circumstances (see paragraph 95).	On the 10 th November 2011 the Assistant Medical Director of Cardiff & Vale University Health Board wrote to all medical staff regarding the competency that is required to take consent. All clinical staff were also instructed to ensure that they were satisfied with the competency of any Junior Doctor when delegating. Foundation Doctors were also contacted to remind them that consent can only be taken on their part if they have the required competence for the procedure. The Health Board has also taken steps to clarify the guidance surrounding consent through the induction process.	<p>The Health Board are in the process of reconfiguring services onto a single site at the University Hospital of Wales and this measure is a key component of the overall strategy to enhance the training experience for this group of trainees.</p> <p>The Deanery will continue to monitor training provision in obstetrics and gynaecology at Llandough Hospital. A further review meeting with the Health Board has been planned for 25th April 2012. Trainee feedback will be obtained in advance of this meeting to enable the Deanery to ensure that the trainees are not inappropriately taking consent.</p>	25 th April 2012	Sub Dean, Quality

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
3	The deanery must monitor core surgical training across Wales closely and provide an update to the GMC on this as part of the annual deanery reporting cycle (see paragraph 112).	The Deanery has been engaging with specific sites where there is triangulated evidence of quality concerns in order to identify an appropriate action plan to address the concerns.	The Deanery's longer term strategy to ensure the provision of high quality Core Surgical Training is through the reconfiguration of training. This will consolidate training rotas which will be designed to provide a focus on high quality training rather than service provision. The Reconfiguration Lead is currently in the process of liaising with the relevant Health Boards to discuss the implementation of this agenda.	2012 - 2014	Deanery Reconfiguration Lead & Specialty Advisor For Surgery
4	The deanery must review the opportunities in psychotherapy for core psychiatry trainees in Cardiff and Vale Health Board to ensure that trainees can meet the curriculum outcomes (see paragraph 121).	The Deanery has been liaising with the Health Board regarding Psychotherapy training and the following opportunities are available:- <ol style="list-style-type: none"> 1) Psychotherapy case based discussions are available twice a month and assessments are conducted by facilitators after 6-12 months. 2) A formal core CBT course is facilitated over two weeks with planned follow up. The course is provided on a bi-annual basis. 3) An Eating Disorders Supervision Group is available to all trainees who have attended the CBT course. 			

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
5	Betsi Cadwaladr Health Board must ensure that all trainers in core surgical training in trauma and orthopaedics in Betsi Cadwaladr Health Board seek to maximise training opportunities for trainees. The deanery must only place trainees in environments where trainers contribute to the learning culture in which patient care occurs (see paragraph 147).	The TPD for CST in N Wales is currently developing an action plan with the department to improve the immediate training concerns.	Longer term CST in undergoing a major training reconfiguration with a reduction in 40% of the number of trainees on the programme of over the next 18 months. Alongside this there is a restructuring exercise aimed at addressing fundamental issues with the delivery of the programme with realignment of posts and strengthening of the educational component.	September 2012	Programme Director / Reconfiguration Lead
6	The deanery must ensure that all foundation trainees at University Hospital Wales have access to organised educational sessions during which they can give up their pagers (see paragraph 164).	The Foundation Programme Directors have identified which specialties have experienced difficulties in releasing trainees for teaching and have emphasised the importance of trainee attendance to the educational supervisors. In addition, the trainees are provided with their teaching schedule in advance and have been advised to ensure that they give their rota co-ordinators adequate notice of when their teaching is taking place so that attendance can be accommodated. Trainees are invited to contact their Foundation Programme Director in the event that they are experiencing any difficulties in	The Health Board are currently looking into the feasibility of block booking study leave through Intrepid as a further mechanism to ensure that the trainees can access teaching sessions.	August 2012	Postgraduate Centre

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
		attending teaching. All trainees are advised at induction that they can leave their bleeps with the Postgraduate Centre during teaching.			

Recommendations

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
1	The deanery should promote the very well regarded Performance Support Unit more strongly with trainees, as many did not realise that they can access this support by self referral, and continue its efforts to ensure that the Unit is accessible for trainees across Wales (see paragraph 12).	The Professional Support Unit has a presence at ARCP panels and Specialty Training Committee meetings and these are being used to raise awareness amongst both trainees and specialty leads.	The Professional Support Unit has also identified specific meetings including meetings for Trainee Representatives, and other training meetings at which it can directly promote the support that is available to trainees.	February to October 2012	Sub Dean, Performance & Professional Support Unit Manager

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
2	<p>The deanery should issue guidance to LEPs about placing newly transferred trainees on high risk rotas in their first few days of their new post.</p> <p>In addition the deanery should ensure information about the learning and support needs of incoming trainees is received by the Training Programme Directors and educational supervisors in all programmes before trainees arrive at sites (see paragraph 21 and 139).</p>	<p>The Professional Support Unit has established a network of Specialty Leads for Professional Support who are kept informed about the learning needs of trainees through quarterly reports. An information sharing agreement is in place between the trainee to ensure that the referrer and the Lead for Professional Support are kept informed of any remediation plan.</p>	<p>The Deanery has produced guidance to all Health Boards on the key issues that were identified as a result of the GMC Visit including the allocation of trainees on high risk rotas. This guidance will be issued to all Medical Directors across Wales.</p> <p>The Professional Support Unit will be establishing links with the recently appointed Local Faculty Leads for trainees to enhance communication with Health Boards around the development needs of trainees.</p>	<p>February 2012</p> <p>March to June 2012</p>	<p>Sub Dean, Quality</p> <p>Sub Dean, Performance & Professional Support Unit Manager</p>
3	<p>The deanery should monitor the effectiveness of this shadowing period, particularly for those F1s coming from outside the deanery, and report back on this as part of the annual deanery reporting cycle (see paragraph 106).</p>	<p>The Wales Foundation School has already launched a survey to monitor the effectiveness of the induction period in Wales.</p>	<p>The Deanery will provide an update on the key themes arising out of the feedback within the next Deanery report to the GMC.</p>	<p>February to October 2012</p>	<p>Associate Dean, Foundation & Foundation Programme Manager</p>
4	<p>The deanery should review the MSc courses available to psychiatry trainees currently used as preparation for the MRCPsych (see paragraph 127).</p>	<p>Approximately 18 months ago trainees raised concerns that the course failed to meet their specific needs. The TPD for Cardiff and HOS (now Specialty Advisor) met with the course organisers to discuss this. It was agreed that the course organisers would try to map the course more closely to the Royal</p>	<p>In the short term it has been agreed to evaluate the effects of changes recently implemented and to work with the course organisers to continue to try to improve the quality of the course:</p> <ol style="list-style-type: none"> 1. The course organiser is due to attend the next STC meeting on 23/3/12 for further discussions. 2. Questions about the quality of the 	<p>May 2012</p>	<p>Specialty Advisor / Reconfiguration Lead.</p>

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
		<p>College curriculum changes that would have been introduced in October 2011, and so would not have been reflected in the views expressed to the GMC. It was also agreed that training aimed at the CASC examination would be provided.</p>	<p>MSc will be built into the annual school feedback questionnaire 3. Specific feedback on the course will be obtained in May 2012</p> <p>Longer term the MSc will be reviewed as part of an evaluation of the place of all taught elements within the training programme. The Reconfiguration Lead is currently setting up this review in collaboration with the Medical Education Department with the Postgraduate School. In addition the Reconfiguration Lead is in liaison with the Dean of the Royal College of Psychiatry to clarify the progress on college work on MRCPsych courses and to ask for her recommendations on areas of good practice (eg deaneries which have evidence of high quality courses with positive trainee feedback). This would form the basis on which a transparent review process would be designed.</p> <p>It is noted that the delivery of taught elements has direct implications on the configuration of training as the Deanery will need to make pragmatic decisions about the relative benefits of the taught programme and the hours required including travel time to attend the courses.</p>		

Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Medical school/ deanery lead
5	Betsi Cadwaladr Health Board should review the allocation of the study leave budget for paediatric and core psychiatry trainees to allow annual course fees to be paid (see paragraph 134 and 151).	The Deanery has established a working group to develop an All Wales policy around the allocation of study leave. The policy will include recommended standards for study leave by grade as well as specifying the application and appeals process.	A draft policy will be considered at a working group meeting during March 2012.	The Deanery's timeline for implementation is May 2012.	Dr Sian Lewis, (Sub Dean, Quality & PGES)

Good practice

Report Ref	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Medical school/ deanery lead
1	The deanery's rigorous and effective approach to tackling undermining of trainees in LEPs across Wales (see paragraph 10).	The Professional Support Unit have developed a leaflet on undermining which they distribute at all training meetings. In addition, the Unit also works with the Specialty Training Committees and consultants involved in supervision by delivering training on 'Dignity at Work'.	The Professional Support Unit will be establishing links with the recently appointed Local Faculty Leads which will enhance the opportunities to handle undermining.	March to June 2012	Sub Dean, Performance & Professional Support Unit Manager

Report Ref	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Medical school/ deanery lead
2	<p>The deanery's Performance Support Unit in providing advice and support for trainees in difficulty (see paragraph 11).</p> <p>The Unit has also provides good support for trainees in less than full time training which has been recognised by a national award (see paragraph 56).</p>	<p>The Professional Support Unit promotes the support that is available to trainees at all update meetings with training programme leads and through information display systems which are located in all Postgraduate Centres across Wales. Good practice is also shared at national and international medical education conferences and the Unit has set up a UK Forum of Professional Support which meets on a quarterly basis.</p> <p>Details of the award for trainees in Less Than Full Time training has been publicised across Wales through newsletters which are circulated to all stakeholders. In addition, details of the award have been uploaded onto the Deanery's website.</p>	No further enhancements to this area of good practice have been identified at this stage.	Not applicable	Sub Dean, Performance & Professional Support Unit Manager
3	We note that the deanery attends an F1 Monitoring Group which is used to provide feed back to Cardiff Medical School on any of its graduates within Wales Deanery experiencing difficulty as foundation doctors (see paragraph 20).	The monitoring group membership also includes both Cardiff and Swansea Medical Schools as well as the Foundation School and Professional Support Unit. The Deanery has developed a communications strategy to communicate key messages arising out of the visit and will disseminate details of this area of good practice as part of this	No further enhancements have been identified at this stage.	Not applicable	Associate Dean, Foundation & Foundation Programme Manager

Report Ref	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Medical school/ deanery lead
		process.			
4	The deanery Commissioning Process which was valued at a senior Health Board level as a driver for improvement (see paragraph 39). The deanery may wish to share the outcomes of this process more widely with trainees and trainers.	<p>The following approaches are being taken forward in order to disseminate the outcomes of Commissioning Visits more widely:-</p> <ol style="list-style-type: none"> 1) The reports from the last round have been published on the Deanery's website. 2) Good practice from the GMC Visit will be discussed with Trainee Representatives at the 'Trainee Matters' meeting on 28th February 2012. Trainee Representatives will also be encouraged to share the reports with their colleagues. 3) The Deanery has asked Chief Executives to disseminate the reports within their organisation. 4) A poster on the revised Commissioning model has been accepted for display at the 2nd Annual Curriculum Conference. 5) The recently appointed Local 	<p>The Deanery is planning on introducing the following process developments:-</p> <ol style="list-style-type: none"> 1) The Financial Accountability aspect of Commissioning is currently under evaluation with a view to enhancing future meetings. This will include amendments to the financial reporting expenditure schedules to reflect all of the funding sources for education and training. In addition the collaborative approach to considering postgraduate and undergraduate funding will continue. 2) The Deanery will be undertaking a collaborative undergraduate and postgraduate Commissioning meeting for the first time following initial discussions to identify a suitable model. 3) Continued collaboration with undergraduate education to facilitate consistency in quality management and quality 	<p>January 2013</p> <p>8th May 2012</p> <p>March to December 2012</p>	Sub Dean, Quality

Report Ref	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Medical school/ deanery lead
		Faculty Leads will have a role in disseminating Commissioning Process outcomes to trainees and trainers.	enhancement across the medical education continuum.		
5	The proactive use of equality and diversity data by the Performance Unit to provide targeted trainee support. For example providing extra exam support for doctors who qualified overseas, a group identified as having lower success rates in some national exams (see paragraph 42).	The Professional Support Unit compiles an annual audit of the data and the findings are shared at both national and international conferences.	Now that the Professional Support Unit has aggregated data from 2008 this will be utilised to identify patterns and investigate any significant findings.	March 2012 to March 2013	Sub Dean, Performance & Professional Support Unit Manager
6	The innovative and effective recruitment campaign, 'Wales the Smart Choice' which has resulted in fewer rota gaps (see paragraph 44).	The Deanery has produced slides on the SMART Choice to be displayed on screens within Postgraduate Education Centres across Wales.	The Deanery is currently collaborating with the Welsh Government and the NHS Confederation to further enhance the 'Smart Choice' brand. This is a long term project which has already seen the introduction of a new website at www.medical.careerswales.com to enhance the availability of medical careers in Wales.	Project lifecycle January 2012 to July 2013	Associate Dean, Careers

Report Ref	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Medical school/ deanery lead
	paragraph 98 and 99).				
10	Core surgical trainees at Ysbyty Gwynedd praised the twice daily multi-disciplinary handovers, supported by an electronic handover template. The outgoing and incoming medical and surgical teams attend the same handover and attendance is closely monitored (see paragraph 116).	The Deanery has developed a communications strategy to communicate key messages arising out of the visit across Wales and will disseminate details of this area of good practice as part of this process.	No further enhancements to this area of good practice have been identified at this stage.	Not applicable	Not applicable
11	At Ysbyty Gwynedd the foundation training programme director (FTPD) and administrator run a confidential drop in each week for foundation trainees, which is popular with trainees (see paragraph 138).	The Deanery has developed a communications strategy to communicate key messages arising out of the visit and will disseminate details of this area of good practice as part of this process.	No further enhancements to this process have been identified at this stage.	Not applicable	Not applicable
12	The 'Hot Review' every Friday for core psychiatry trainees at UHL, as an effective group in which to discuss complex issues with senior colleagues (see	The Deanery has developed a communications strategy to communicate key messages arising out of the visit and will disseminate details of this area of good practice as part of this	No further enhancements to this process have been identified at this stage.	Not applicable	Not applicable

Report Ref	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Medical school/ deanery lead
	paragraph 159) and similar weekly group supervision at Ysbyty Gwynedd, which was highly valued by trainees.	process.			

GMC Action Plan – Response to Scrutiny Group requests for clarification (01.04.12)

Requirement 2 – Please clarify whether the guidance on ensuring information about trainees transferring into LEPs is explicit about high risk rotas in general and not just about those trainees with already identified issues. We would expect this to include newly qualified ST1s.

We wish to see evidence from trainees (trainee feedback) once it is available rather than wait for next routine report

(Please note this refers to Recommendation 2 not Requirement 2.)

The Deanery has taken a number of approaches to this issue:

1. A guidance note highlighting this issue has been distributed to all CEOs, MDs and HR directors (please find attached)
2. The issue has been raised at the Deanery Commissioning Visits (example minutes can be provided)
3. The issue has been raised at the update day for all STC chairs and Training Programme directors (28/03/12).
4. The Performance Unit offer specific support for trainees with particular needs as described

Please note there is currently no published definition of “high risk rotas” and therefore it is unclear which staff groups need to be monitored. Also we can only provide monitoring data after a rotation date. It should also be noted that as trainees in general rotate on the same date ensuring that trainees are not on out of hours rotas in the first few days of a new post will be a logistic challenge not only in Wales but across the UK. Moreover this standard whilst it could be applied to trainees would not necessarily at the same time be applied to non-training grade and locum staff. We would suggest this recommendation would benefit from further work and clarification by the GMC before it is applied as a standard.

We also expect all O&G trainees to be contacted about consent and not only foundation doctors

This does refer to Recommendation 2

A guidance note and letter have been issued regarding this (please find attached)

Requirement 4 – How do you plan to reach the requirement for weekly groups and by when? How do you plan to allow core psychiatry trainees to see psychotherapy cases, as happens in Bangor already, and by when?

The College tutor is addressing this at the University Hospital Llandough site. The Deanery will monitor this across all sites prior to the Annual Deanery Report in July. The Deanery will update the GMC in the forthcoming annual report. We would value feedback from the GMC on the regulator's present and future remit with regard to quality control as opposed to quality assurance.

Requirement 6 – Please provide your plans to measure an improvement in the attendance of teaching sessions? Are the clinical/educational supervisors informed if their trainees do not attend training to follow this up?

The Foundation Programme Director is continually monitoring attendance, and working with departments to address the issue, which is reviewed every four months via End of Placement Evaluation forms. We would value feedback from the GMC on the regulator's present and future remit with regard to quality control as opposed to quality assurance.

Good practice - It's good to hear that you have developed a communications strategy to share the visit findings. Is it a one-off or a sustained approach to disseminating good practice?

A series of slides have been produced to be presented at postgraduate centres (rolling news screens). These presentations will highlight examples of good practice and will be repeated and updated in a sustained approach.

The sustained dissemination of good practice will also involve sections in the regular Deanery Newsletter and presentations at the regular update days for specialty leads, STC chairs and Training Programme directors

The 2012 commissioning process with Health Boards will also include updates on good practice identified at the visit.