
Review of medical education and training in Wales 2011–12

Introduction

In late 2011, we visited medical schools and the deanery in Wales as part of our new regional approach to quality assurance. This approach involves visiting all medical schools and deaneries in a geographical area at the same time to gain a clearer picture of medical education and training across Wales.

This joined up approach allows us to identify any trends and issues common across all stages of medical education and training from undergraduate through to specialty (including GP) training, and to explore transitions between the different stages of training. It also reduces the burden on the local education providers (LEPs) being visited, which may otherwise receive a separate quality assurance visit for each stage of training.

We visited the postgraduate deanery responsible for training across Wales and the medical school in Cardiff to explore areas that we identified as risks or potential good practice. We also visited the medical school in Swansea as part of its ongoing quality review as a new school.

This report highlights some key themes and issues from the visit reports in Wales. It does not cover all the findings for every organisation. These can be found in the [full visit reports](#), which list areas of good practice and where further work is needed to meet our standards.

Why Wales?

We chose to visit Wales because our evidence base showed several issues there, including difficulties recruiting to posts in certain sites and specialties. This had led to a number of related issues for training, such as heavy workload and excessive working hours for trainees.

Medical services and training are currently being reconfigured in Wales and we wanted to see how this was affecting medical education and training. The deanery identified paediatrics and neonates, core surgical training and psychiatry as programmes facing particular challenges. We also explore foundation training on all visits to deaneries.

In addition we had not reviewed foundation training in Wales since 2006 and had not visited LEPs in North Wales for a considerable period of time.

It is a time of transition at Cardiff medical school – a new curriculum is being developed and implemented, and some key members of the senior management team have been in post for quite a short period of time. The planned changes to the curriculum and its assessments are designed to address problems faced by the school in recent years, such as poor National Student Survey results for student satisfaction and administrative errors relating to assessment.

Swansea medical school has been making steady progress after a challenging period in which the delivery of the third year of the programme was delayed for 12 months to allow the school to better prepare. The school lacked engagement with the deanery and other medical schools in the past but has made considerable improvement in this area.

What did we do?

We analysed our evidence base to identify potential risks and areas of good practice. Our evidence base includes surveys of trainees and trainers, outcomes of training and information from the schools and deanery.

We then visited the deanery, schools and some LEPs and met those involved in medical education and training to explore these risks and good practice in greater depth. We met a range of different people during these visits including medical students, foundation and specialty trainees, clinical teachers, and management teams from the schools, deanery and LEPs.

What did we find?

When looking across the region, some common themes emerged.

Monitoring quality and managing concerns

The deanery quality management processes are embedded and well understood by key partners, and the deanery is identifying and managing concerns appropriately. Two concerns identified during the visit were resolved quickly and appropriately by the deanery.

The deanery is working to align undergraduate and postgraduate quality frameworks by collaborating with the NHS liaison unit. This includes joint financial monitoring visits to LEPs.

The NHS liaison unit works with Swansea and Cardiff medical schools to evaluate student placements. The unit monitors the quality of teaching and facilities in student placements through Cardiff student feedback and through an annual meeting to review undergraduate teaching.

Cardiff has a fairly new quality management strategy and, although the quality management of clinical placements is strong, the quality management of its assessments needs to be developed further (see the section on assessing medical students below).

The deanery has been working with Swansea medical school on their quality management strategy. The school has recently made significant progress in this area and its quality processes have been strengthened by developing links with the NHS liaison unit. The quality management framework is now comprehensive and well implemented, with appropriate escalation of issues to the senior management team.

Managing transitions and sharing information

Information about trainees is transferred effectively between Cardiff medical school and the Foundation Programme in Wales. There is a monitoring group for the first year of the Foundation Programme (F1), which reviews the progress of foundation doctors where there are concerns about their performance or progression, and representatives from both medical schools and the deanery come to the meetings. We praise this group as an area of joint working across the organisations in Wales.

The group's scope is limited to graduates who have stayed in Wales to complete F1. Tracking graduate outcomes across the UK is very challenging. But we encourage schools and deaneries in Wales to further develop this area of good practice by tracking the progression of graduates and outcomes beyond the local deanery and Foundation Programme, and by developing a mechanism for sharing information about trainees who come from medical schools outside Wales.

Some LEPs were not aware of trainees who had experienced difficulties and who might need additional support before they began their posts. The deanery needs to improve this transfer of information to make sure that LEPs are aware of the learning and support needs of trainees in all programmes before they begin their posts so that appropriate arrangements can be made locally.

Preparing students for practice

Shadowing

All F1 trainees in Wales do a mandatory four-day induction and orientation programme, 50% of which is job shadowing, immediately before starting their post. We recognise that the Wales model is good practice and is being considered in England. However, Cardiff medical school and the deanery need to work together to make sure that the shadowing period is properly preparing medical students for their F1 post, and the deanery also needs to consider those coming from outside Wales. Some trainees reported difficulties with local protocols and procedures. Swansea medical school does not currently have its own graduates, but it recognises the need to be involved in these discussions to make sure that its first graduates are prepared to begin F1 in 2014.

Cardiff medical school and the deanery have begun a project to align the final year of undergraduate medical education with F1 to improve the transition from medical school to foundation training. Swansea is observing this work to identify areas for future collaboration.

Assistantships

Both medical schools in Wales are in the process of developing student assistantships* that will take place in the final year of their programmes.

Assistantships will start in Cardiff medical school from 2012 and in Swansea medical school from 2014. Both schools will face challenges with communicating the purpose of these placements to students and LEPs and explaining how these placements will provide different preparation for the Foundation Programme from other clinical placements and the shadowing period.

Sharing good practice

The deanery's commissioning process[†] highlights good practice at LEPs, as well as things that have not worked. The deanery's mechanisms for sharing good practice are fairly new and could be developed further. For example, we found good practice at individual LEPs which had not been shared more widely and encourage the deanery to work on this.

Cardiff medical school should also improve mechanisms for sharing good practice at an undergraduate level, and we encourage all organisations to give more thought to how innovations can be shared, both between LEPs in Wales and more widely.

Supporting and developing trainers

Local faculty development is coordinated across Wales, and there is a joint staff development strategy across all levels of training.

The deanery has a detailed strategy to support trainers (the Supervising the Route to Excellence programme) and postgraduate trainers across all LEPs we visited particularly valued the trainers' training course run by the deanery. Training offered by the deanery enhances the skills of undergraduate teachers as there is overlap in undergraduate and postgraduate teaching staff.

Both medical schools are working to develop more formal programmes of staff development. There was positive feedback from GP teachers at both schools about

* Student assistantships are clinical placements for medical students that should take place in the final year of study. The student should be closely supervised when doing most of an F1 trainee's duties. This is separate from the shadowing period where they should shadow the F1 trainee who is in the post that they will take up.

[†] The deanery's commissioning process is part of the deanery's routine quality management processes.

the training workshops provided that support their development needs and are focused on topics identified through student evaluation of GP clinical placements.

The deanery has identified the need to improve job planning across the deanery and to make sure that trainers are appraised for their educational activities, which is at present patchy.

There were some good examples of appraisal of teachers at undergraduate level in Cardiff medical school.

GP teachers in Swansea medical school have a joint appraisal of their teaching and clinical practice and the medical school is working with LEPs to develop joint appraisals for clinical teachers in hospitals, but plans rely on cooperation from health boards.

Reconfiguration of education and services

The deanery has a clear strategy for the reconfiguration of training programmes in Wales and was positive about how it could contribute to plans for service reconfiguration. In the past, issues arose when training and service reconfiguration were not aligned. However, more recently, health boards have engaged positively with the deanery to reconfigure services to protect and improve the quality of training.

The deanery hopes that reconfiguration will address gaps in rotas resulting from recruitment challenges in a number of specialties, and will make training in Wales more attractive by concentrating doctors on fewer rotas and reducing split site working.

Staff we met at LEPs recognised the need to develop programmes and training patterns that will meet the workforce needs in Wales in future and improve the quality of care.

Senior staff we met at Cardiff medical school and at the University Hospital Wales, Cardiff, did not expect that the reorganisation of services would negatively affect the education provided through clinical placements. In Swansea medical school, clinical teachers were aware of this issue and contingency plans were being made in some specialties. Reconfiguration could be more difficult for Swansea because it has a greater number of placements in smaller hospitals. Medical schools need to be aware of how reconfiguration could affect the delivery of clinical care in some specialties so that they can plan ahead for making any changes to student attachments.

Working with partners

Both medical schools in Wales have formal service level agreements with all their LEPs. We commend the schools for including our standards and supplementary advice in these agreements so that LEPs are contractually obliged to meet the standards.

Cardiff and Swansea medical schools also meet with health board representatives to discuss service level agreements and the use of funding.

Using information about equality and diversity

We were pleased to see that the deanery's professional support unit was proactively using equality and diversity data to give targeted support to certain groups of trainees. For example, trainees who qualified overseas – a group that has lower success rates in some national examinations – were given extra examination support.

Cardiff medical school collects and uses equality and diversity data, but could better use the data to improve quality, inform programme development and to meet the needs of students.

Swansea medical school is progressing in this area and works closely with Swansea University to collect and analyse equality and diversity data. It recognises that these data need to be checked against student progression and dropout rates in future.

Involving patients and the public

We praise the deanery's commitment to working with the community health councils[†] in Wales to identify patient and public representatives for use on Annual Review of Competence Progression (ARCP) panels and at quality management visits to LEPs.

Both medical schools are working to better involve patients and the public in medical education. Swansea medical school is exploring whether patient evaluation could be used to assess students' performance during clinical placements, but this is at an early stage of development. In Cardiff medical school, patients are members of key committees that are responsible for the design of the new curriculum.

Supporting students and trainees

Postgraduate trainees were well supported through the deanery's professional support unit, which was well known to the education supervisors and programme directors we met. We heard examples of excellent support the unit provided for struggling trainees; this could be enhanced by improving trainees' awareness of the unit and that they can access without a referral.

Although we found that Swansea students' had variable interaction with their personal tutors, students overall felt very well supported, which was aided by the small size of the school.

Cardiff medical school students are satisfied with some elements of the support available to them, but lack understanding about the functions of personal tutors. The

[†] Community health councils are independent statutory organisations that represent the interests of the patient and the public in the NHS in Wales.

school must more clearly communicate the support mechanisms available to students.

A key area of strength in Wales is the careers strategy led by the deanery, which covers undergraduate through to postgraduate training. We were impressed by the deanery and medical schools' joint approach to careers advice and joint career mapping website that plots career options. Swansea medical school is also implementing a clear careers guidance strategy from the first year of the programme.

Facilities and IT

Internet access has been a problem for training in Wales for several years and, despite some progress, this remains a challenge that the deanery has escalated to the Welsh Government.

This has affected training – for example, some trainees and trainers find it difficult to complete the e-portfolio because of slow internet speeds – and information governance is at risk until they find a solution.

The Cochrane Building has recently been built on the University Hospital Wales site in Cardiff, with facilities for both undergraduate and postgraduate medical education. This investment in new facilities demonstrates a commitment to education and training in Wales.

Assessing medical students

Assessment is an area of weakness for both medical schools in Wales. But this is a challenging area nationally, so we are looking at assessment across the stages of training as part of our quality assurance activities.

Both schools must do further work to do to introduce adequate and consistent blueprinting of assessments and to improve the methods used for standard setting exams.

Swansea medical school has improved its assessment strategy but further work is needed to meet some of our standards. For example, the school needs to produce enough items and questions of the right standard to assess whether students are competent to progress.

Cardiff medical school must produce clear plans to assess students in the final year of its new course, and ensure that assessors are appropriately trained to use these assessments. The school must summatively assess all practical procedures listed in *Tomorrow's Doctors* before students graduate and it must use appropriate processes to control the quality of assessment papers.

What are the next steps?

The schools and deanery have produced action plans identifying how they will address our requirements and recommendations and how they will share the good practice that we highlighted in the visit report.

We will monitor the schools and deanery's progress against their action plans. The action plans are available with the full visit reports at <http://www.gmc-uk.org/education/13041.asp>

In 2013–14 we will visit Cardiff medical school again to review the implementation of its new curriculum.

We will continue to visit Swansea medical school regularly as part of our quality review process for all new schools, and to monitor its progress against *Tomorrow's Doctors* (2009) until the first cohort of students graduate in 2014.