

Postgraduate Quality Assurance Visit

Report on NHS West Midlands Workforce Deanery

2011/12

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Executive summary

1. NHS West Midlands Workforce Deanery (the deanery) has effective systems for quality managing its training programmes across the region and is engaged in quality improvement as well as promoting innovation. The deanery team clearly works hard to ensure that standards are delivered across a large geographical area. It was evident that the deanery has improved its processes for quality management (QM), and has also worked hard to strengthen its relationships with provider organisations.
2. We note the challenging environment the deanery is operating in, including the uncertainty around the reorganisation of the NHS in England combined with financial pressures.
3. The deanery's QM processes include high numbers of visits to local education providers (LEPs) and we support the deanery's intention to combine visits across schools where possible and enhance information sharing between schools. The deanery has good working relationships with local medical schools and we encourage moves to share quality data and join up visits where possible.
4. In addition to improving the quality of education and training, the deanery has good systems in place for identifying and resolving issues of patient safety that affect training. The deanery has actively engaged with the review of events at Mid Staffordshire NHS Trust which concluded in December 2011. The deanery's involvement in the Strategic Health Authority's (SHA) Patient Safety Oversight Group (PSOG) has led to a number of initiatives to improve patient safety through training. The development of Standard Computerised Revalidation Instrument for Prescribing and Therapeutics (SCRIPT), a deanery wide prescribing tool, is a good example of this in practice. We recognise that the current link between the deanery and SHA via the PSOG is at risk due to the reconfiguration of services within the West Midlands, and we hope that this effective relationship is not lost during the transition period or in the future.
5. In relation to the areas of risk that we identified in advance of the visit, we noted significant improvements during the visit. Despite continuing challenges with recruitment, rota gaps and staffing issues in emergency medicine and obstetrics and gynaecology, trainees and trainers did not consider these issues to have a significant negative impact on education and training.

Visit overview

Deanery	NHS West Midlands Workforce Deanery
Dates of visits	10 November, 29 November – 1 December 2011
Sites visited	University Hospital Coventry (University Hospitals Coventry and Warwickshire NHS Trust) Birmingham Women's Hospital (Birmingham Women's Hospital NHS Foundation Trust) Queen Elizabeth Hospital Birmingham (University Hospitals Birmingham NHS Foundation Trust) Stafford Hospital (Mid Staffordshire NHS Foundation Trust) Heartlands Hospital (Heart of England NHS Foundation Trust)
Programmes investigated	Foundation training Emergency medicine training Obstetrics and gynaecology training

Risk based visiting

6. The 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 addressed all standards in all deaneries. This is no longer proportionate and we have committed to focusing our visits on areas of risk. We work with deaneries to identify the programmes and LEPs where there are risks, allowing us to address these risks but also to assess the validity of the deanery's QM processes in identifying risks and managing concerns. We are also committed to sharing good practice encountered through visits.

Programme and site selection

7. We used the GMC evidence base and the deanery's QM data to identify the following areas for exploration during the visit: obstetrics and gynaecology (O&G) and emergency medicine training. At a UK level, training concerns are often most evident in acute 'front-door' specialties, with particular issues being highlighted in emergency medicine and O&G, not only through training surveys, but also through GMC review of scheduled deanery reports. In addition we look at foundation training on all deanery visits, including the transition from medical school to the first period of employment as a doctor.

8. The following paragraph summarises key areas which were considered when selecting the specialties; please note that the 2011 Trainee Survey results were not yet available at the time of site selection in June 2011, but where the 2011 survey indicated improvement from the 2010 results, this will be noted later in the report.

9. Within this deanery, the 2010 National Training Survey results highlighted issues in O&G with clinical supervision, undermining, redistribution of tasks and study leave. In addition O&G is a reducing specialty nationally in terms of overall trainee numbers, which may have an impact on service delivery and the organisation of training. The 2010 National Training Survey identified issues in handover and

procedural skills in emergency medicine training and it is known that there are national challenges with recruitment and rota gaps, as well as the challenges in ensuring curriculum competencies are adequately covered within emergency medicine posts.

10. In discussion with the deanery we identified five sites to visit to review the selected specialties: University Hospital Coventry (University Hospitals Coventry and Warwickshire NHS Trust, UHCW), Birmingham Women's Hospital (Birmingham Women's Hospital NHS Foundation Trust), Queen Elizabeth Hospital Birmingham (University Hospitals Birmingham NHS Foundation Trust, UHB), Stafford Hospital (Mid Staffordshire NHS Foundation Trust) and Heartlands Hospital (Heart of England NHS Foundation Trust, HEFT). Reasons for selecting the sites can be read in the local education provider specific sections of the report from paragraph 110 onwards.

Concerns raised during the visit

11. 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
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 type="checkbox"/>	No <input checked="" type="checkbox"/>

Summary of key findings

Good practice at deanery level

1.	<i>Trainee Doctor Domain 1</i>	The comprehensive management of patient safety issues and the sharing of information that affects trainees and training between the strategic health authority (SHA) and the deanery (see paragraph 25).
2.	<i>Trainee Doctor 5.13, outcome 36c ix and x</i>	The development of Standard Computerised Revalidation Instrument for Prescribing and Therapeutics (SCRIPT), a deanery wide prescribing tool, in response to issues identified with prescribing via the Patient Safety Oversight Group (PSOG) (see paragraphs 25, 86).
3.	<i>Trainee Doctor 3.3, 6.20</i>	The comprehensive and effective management of less than full time training (LTFTT), including access to LTFTT and the fact that the process was well known by trainees and trainers (see paragraph 40).
4.	<i>Trainee Doctor 6.7</i>	The engagement of trainees in quality control, including the junior doctors' forums, which are effective mechanisms for change (see paragraph 54).
5.	<i>Trainee Doctor 8.7</i>	Access to simulation training for all foundation trainees within the deanery (see paragraph 85).

Good practice observed in local education providers that should be shared

6.	<i>Trainee Doctor 1.2</i>	The commitment to the delivery of good clinical supervision at all LEPs visited (see paragraph 20).
7.	<i>Trainee Doctor 5.4</i>	The journal club in O&G at Birmingham Women's Hospital and Stafford Hospital, which was supported with additional learning resources including library staff (see paragraphs 107, 142).
8.	<i>Trainee Doctor 5.4</i>	The flexibility in accommodating learning experiences according to the particular needs of O&G trainees at Birmingham Women's Hospital and Stafford Hospital, including adapting theatre lists (see paragraphs 106, 129, 142).
9.	<i>Trainee Doctor Domain 1</i>	The proactive approach to disseminating learning from the reporting and analysis of clinical incidents and risk management in emergency medicine at HEFT, specifically 'Risky business' (see paragraph 145).

Requirements

1.	<i>Trainee Doctor 1.7</i>	The deanery must ensure its doctors in difficulty policy is implemented and applied consistently across LEPs (see paragraph 28-29).
2.	<i>Trainee Doctor 1.9, 1.10, 6.8</i>	The deanery must ensure that information is transferred between educational supervisors within the Foundation Programme and that concerns are recorded, followed up and managed (see paragraph 79-80).

3.	<i>Trainee Doctor 3.5</i>	The deanery must analyse the equality and diversity (E&D) data it collects across programmes to identify themes and trends and take any action in response, such as making changes to policies and targeting services (see paragraph 42).
4.	<i>Trainee Doctor 5.2</i>	The deanery must put mechanisms in place so it can demonstrate that foundation trainees are able to meet the curricular outcomes required to complete the Foundation Programme (see paragraph 83).

Recommendations

1.	<i>Trainee Doctor 1.4</i>	The deanery should work with UHCW to review the taking of consent by trainees within the Foundation Programme (see paragraphs 21, 114).
2.	<i>Trainee Doctor 1.1</i>	The deanery should work with LEPs to improve the feedback provided to trainees involved in critical incidents (see paragraph 24).
3.	<i>Trainee Doctor 2.3</i>	The deanery should enhance information sharing regarding concerns about LEPs and the dissemination of innovative practice across schools to reduce duplication of work at LEP and deanery level (see paragraphs 33-34).
4.	<i>Trainee Doctor 2.2</i>	The deanery should review its process for approval and monitoring of action plans resulting from QM activity to ensure that actions are appropriately prioritised and tracked (see paragraph 35).
5.	<i>Trainee Doctor 2.2</i>	The deanery should improve its guidance on completion of LEP and school reports and enhance feedback on the quality of reports submitted (see paragraph 38).
6.	<i>Trainee Doctor 6.1</i>	The deanery should work with LEPs to review and streamline induction programmes for trainees, including the balance of deanery, trust and departmental inductions (see paragraphs 49-50).
7.	<i>Trainee Doctor 7.3</i>	The deanery should clarify lines of accountability within and between the schools and LEPs (see paragraph 66).
8.	<i>Trainee Doctor 8.1</i>	The deanery should continue to work with LEPs to ensure mechanisms are in place to plan and monitor changes in educational capacity and capability (see paragraph 69).
9.	<i>Trainee Doctor 1.2</i>	The deanery should work with LEPs to enhance awareness of training levels and ensure appropriate terminology, in relation to training grades, is used when compiling rotas and name badges (see paragraph 76).
10.	<i>Trainee Doctor 4.5</i>	The deanery should review the allocation process for F2 posts to ensure it is fair and equitable across the range of F1 posts, LEPs and foundation schools (see paragraph 82).

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.

Navigating the report

12. In order to aid the navigation of the report we have structured the findings by theme, domains in the *Trainee Doctor*, by foundation and specialty and by the local education provider (LEP, NHS Trusts) 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.

The Report

The deanery

1. This is a report on the quality assurance programme for the NHS West Midlands Workforce Deanery (the deanery) for 2011/12.
2. The deanery covers a large geographical area, including Birmingham, Coventry, the Black Country, Herefordshire, Shropshire, Solihull, Staffordshire, Stoke on Trent, Telford and Wrekin, Warwickshire, and Worcestershire. Training is delivered in 46 NHS organisations: 19 acute trusts, six mental health trusts, 17 primary care trusts, three community provider trusts and one ambulance trust.
3. The deanery links to three medical schools: Birmingham, which provides a five year programme and four year graduate entry programme; Keele, which provides a five year programme and will produce its first graduates in 2012, having previously delivered Manchester's programme; and Warwick, which provides a four year graduate entry programme.
4. In 2010/11 there were 4862 doctors in training within the deanery, including 642 F1s, 622 F2s, 1628 core trainees, and 1970 specialty trainees. In the GMC's 2011 National Trainee Survey the overall satisfaction score¹ was 78.4 for the deanery which is in line with the UK average of 78.8 (inter-quartile range 70–92) and has increased from 77.2 in 2010.

Findings by theme

Engagement with partners

5. The deanery has good relationships with its partners, including local medical schools, LEPs, the strategic health authority (SHA), and the Care Quality Commission (CQC).
6. The deanery has close working relationships with the three medical schools in the region. Regular service increment for teaching (SIFT) meetings take place to discuss strategic and operational education issues and quality management (QM) (see paragraph 68).
7. There are a number of positive outcomes resulting from these close working relationships, including the development of a common 'skills passport' for final year medical students to ensure graduates across the region are prepared to begin foundation training and the education partnership and practice agreement (EPPA, see paragraph 68). We are pleased to note that the deanery funds simulation

¹ The overall satisfaction indicator combines responses to questions about each of the key elements of a training post and provides an overall score. Key elements include quality of teaching, supervision and experience and whether trainees would recommend the post to a colleague and how useful the post will be for their future careers.

training for final year students in all three medical schools. The deanery also has future plans to share SCRIPT with local medical schools to enhance prescribing skills (see paragraph 86).

8. We were pleased to see that medical school representatives are active members of foundation QM visits and the deanery attends some medical school QM visits. We look forward to seeing this area develop further in the future (see paragraph 36). Another area of successful joint working is the careers steering group, which includes representation from the local medical schools and oversees the provision of careers advice across the deanery (see paragraph 55), and joint work on training the trainers.

9. It was evident that the deanery has worked hard to strengthen its relationships with its local education providers (LEPs). At the LEPs visited, senior management were engaged with education and training and had direct access and regular meetings with the Postgraduate Dean. We found evidence of collaborative planning and responses to incidents through this mechanism. We encourage the deanery to continue working with LEPs to ensure that specific time for training is recognised in job plans (see paragraph 64).

10. There was variable interaction with LEPs and educators at associate dean and head of school level. We consider that interaction at this level could be strengthened and more consistent across LEPs. We found individuals with dual roles within the deanery and LEP which allowed effective transfer of information, although could be perceived as a conflict of interest.

11. The deanery engages with its current host SHA on workforce planning and patient safety and demonstrated a particularly close and effective working partnership through the Patient Safety Oversight Group (PSOG, see paragraph 25).

12. The Postgraduate Dean and her team have worked closely with the CQC in Mid Staffordshire NHS Foundation Trust; this has been effective, and appreciated by management and clinical staff at the Stafford Hospital.

Transitions and managing doctors in difficulty

13. As with other deaneries, the transfer of information between medical school and the Foundation Programme is more effective in the local area (see paragraph 78). We were pleased to see valuable discussions taking place between the deanery and local medical schools regarding final year students and any additional support that may be required during foundation training, which relates to around 56% of graduates entering F1 within the deanery.

14. We identified some issues with information transfer between posts within the Foundation Programme, which was reliant on the e-portfolio, and consider that more could be done to ensure oversight of foundation trainees across the programme (see paragraphs 79-80). There are similar challenges when trainees move into specialty training and between specialty training posts (see paragraph 53).

15. Feedback from the deanery on progression and outcomes is a developing area and the deanery reported that local medical schools receive information on graduates' progress through the Foundation Programme.

16. The deanery has a comprehensive policy for managing doctors in difficulty; however we found variability in the awareness and application of this at a local level (see paragraphs 28-29).

Innovation and sharing good practice

17. The deanery is engaged in quality improvement and promotes innovation. Examples such as SCRIPT (see paragraph 86) and the e-induction programme (see paragraph 49) demonstrate this and we look forward to seeing these initiatives develop further.

18. The deanery publishes a multi-professional *Annual Education Development and Quality Report*, which is a good initiative (see paragraph 36). We saw some examples of good practice being shared within a specialty and consider that the deanery could build on this to enhance the sharing of good practice between schools (see paragraph 34).

19. The deanery discusses good practice within its Postgraduate Medical and Dental Board and Quality Leads Committee. We support the deanery's future plans to work with local medical schools to share good practice across the continuum of medical education and training.

Findings by *Trainee Doctor* domain

Domain 1: Patient Safety

20. All LEPs visited were committed to the delivery of good clinical supervision. We were pleased to note that trainees at all levels had access to clinical supervision according to their experience and competence and felt well supported, reporting that assistance from senior colleagues was always available. This good practice could be shared with other LEPs.

21. Trainees reported having received training for taking consent. In most cases, trainees were not expected to take consent for procedures in which they did not understand the proposed intervention and associated risks. One exception was identified during interviews with foundation trainees at University Hospital Coventry, who reported being asked, and refusing, to take consent for endoscopy and interventional procedures in radiology. The deanery should work with UHCW to review the taking of consent within the Foundation Programme.

22. Patient handover at the LEPs visited was effective and we heard some examples of good practice, including a consultant led handover four times a day on the labour ward at Birmingham Women's Hospital, which provided learning opportunities for trainees. We note that Heartlands Hospital identified challenges with handover in the emergency department and in response has increased consultant presence within the department and identified a registrar to facilitate

handover of information between shifts. The deanery could enhance the sharing of best practice for handover within the specialty schools.

23. The deanery monitors clinical supervision, consent, working within competence and handover within its QM Framework, including using the local job evaluation survey tool (JEST), GMC National Training Survey and QM visits. We saw examples of the deanery responding appropriately and strongly to such issues, including withdrawing cohorts of trainees from LEPs where training within their programme was not viable, for example in response to poor clinical supervision.

24. We found that, while systems were in place for reporting critical incidents at all LEPs visited; there was variation in how supported trainees felt to report incidents and to learn from them. We heard from some foundation trainees at Stafford Hospital that issues would be reported to their supervisor but may not be recorded through the Datix system by trainees due to the complex reporting system and the time taken to complete, in part due to poor connectivity. We heard from trainees that Birmingham Women's Hospital and the emergency department at Heartlands Hospital used data on critical incidents and provided feedback to those involved effectively. Feedback to trainees involved in critical incidents could be strengthened at other LEPs. The deanery should work with LEPs to improve the feedback provided to trainees involved in critical incidents.

25. The Postgraduate Dean receives reports of all serious incidents across the region via the SHA, whether trainees are involved or not. Weekly reports are recorded in a database to support revalidation. The Postgraduate Dean sits on the SHA's PSOG, which meets every two weeks. This group has helped the flow of information between the CQC, the SHA and the deanery, and is considered by deanery and SHA staff alike to be a useful forum to discuss health outcomes, safety and training together. We heard about the sharing of lessons learned to prevent recurrence of critical incidents, such as the introduction of SCRIPT (see paragraph 86) to address prescribing errors. We commend the comprehensive management of patient safety issues and the sharing of information that affect trainees and training between the SHA and the deanery.

26. We recognise that the current link between the deanery and SHA via the PSOG is at risk due to the reconfiguration of services within the West Midlands. The clustering of SHAs is a potential risk to this effective relationship and we hope that this relationship is not lost during the transition period or in the future. This initiative could be further developed by evaluating and measuring the impact of changes, such as whether the number of prescribing errors has reduced as a result of SCRIPT.

27. As part of its Postgraduate Medical Education and Training (PMET) Quality Review Framework (see paragraphs 30-30) the deanery has a process and reporting form for potential or actual patient safety concerns identified during a medical education quality review visit. We were pleased to note that the approach was developed in collaboration with the SHA patient safety team and includes clear pathways for escalation. We reviewed examples of this in practice and it has the potential to ensure that patient safety concerns are dealt with in a timely way. However, we had some concerns about how the deanery prioritised and kept track of

actions related to the number of 'live' patient safety issues. We also note that the deanery's July 2011 report to the GMC identified over 250 new concerns across the domains (see paragraph 35).

28. We reviewed the deanery's comprehensive 2009 policy *Professional Support and Dealing with Doctors in Difficulty*, which covers doctors in training across the deanery and sets out roles, responsibilities, pathways and a pro forma for educational supervisors to complete. The deanery can refer trainees to Birmingham University's Interactive Studies Unit, which provides support and remediation to doctors in difficulty in particular.

29. The deanery has recently reviewed its doctors in difficulty processes following the retirement of the lead clinician and is currently distributing this to its stakeholders. Educational supervisors at LEP level described differing strategies for dealing with doctors in difficulty and we found variability in awareness at local faculty level of the procedures to follow within the deanery's policy. We also found variation in the routes and thresholds for reporting into the deanery (see paragraphs 53, 66). The role of the clinical tutor or director of medical education in dealing with doctors in difficulty was inconsistent, and we heard examples of the clinical tutor not always being informed about specialty trainees in difficulty and variation in how issues about foundation trainees fed into the relevant foundation school. We heard that concerns raised locally might not be effectively and reliably communicated to the deanery as there was no defined process for this. The uncertainty we identified across the LEPs suggests that efforts need to be made to strengthen communication and awareness of the doctors in difficulty processes. In addition, LEPs would appreciate more feedback regarding specific doctors in difficulty, including whether or not they progress in their training, as well as any wider themes emerging. The deanery must ensure its doctors in difficulty policy is implemented and applied consistently across LEPs.

Domain 2: Quality management, review and evaluation

30. The deanery's comprehensive PMET Quality Review Framework was published in July 2010. The framework includes scheduled LEP reviews, exceptional LEP reviews, including level 1 exceptional paper based reviews, level 2 exceptional review visits by a school, level 3 exceptional trigger visits by the deanery with externality, and programme reviews.

31. We heard that the deanery has recently introduced unannounced visits to LEPs. The first of these took place in October 2011 to Mid Staffordshire NHS Trust following the planned closure of the accident and emergency department at night from December 2011. The Postgraduate Dean can also accompany the SHA on unannounced visits.

32. The deanery has an extensive programme of visits to LEPs, with over 60 LEP reviews in 2010/11 and four programme reviews. The deanery aims to schedule LEP reviews for at least 10% of its LEPs per school each year. After scheduled LEP reviews, the majority were level 2 exceptional review visits by a school with a small number of level 3 exceptional trigger visits by the deanery with externality. We heard one example of a level 1 paper based review being undertaken, which was

welcomed by the LEP involved. We heard that HEFT had received eight deanery visits in the last 12 months and Stafford Hospital had received 10-13 deanery visits in the last 12-18 months. HEFT reported that its emergency department had received a number of separate visits looking at foundation, GP, and emergency medicine specialty training. LEPs reported that the number of visits was onerous and in some cases resulted in duplication of work, such as producing multiple action plans.

33. We note that the deanery has started to undertake multi-specialty visits to particular departments, such as surgery and foundation at UHB, which have been well received. Departments that train foundation trainees, general practice specialty trainees (GPST) and hospital trainees provide ideal opportunities for cross-school QM and we encourage the deanery to continue this approach in order to reduce the overall volume of visits without compromising the robustness of its QM processes.

34. The sharing of concerns, quality data and good practice between specialty, GP and foundation schools could also be enhanced to support this. The heads of schools had limited awareness of training concerns outside of their own school. Greater sharing of information could support rationalisation of deanery visits, and enable schools to better coordinate QM activity. The deanery should enhance information sharing regarding concerns about LEPs and the dissemination of innovative practice across schools to reduce duplication of work at LEP and deanery level.

35. The outcomes of QM visits are action plans produced by the LEP within deadlines agreed at the time of the visit, dependent on the severity of the issues identified. The deanery has a database where all QM outcomes are recorded with associated deadlines. We note the high number of 'open' actions and concerns reported to us in the July 2011 deanery update report (see paragraph 27), suggesting that deadlines may not be adhered to by LEPs and that considerable deanery time is spent chasing action plans. We were concerned to note that some of these outstanding action plans included issues of patient safety, alongside more routine issues. The deanery uses red, amber, green to rate concerns, and prioritisation beyond this was unclear. The deanery advised that, following a QM review, action plans are approved by the lead visitor, with the option to request a re-visit or progress report if they are not satisfied. We heard an example of an action plan being submitted for the first time one year after the QM visit stating actions as complete. We support the deanery's work, currently in progress, to enhance consistency of approach across the lead visitors. The deanery should review its process for approval and monitoring of action plans resulting from QM activity to ensure that actions are appropriately prioritised and tracked.

36. Sharing of good practice within a specialty is led by the Head of School and we saw some examples of this, particularly in O&G. The deanery could build on this to enhance the sharing of good practice between schools (see paragraph 34). The deanery publishes the multi-professional *Annual Education Development and Quality Report* which comprises of a review of quality management activity, innovative and notable practice case studies, educational updates and statistics across the professions. This is a good initiative, but we found limited awareness of it at a local level. We also heard that the Postgraduate Medical and Dental Board and Quality

Leads Committee discuss good practice. We support the deanery's future plans to work with local medical schools to share good practice across the continuum of medical education and training.

37. In addition to using the GMC National Training Survey, the deanery runs its own job evaluation survey tool (JEST). Foundation trainees complete this at the end of each four month post, and specialty trainees on an annual basis. LEPs demonstrated a good awareness of the survey tools and we saw evidence of triangulation between the surveys. LEPs are responsible for analysing both JEST and GMC survey results and report back to the deanery on planned actions. LEPs felt that reports on the analysis of surveys could usefully be prepared and distributed by the deanery for comment to reduce the work involved locally, and to ensure a common understanding of the issues arising from surveys.

38. The deanery's QM framework also includes annual reporting mechanisms which start at LEP level, feed into school level and finally up to deanery level, which in turn feed into the deanery report to the GMC. The deanery reported that it provides a guidance document to support the completion of reports and we note efforts to build good working relationships between the QM team and LEP staff. We found variability in the quality of LEP and specialty reports produced and LEP and school staff interviewed would appreciate further guidance and feedback on the quality of reports submitted. We heard examples from heads of school where action was taken in response to poor quality LEP reports, but more routine feedback would enhance the overall quality of reports. The deanery should improve the guidance on completion of LEP and school reports and enhance feedback on the quality of reports submitted.

39. The deanery has appointed a pool of lay advisers, who have been in place since June 2010, to support its QM activity, annual review of competence progression (ARCP) panels, and selection processes. We met a number of lay advisers who had received training and felt well supported in their role. We heard examples of the lay advisers feeding back to the QM team or relevant Head of School and they felt their views were listened to. The role is developing and the lay advisers we met would value feedback on their own performance.

Domain 3: Equality, diversity and opportunity

40. We were impressed with access to less than full time training (LTFTT) across the deanery. There is an Associate Dean for LTFTT and the deanery's website contains clear information about accessing it, including an online application process. There are around 237 LTFTT trainees (66% higher specialty trainees, 33% lower specialty trainees and 1% Foundation trainees). The majority of posts are slot shares and there has not been a waiting list since LTFTT was introduced at the deanery in 2001. Trainees interviewed spoke positively about their experience of accessing LTFTT, found the process easy to follow, and felt well supported training LTFTT in a range of specialties. We commend the comprehensive and effective management of LTFTT as an area of good practice.

41. We found that information about graduates with disabilities, special educational or other needs was not always transferred from medical schools into the

deanery (see paragraphs 78-79). Transfer of information was often delayed until trainees were further into their posts and we heard examples from educational supervisors who would have been better able to provide support with prior notification of those needs.

42. The deanery collects equality and diversity (E&D) data related to trainees, which is stored in its *Intrepid* database. However the deanery does not currently analyse the data to look for trends to improve its services. For example, analysing data on doctors in difficulty or LTFT trainees may identify patterns and enable those services to become more targeted. We acknowledge that this is a challenging area for deaneries nationally and has been identified in a number of other visit reports. We note that the School of GP is monitoring progress of international medical graduates (IMGs) in line with GP schools nationally and offering early interventions as evidence shows that exam failure in this group is high. The deanery must analyse the E&D data it collects across programmes to identify themes and trends and take any action in response, such as making changes to policies and targeting services.

43. E&D training is provided as part of the deanery's train the trainer programme (see paragraph 62). As part of its QM processes the deanery asks educational supervisors if they have completed E&D training and collects data from LEPs on those who have attended local training courses. We note that local record keeping could be improved to enhance the deanery's monitoring of training. We are satisfied that all those involved in selection receive E&D training and note that lay advisers have also been trained.

Domain 4: Recruitment, selection and appointment

44. Recruitment was not identified as an area of risk from our evidence base. We explored some areas of recruitment in discussions about how the deanery involves lay people in its processes. The deanery uses national recruitment processes and its selection panels include a lay person. We met a number of lay advisers who had been involved in specialty recruitment and they had been trained and well supported.

Domain 5: Delivery of approved curriculum including assessment

Education and training

45. The delivery of education and training in the LEPs visited is going well, with a commitment to good clinical supervision. All trainees gave examples of positive learning experiences and trainers gave examples of adapting programmes or training to accommodate different circumstances.

46. Despite continuing challenges with recruitment, rota gaps and staffing issues in emergency medicine and obstetrics and gynaecology, trainees or trainers did not consider them to have a significant impact on education and training.

Assessment

47. Training to undertake work place based assessments is focussed at consultants, and some specialty trainees had also attended. Deanery training for

clinical and educational supervisors includes workplace based assessments (see paragraph 62). Foundation trainees reported variability in assessor training and awareness of the assessor role. We found several examples of consistent and positive approaches to assessment at foundation level supported by strong leadership from LEP clinical tutors and foundation directors; however there was an inconsistent approach to assessment and the completion of work place based assessments amongst trainers at HEFT.

48. The deanery follows the 'Gold Guide' for ARCP panels and 10% of panels have external involvement. Trainees receive 12 weeks notice of dates and are provided with a checklist. Portfolios are reviewed and decisions are made then most specialties have face to face meetings; some only have them for unsatisfactory outcomes, including GP and O&G.

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

Induction

49. The deanery introduced an innovative e-induction programme in August 2011 following a pilot in 2010. The online module covers the generic elements of induction, including infection control, child protection, fire safety and manual handling. This is mandatory for all trainees across the deanery and trainees only complete it once per year and it is transferrable across all LEPs within the deanery.

50. We support the intention of this programme to cover core material, reduce repetition in induction programmes, and to prevent trainees who are moving LEPs every four or six months within the year repeating the same induction at the start of each post. However we found that most trust induction programmes had not been sufficiently modified in response to the e-induction, so trainees reported repetition between the deanery e-induction and trust induction. A positive exception to this was Stafford Hospital which had balanced the trust induction with the deanery e-induction to avoid repetition. The deanery reported that completion of the e-induction package should take up to five hours; however we heard examples of trainees spending up to 20 hours completing it before starting work, in part due to server issues that the deanery is aware of. The deanery should work with LEPs to review and streamline induction programmes for trainees, including the balance of deanery, trust and departmental inductions.

51. All trainees interviewed had received a departmental induction and had found it useful. Trainees particularly highlighted good departmental inductions at UHB, in paediatrics at Stafford Hospital, O&G at Birmingham Women's Hospital, and emergency medicine at HEFT. We heard that as part of the induction in O&G, trainees had a clinical skills competency induction to assess their level of training and identify development needs. Trainees considered this very useful and supportive to their development.

Educational supervision

52. All trainees had a designated educational supervisor. Overall trainees felt well supported and regular meetings were taking place in foundation, emergency medicine and O&G training.

53. Transfer of information across posts within foundation and specialty training was variable. There was reliance on the use of e-portfolios to transfer information between posts. We heard examples of trainers in emergency medicine having difficulty accessing GPST e-portfolios. Trainers across the LEPs gave examples of trainees who had come to them with very specific needs, but which had not been shared with them prior to the placement. This prevented LEPs from putting in place arrangements to address trainees' particular needs. We heard examples in emergency medicine of a lack of understanding as to the correct path to raise concerns about trainees. It was inconsistent who a trainer would contact if a trainee was in difficulty, between LEP educators, school leads or directly with the deanery.

Feeding back in confidence

54. Feedback is actively sought from trainees on their training and educational experience. A variety of mechanisms are in place to facilitate this, including: the deanery's local survey, JEST, the national training survey run by the GMC, junior doctors' forum held regularly at each LEP, involvement in deanery QM visits, and there is also a process in place for trainees to raise concerns directly with the deanery. Foundation trainees particularly valued the junior doctors' forum, which was attended in protected time and provided an opportunity to discuss issues, and from which action was taken as a result. We commend the engagement of trainees in quality control, including the junior doctors' forums which are effective mechanisms for change, as an area of good practice.

Careers advice

55. The deanery's website has useful information on careers and the deanery has a committed careers team. There is a careers steering group to oversee careers advice across the deanery, and we were pleased to see that it includes representation from the local medical schools. All foundation trainees complete 'Windmills', a facilitated workshop of career exploration, and all trainees have access to careers fairs which were considered useful.

56. Some foundation educational supervisors demonstrated an awareness of their role in providing careers advice, and some could provide information about their specialty but were unsure of routes into the deanery for careers advice. Careers advice has recently been added to the train the trainer sessions so this is still being disseminated.

Training

57. Work intensity was identified as a negative outlier in the 2010 National Training Survey for the specialties under review. We were pleased to see

improvements and note that rota gaps were not having a significant negative impact on educational experience.

58. Our evidence base suggested that undermining of trainees would be a concern within the deanery. In response to the GMC survey results, the deanery ran a series of activities at local level on bullying and harassment. We were pleased to find no evidence of undermining behaviours on the visit and trainees at all grades reported working in a supportive environment. We heard examples of consultants actively supporting trainees to report undermining behaviour.

59. We heard examples of less than full time training working well and trainees reported the information available easy to access and the process straightforward (see paragraph 40).

60. Trainees interviewed would approach their educational supervisor in the first instance if they or a colleague was in difficulty. The policy is accessible on the deanery website; however we found variable awareness of it amongst educational supervisors (see paragraph 28).

Study leave

61. The deanery has published guidance for study leave. We note that the guidance is new and we found variation in awareness and application of the guidelines amongst trainees and local faculty across the LEPs visited. We encourage the deanery to clarify its guidance on study leave based on the national guidance from the UK Foundation Programme Office (UKFPO) and the Conference of Postgraduate Medical Deans of the UK (COPMeD) regarding time off for specialty exams during foundation training to ensure consistency across the five foundation schools.

Standards for trainers

62. Educational supervisors we met during the visit had completed the 'train the trainer' course run by the deanery and found it useful. The deanery offers face-to-face and online training options. The deanery could enhance this by working closely with local medical schools to join up training for those involved in teaching medical students and supervising trainees.

63. There were good examples of innovative practice being shared within a specialty. For example, journal club was implemented at Mid Staffordshire after working well at Birmingham Women's Hospital. Trainee engagement and involvement in O&G was also strong. Sharing of good practice is less well developed in other specialty schools and more could be done to share good practice across specialty schools (see paragraph 32).

64. Educational supervisors have sufficient time for training in their job plans, although this was usually included within the 2.5 supporting professional activities (SPAs). We were assured by trust senior managers that they were committed to ensuring adequate time for training in job-plans, and were taking steps to ensure that this was separately identifiable. There was some anxiety amongst supervisors that

time would be reduced due to the financial pressures, although we were assured by the senior management at the LEPs visited that education is valued. We were pleased to see that the educational role of supervisors was included within NHS appraisal, showing a clear commitment to education and training. We encourage the deanery to continue to monitor educational role time in job plans, particularly given the level of change and financial pressures within the NHS.

Domain 7: Management of education and training

65. We reviewed diagrams setting out the management structures within the deanery. The deanery is structured into five foundation schools and 11 specialty schools, including GP.

66. Within each LEP, a clinical tutor or director of medical education is the key link to the deanery and holds responsibility for foundation and specialty training. In addition there are college tutors and/or programme directors for foundation and specialty training. The systems in place seemed to work in practice; however the routes for information flow to the deanery were not explicit or consistently understood at local level, and the interactions between the deanery and service lines of reporting were limited. For example, we heard that the clinical tutor did not always have a clear line of information from specialty trainees as the communication may take place directly between the college tutor and head of school. Also problems related to F2s in GP posts were reported from the GP supervisor to the local GP educator team and there was a lack of clarity on how this fed up to the foundation school. The deanery should clarify lines of accountability within and between the schools and LEPs.

67. At the LEPs visited, education was represented at board level, in most cases by the medical director, and the senior management teams we met valued education and training.

68. Learning and development agreements are in place with LEPs. In addition the deanery has developed an education and practice partnership agreement (EPPA) between the SHA, LEPs, higher education institutes and medical schools in the region. We are pleased to note that the EPPA set out the roles and responsibilities of the deanery, medical school and LEP in terms of sharing information and participating in QM activities. The Postgraduate Dean chairs the SIFT allocation committee to ensure equitable distribution of resources.

Domain 8: Educational resources and capacity

69. The educational capacity at the LEPs visited was sufficient to accommodate the practical experiences required by the curricula. We were informed of a number of current and planned service reconfigurations within the West Midlands which could have a significant impact on training. It was unclear how the changes to services in LEPs, and their subsequent ability to ensure training capacity, are relayed to the deanery and specialty schools. For example, Birmingham Women's was not allocated foundation posts due to the specialist nature of the site, but GPSTs remain. We encourage the deanery to ensure it continues to be included in workforce planning forums and reconfiguration processes so timely changes to training

rotations and placements can be made, and to ensure that the foundation and specialty curricula are considered alongside the service requirements and training post configurations. The deanery should continue to work with LEPs to ensure mechanisms are in place to plan and monitor changes in educational capacity and capability.

Domain 9: Outcomes

70. The key educational outcomes reviewed by the deanery are ARCP outcomes and royal college or faculty exam results where these are available. We note some challenges faced nationally, such as Practical Assessment of Clinical Examination Skills (PACES) being completed late so the outcomes cannot be looked at within the academic year. The deanery uses analyses completed by colleges that have an impact in the local area, such as lower pass rates for IMGs in general practice, where support was provided in response. We heard examples of the deanery using outcomes data to trigger QM activity, for example a high failure rate in histopathology, which was the result of a vacant training programme director (TPD) post, and that when the post was filled outcomes improved. We encourage the deanery to continue using outcomes data, and work to enhance the analysis of ARCP data.

Findings by foundation and specialty

Foundation training

71. 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 from education into clinical practice. The deanery was involved in piloting the Foundation Programme so it was one of the first to be established in the UK.

72. The deanery has five foundation schools: Birmingham, Black Country/ Shropshire, Staffordshire, Coventry and Warwickshire and Hereford and Worcestershire and there are 642 F1s and 622 F2s training in the deanery. Each foundation school has an associate dean and there is a head of school of foundation with oversight of the Foundation Programme across the deanery. The clinical tutor or foundation tutor at each LEP has responsibility for foundation training locally and is the key contact between the LEP and deanery. Foundation trainees and their supervisors showed an awareness of their key contact locally.

73. The Foundation Programme was last visited at the deanery on a pilot Quality Assurance of the Foundation Programme (QAFFP) visit in 2006. There were two requirements set regarding F1s working without adequate clinical supervision and improving the training of educational supervisors to complete work place based assessments and its monitoring. The deanery has met the requirements and recommendations set during this visit.

74. Overall the deanery delivers an effective Foundation Programme. Foundation trainees were positive about their experiences and felt well supported. Clinical supervision was reported to be good, and we did not find examples of trainees

working beyond their competence. Trainees were generally satisfied with the quality of training received and would recommend their jobs.

75. We found that trainees felt their identity was with their trust and did not identify with their foundation school and the deanery. There were examples at Stafford Hospital where trainees were unsure which foundation school they belong to. We encourage the foundation schools to increase their profile amongst trainees, through the support and advice they provide.

76. We found that F2 trainees were sometimes on the same 'SHO' (senior house officer) rota as core and lower specialty trainees and heard examples at more than one LEP of trainees self-labelling badges using the term 'SHO'. This could result in F2s being bleeped with the expectation that their competence is equivalent to an ST2, for example. This has been a common finding in previous quality assurance reports and was identified as a theme by Collins in his 2010 report: *Foundation for Excellence, an evaluation of the Foundation Programme*. The deanery should work with LEPs to enhance awareness of training levels and ensure appropriate terminology for training grades is used when compiling rotas and name badges.

77. Foundation trainees received satisfactory induction programmes, including the deanery e-induction (see paragraphs 49-50), trust induction and departmental induction. There was some concern expressed by foundation trainees about delayed departmental induction when starting their first posts on nights and we note that this is a challenge nationally.

Transfer of information and sign off

78. The deanery uses the national transfer of information process to gather information on foundation trainees entering the Foundation Programme from UK medical schools. 56% of graduates entering the Foundation Programme are from local medical schools and transfer of information is more effective for these graduates. We heard that the Associate Dean for Birmingham Foundation School meets with representatives from Birmingham Medical School to discuss final year students and any additional support required, which is considered a useful forum by those involved. We were pleased to hear that this initiative is now in place for Warwick Medical School and will be put in place for the first Keele Medical School cohort graduating with a primary medical qualification from Keele University in 2011/12.

79. We have some concerns about the transfer of information within the Foundation Programme, where educational supervisors change with each four month post. Educational supervisors reported that they relied on the e-portfolio to find out issues about a trainee, which involved reviewing multiple entries from previous supervisors. In addition, we found that information on trainees in difficulty was not routinely passed on to the next placement. We heard from trainers that they did not always feel empowered to include negative comments in the e-portfolio, which limited the information recorded and transferred to the next placement. This created challenges for supervisors later in the year, where issues persisted but had not been recorded formally earlier in the year. We encourage the deanery to work

with LEPs to ensure that clinical and educational supervisors are familiar with, and empowered to accurately complete e-portfolio assessments.

80. It was reported that information is held at clinical tutor or director of medical education level and does not routinely filter down to supervisors. At LEP level we found that foundation educational supervisors were unclear as to how concerns should be raised about trainees rotating between posts. We found a lack of continuity in the supervision of foundation trainees across their 1-2 year rotations and more could be done to ensure oversight of foundation trainees across the programme. The deanery must ensure that information is transferred between educational supervisors within the Foundation Programme and that concerns are recorded, followed up and managed.

81. National forms for sign off at F1 and F2 are completed by the clinical tutor at the LEP then reviewed by the relevant associate dean for foundation. We heard that some trainees were signed off for placements despite some trainers having concerns about their progress as such concerns were not consistently communicated through the e-portfolio or via other means (see paragraph 79). Detailed reviews would take place for trainees who had been identified as having difficulties and 10% of e-portfolios are sampled within each foundation school to check consistency between clinical tutors. We encourage the deanery to enhance this by looking at consistency across the foundation schools. A deanery panel make final decisions on trainees unlikely to be signed off, with representation from the foundation school and Postgraduate Dean.

Allocation of Foundation Programmes

82. The process for allocation into F2 is made independently to F1. The F2 application process starts in February each year and involves scoring of F1 e-portfolios by Clinical Tutors and trainee ranking of all F2 posts across the deanery. We identified disconnect between the deanery and foundation trainees regarding the fairness of this process. Foundation trainees reported that it was more difficult for those in posts with high intensity workloads to complete the e-portfolio to the same level as colleagues in other less intense posts. Trainees undertaking psychiatry, for example, were also disadvantaged as they had fewer opportunities to undertake practical procedures and could not complete all of the work place based requirements of the e-portfolio, and could not therefore achieve a good score necessary for their F2 allocation. Rotas for the first post may also impact on attendance at teaching sessions. It was also reported by trainees that scoring was variable between LEPs. The deanery should review the allocation process for F2 posts to ensure it is fair and equitable across the range of F1 posts, LEPs and foundation schools.

83. We heard examples of F2 posts replicating F1 posts, including an O&G post in F1 and F2, posts in the same team in F1 and F2, with different names, and trauma and orthopaedics as two of three posts during F2. Overall most foundation trainees felt that the three rotations over the year were balanced and the curriculum could be met. However, some trainees were concerned about their rotations and were dissatisfied with their F2 allocations. We were unable to identify a deanery mechanism that protected against the potential risk of unbalanced foundation

programmes and ensure that foundation trainees do not undertake rotations that compromise their ability to access all elements of the foundation curriculum. The deanery must put mechanisms in place so it can demonstrate that foundation trainees are able to meet the curricular outcomes required to complete the Foundation Programme.

Teaching, assessment and feedback

84. Foundation trainees reported that a taught programme was in place and showed an awareness of attendance requirements for sign-off. Overall trainees found the sessions useful, although there was some variability in teaching quality, and we heard examples of e-learning in use. Foundation trainees were able to attend teaching sessions and were able to give up their pagers.

85. All F1s go through advanced life support training and additional simulation funded by the deanery if this has not been completed before graduation. Foundation trainees spoke positively about their experience of simulation training. We commend access to simulation training for all foundation trainees within the deanery as an area of good practice.

86. We heard about SCRIPT, a deanery wide prescribing tool, which contains 40 modules including interactive videos and graphics, and clinical case exercises to test learning. 12 core modules have to be completed during F1 for sign off and 15 modules in F2. The deanery developed this in response to prescribing errors identified through the PSOG (see paragraph 25) and national challenges with preparedness in prescribing. The majority of trainees spoke positively about the content, had found the modules useful, and were aware of the requirements for sign off. Some foundation trainees reported the modules to be time consuming, but had often left completion of modules late into their post. We are pleased to note plans to share SCRIPT with local medical schools and look forward to seeing this initiative develop. We commend the development of SCRIPT in response to issues identified with prescribing via the PSOG as an area of good practice.

87. Foundation trainees were aware of the requirements for work place based assessments. Completion is monitored and foundation trainees receive reminders locally if they are not keeping up to date. It was reported that some consultants were very proactive at completing assessments and had a good understanding of the process. We were pleased to note that at UHCW and Mid Staffordshire in particular many assessments were completed by consultants.

88. Foundation trainees reported that the quality of feedback was dependent on their educational supervisor. Foundation trainees are involved in teaching and providing feedback to medical students and showed an awareness of their role in delivering student assistantships. We were pleased to note that at Stafford Hospital foundation trainees were being offered training in how to teach to support their work with medical students, particularly in student assistantships.

Educational supervision

89. In the Foundation Programme educational supervisors change with every four month post and usually have a dual role as the trainee's educational and clinical supervisor. We heard that the e-portfolio was used to transfer information between supervisors and supervisors interviewed were able to access previous reports. However some supervisors said they had concerns about a trainee in the final post and did not want to go against colleagues' judgements in previous reports. We consider that more could be done to ensure oversight of foundation trainees' performance across the Foundation Programme (see paragraph 79).

90. Foundation trainees had access to careers advice. All foundation trainees complete 'Windmills', a facilitated workshop of career exploration, which received mixed reviews and was considered more useful for those trainees who had not already decided on a career path. Careers advice was also available from educational supervisors, who felt able to provide advice within their own specialty but would benefit from further training on providing wider advice. We found variability in awareness of tasters with trainees and trainers. At UHB tasters were taken up and valued and could be completed at the end of F1. Tasters were in place at UHCW and HEFT and there was limited awareness at Stafford Hospital.

Shadowing

91. The deanery provides shadowing opportunities for graduates moving into one of its five foundation schools. The deanery is working with the local medical schools to move the shadowing period closer to the start of F1. We note that this is a national issue Medical Education England is working to address.

Emergency medicine training

92. We explored emergency medicine due to issues identified in the 2010 National Training Survey related to handover and procedural skills. Handover was identified again as an issue in the 2011 survey results along with undermining, overall satisfaction and work intensity. It is known that there are national challenges with recruitment and rota gaps, as well as the challenges in ensuring curriculum competencies are adequately covered.

93. Emergency medicine sits within the School of Anaesthesia, Critical Care and Emergency Medicine (ACE). There is a Specialty Training Committee (STC) for emergency medicine and training programme directors for the north and south of the region. We note that the deanery appointed a quality lead for the specialty in 2010. There are around 32 acute care common stem trainees and 38 emergency medicine trainees within the deanery.

94. The deanery delivers effective and comprehensive training in emergency medicine. The LEPs visited contained trainees with a high level of satisfaction in their clinical training. They felt well supported by their clinical and educational supervisors and described a positive learning environment. Although the LEPs visited were busy the trainees did not report issues with their workload or consider that this was having a negative impact on the quality of their training. Emergency medicine educational

supervisors appeared to clinically active, engaged and supportive of the training programme. We note the inclusion of emergency medicine within a combined and much larger school. We heard educational leaders in emergency medicine describe a desire to develop as an independent school within the deanery in order to further develop the speciality training programme.

95. We note progress made in the LEPs visited in relation to handover after this was identified as an issue in the 2010 and 2011 survey results. Trainees did not report issues with handover at the LEPs visited and we note developments at HEFT to improve handover (see paragraphs 22, 146).

96. Both the 2010 and 2011 survey results identified the amount of teaching as a positive aspect of emergency medicine training. Emergency medicine trainees were positive about their teaching and were able to meet the requirements of the curriculum at all LEPs visited. They reported that training in anaesthetics and intensive care was useful but thought that a refresher programme later would be useful to maintain the skills learnt.

97. Despite continuing national challenges with recruitment, rota gaps and staffing, we were pleased to find that trainees and trainers did not consider this to have a negative impact on supervision or training. Emergency medicine trainees were engaged with the national challenges in the specialty and were actively encouraging medical students and foundation trainees in the departments visited to consider emergency medicine as a career.

98. Emergency medicine trainees were able to complete the assessments required by the e-portfolio, although reported variable experience of the system, and did not report any issues with the ARCP process. Emergency medicine trainees received good feedback on individual cases but would appreciate more feedback to provide a global view following a shift.

99. HEFT ran simulation in the emergency department for trainees, which was well received. Emergency medicine trainees and trainers at UHCW identified some issues with access to simulation training, as it could no longer take place within the department. We encourage the deanery to work with UHCW to address this.

100. We met trainers in emergency medicine at three LEPs and found them to be generally enthusiastic and engaged with training. Emergency medicine trainers were responsible for the training of a variety of different groups of doctors, including foundation, GPSTs, acute care common stem (ACCS), and specialty trainees. For higher specialty trainees the link to the deanery was through the Head of School for ACE. Other trainees would be managed in conjunction with the local postgraduate team. Emergency medicine trainers interviewed had limited direct contact with the deanery and would value more routine feedback on deanery reports and processes, such as ARCP reports.

Obstetrics and gynaecology training

101. We explored O&G training as the 2010 National Training Survey results highlighted issues in O&G with clinical supervision, undermining, redistribution of

tasks and study leave. The same issues were identified in the 2011 survey results. In addition O&G is a reducing specialty in terms of overall trainee numbers, which may have an impact on service delivery and the organisation of training.

102. There is a Postgraduate School of Obstetrics and Gynaecology with sub-committees taking responsibility for appointments and rotations, basic training, intermediate training, advanced training, academic training and subspecialty training. There are 47 posts at the level of ST1 and ST2 and 133 posts at ST3-ST7 level (including four subspecialty training posts, one each in maternal and foetal medicine, gynaecological oncology, urogynaecology and reproductive medicine and seven lecturer posts).

103. Overall the O&G training programme was performing well across the deanery and in the LEPs visited. The programme was able to deliver the curriculum, and well placed to support advanced, academic and subspecialty training. There was recognition of, and coherent attempts to address, the key challenges which face O&G training across the UK. Trainees in the LEPs visited had a high level of satisfaction with their clinical training, felt well supported by their clinical and educational supervisors and described a positive learning environment.

104. Despite the survey results suggesting supervision was an issue trainees interviewed had good access to clinical supervision and felt well supported. There were no examples reported of trainees working beyond their level of competence.

105. Both the 2010 and 2011 survey results identified the procedural skills and handover as positive aspects of the O&G training programme. This was confirmed during interviews with trainees, who were able to meet curricular requirements and were provided with learning opportunities during handover.

106. O&G trainees reported a positive experience with good access to teaching, including being released to attend regional teaching sessions. We heard that O&G trainees at Birmingham Women's encountered some challenges getting experience of gynaecological surgery. Trainees at Mid Staffordshire had good access to gynaecological surgery and reported that trainers changed the order of theatre lists to provide teaching opportunities. GPSTs at Birmingham Women's reported limited access to gynaecology outpatients clinics. We heard that GPSTs had raised this issue locally and are pleased to note the LEP was taking action in response (see paragraph 128). We encourage the deanery to monitor the situation.

107. Trainees appreciated the journal club in O&G at Birmingham Women's Hospital and more recently Stafford Hospital. This provided an opportunity to discuss clinical questions and the evidence base in relation to cases seen during the week. We were pleased to hear that resources, including library staff, were allocated to support this. In addition the journal club acted as a quality and training improvement forum, with consultants and managers on hand to discuss and resolve any issues at the end of the session. This good practice could be shared with other LEPs and other specialties.

108. O&G trainees were able to complete the assessments required by the e-portfolio and did not report any issues with the ARCP process. We heard that in

O&G approximately 25% of trainees are brought in for face to face ARCP meetings. O&G trainees were content with the feedback they received.

109. Trainers in O&G reported well developed local processes for the management of serious incidents, and the learning from these. Due to good local management of serious incidents O&G trainers reported little contact with the PSOG at SHA level. A deanery workforce review of O&G training has been undertaken, which resulted in a report and action plan. We heard that there had been limited engagement with and feedback from the deanery on the evidence submitted in response.

Findings by LEP

University Hospitals Coventry and Warwickshire NHS Trust

110. At University Hospital Coventry we explored foundation and emergency medicine training. University Hospital Coventry (University Hospitals Coventry and Warwickshire NHS Trust, UHCW) is a key partner of Warwick Medical School. The deanery identified patient safety issues in emergency medicine in its 2009/10 scheduled report to the GMC related to an internal referral system, which was followed up and resolved through the deanery's QM processes. The 2010 National Training Survey identified issues in foundation and core training, including: clinical supervision in medicine and surgery; workload, handover in medicine and work intensity in medicine and emergency medicine. The 2011 survey results demonstrated improvements in these areas, with issues remaining for foundation trainees in emergency medicine around work intensity and undermining. O&G trainees reported issues with study leave and work intensity in the 2010 survey and further issues were identified in the 2011 survey, although these were not explored during this site visit.

111. Overall we found a commitment to education and training at UHCW and trainees interviewed were generally satisfied with their training experience. Emergency medicine trainees were particularly positive about their experiences. Trainers and senior staff were engaged and trainees felt well supported.

112. Foundation trainees were able to access senior support when needed, although identified some challenges in psychiatry at night, and in medicine at the weekend. However we did not hear examples of patient or trainee safety being compromised as a result. Emergency medicine trainees considered supervision to be excellent, and had no difficulties accessing senior colleagues.

113. We heard from emergency medicine trainees that there were four gaps on the middle grade rota, which were currently filled by effective locums. Trainees considered that more training posts would help and limit the unsociable hours being worked. However they did not consider the rota gaps to have a negative impact on supervision or training opportunities. We heard from trainees and trainers about challenges accessing simulation training in emergency medicine (see paragraph 99).

114. Foundation trainees reported examples where they had been asked, and refused, to take consent for interventional procedures in radiology and endoscopy (see paragraph 21). We also heard of foundation trainees being taught to take

consent for angiograms to enable them to take consent for this procedure. Emergency medicine trainees did not feel under pressure to work beyond their competence.

115. F2s reported being on the 'SHO' rota with core and lower specialty trainees. We have concerns that this terminology does not account for difference in levels of competence (see paragraph 76).

116. We heard that UHCW had recently introduced an e-handover system as part of hospital at night developments. Foundation trainees were aware of the e-handover system and reported satisfactory handover in medicine and paediatrics. We heard that handover in surgery was variable, with some examples of foundation trainees handing over to one another without senior involvement. Emergency medicine trainees would appreciate a meeting in the morning to feedback on the patients admitted overnight.

117. We heard that the Chief Executive speaks at the trust induction and was considered approachable by trainees. Trainees reported that the trust induction included details of the reporting system for critical incidents. We heard examples of foundation and specialty trainees being involved in root cause analysis meetings and receiving feedback from educational supervisors. Trainees reported an example of guidelines changing as a result of incident reporting and audit and demonstrated an awareness of outcomes. In emergency medicine trainers reported bi-monthly meetings to go through lessons learnt, and a weekly mortality meeting in acute medicine.

118. Foundation trainees reported that psychiatry and accident and emergency (A&E) departmental inductions were good, had mixed views of the surgical induction, and felt that on call induction could be improved. Emergency medicine trainees considered that induction was good and included a lecture every morning about common presentations and how the department works.

119. A local initiative enables educational leads within the LEP to meet quarterly to share good practice and discuss concerns. Foundation educational supervisors felt that more could be done to share good practice across departments as there are currently no formal opportunities for the supervisors to meet as a group.

120. There is a monthly junior doctor's forum for F1 and F2 trainees. Foundation trainees demonstrated an awareness of the forum, but reported that the timing clashes with teaching sessions in some departments and that it is not always 'bleep free'. It was considered a good opportunity to be listened to and foundation trainees received feedback on actions taken, and reasons for actions that could not be taken forward. Emergency medicine trainees reported that a regional training representative attends the Specialty Training Committee and minutes are disseminated to all emergency medicine trainees.

121. The LEP senior management is working to include education in job plans and appraisal in preparation for revalidation. We heard from educational supervisors that they were trying to negotiate time in job plans for training as most programmed activities (PAs) are not specifically allocated (see paragraph 64).

122. At Birmingham Women's Hospital we explored obstetrics and gynaecology training. Birmingham Women's Hospital (Birmingham Women's NHS Foundation Trust) is a key provider of O&G training within the deanery. Birmingham Women's Hospital is a major tertiary centre, with 7300 deliveries annually, which enables it to provide a wealth of training opportunities, and particularly to support advanced, academic and sub-specialty training. The 2010 National Training Survey identified specialty training issues with work intensity and work load; and GPs in specialty posts identified undermining and issues around compliance with Working Time Regulations (WTR). Issues around work intensity for specialty trainees and around compliance with WTR for GPSTs remained in the 2011 survey results (see paragraph 128).

123. Overall O&G specialty trainees at Birmingham Women's were having a very positive training experience and felt well supported and well supervised. Trainers worked together as a faculty and the senior management team were engaged with education and training. In common with challenges nationally Birmingham Women's Hospital was encountering problems with rota gaps, workforce planning, and control and distribution of trainee numbers. The LEP was engaged with addressing these issues, such as by successfully appointing trust doctors.

124. Trainees reported that deanery QM visits had been effective in driving changes and improvements in training. Trainees also reported that the monthly junior doctors' forum was effective, and provided a route to raise concerns about training issues. Trainees demonstrated examples of changes made as a result of their feedback.

125. Trainees highlighted the departmental induction in O&G at Birmingham Women's Hospital as a positive. We heard that trainees had a clinical skills competency induction to assess their level of training and identify development needs. This was considered very useful and supportive to their development.

126. We heard of a consultant led handover four times a day on the labour ward, which provided good learning opportunities for trainees. We also heard that trainees received effective feedback following involvement in critical incident reporting.

127. O&G supervisors at Birmingham Women's get together as a group to discuss the performance of trainees two or three times a year. Trainees were aware of this and thought it was good and supportive to their development.

128. The 2011 National Training Survey identified a number of issues for GPSTs in hospital posts in O&G at Birmingham Women's Hospital, including clinical supervision, induction, workload and work intensity, compliance with WTR, study leave and overall satisfaction. LEP staff, including the Chief Executive, were aware of the latest survey results and GPSTs interviewed reported that action was being taken to investigate the issues raised. GPSTs would benefit from more access to gynaecology clinics to enhance appropriate curriculum coverage, which was being addressed locally. We note that foundation trainees are no longer placed at

Birmingham Women's Hospital as it is becoming very specialist. We encourage the deanery to continue to monitor the situation.

129. O&G trainees reported good access to teaching, including being released to attend regional teaching sessions. We heard that trainees encountered some challenges getting experience of gynaecological surgery; however there were also examples of theatre lists being adapted to provide learning opportunities. Trainees spoke very positively about access to simulator training.

130. Trainees appreciated the journal club, which provides an opportunity to discuss clinical questions and the evidence base in relation to cases seen during the week supported by library staff and other allocated resources. In addition it acts as a quality and training improvement forum, with consultants and managers on hand to discuss and resolve any issues at the end of the session. We note that this good practice has been shared with Stafford Hospital where a similar journal club is working well, and consider that this good practice could be shared with other LEPs and other specialties.

University Hospitals Birmingham NHS Foundation Trust

131. At the new Queen Elizabeth Hospital Birmingham we explored foundation and emergency medicine training. The new Queen Elizabeth Hospital Birmingham (University Hospitals Birmingham NHS Foundation Trust, UHB) is a key partner of Birmingham Medical School and a high proportion of foundation posts are based here. The deanery identified issues in foundation training, including poor clinical supervision in surgery in its 2009/10 scheduled report to the GMC and the 2008/09 and 2010 National Training Survey identified issues for F2s in emergency medicine. Clinical supervision, handover, adequate experience and overall satisfaction were identified as issues in the 2010 survey for F1s in surgery, and clinical supervision and issues around compliance with WTR were identified by F2s in surgery. Issues with supervision and other areas in foundation surgery remain in the 2011 survey results, and issues in emergency medicine specialty training include: work load and work intensity, undermining and local teaching.

132. We were impressed by the commitment of UHB to education with a consistently positive level of engagement at all levels, including the senior management team. Trainees and trainers described high levels of satisfaction and felt well supported. The education team appeared to be a highly effective and highly motivated group, actively engaged in the promotion and integration of clinical education into clinical care. The priority given to training was demonstrated by excellent education facilities.

133. The deanery identified a number of potential patient safety issues, including poor clinical supervision and patient handover, during a Foundation Programme follow up visit to foundation surgery and oncology at UHB in March 2010. We reviewed visit reports and action plans related to these issues, which demonstrated effective monitoring by the deanery and progress made by UHB. During our site visit to UHB, foundation trainees reported that the situation had significantly improved and that the education team had been very proactive in tackling the issues.

Remaining issues related to cover in trauma and orthopaedics at weekends, but actions were in hand. Foundation trainees felt well supported.

134. Trainees interviewed felt well supported, despite their large number across foundation and specialties. The junior doctors' forum appears to be an effective feedback mechanism and conduit for communication between the trust and foundation trainees. This was less applicable to specialty trainees who associated themselves more with their locally based training programme.

Mid Staffordshire NHS Foundation Trust

135. At Stafford Hospital we explored foundation and obstetrics and gynaecology training. Mid Staffordshire has been the subject of an independent inquiry following patient safety concerns highlighted by the Healthcare Commission (HCC, now Care Quality Commission, CQC) in 2009. The GMC and the deanery have been working to ensure concerns at the site have been appropriately identified and dealt with, and evidence regarding the site was closely considered. Concerns were identified specifically in surgery, paediatrics and emergency medicine training in the deanery's 2009/10 annual report to the GMC. The 2010 National Training Survey identified issues in foundation and core training, including handover and undermining in F2 emergency medicine; and clinical supervision, undermining, adequate experience, compliance with WTR, overall satisfaction and work load in F2 medicine. The 2011 survey results showed an improvement in some areas, although issues in F2 emergency medicine remained and issues in F1 medicine were identified. It is known that there have been ongoing recruitment challenges at this site, creating rota gaps.

136. Trainees consistently reported a good training experience at Stafford Hospital, often despite reservations about training there because of attention around the inquiry. The educational supervisors we met were also working hard to overcome preconceptions about the LEP and twenty new consultants, appointed in 2010, were trained as educational supervisors. We found a commitment to education and training and strong links with Keele Medical School as well as with the deanery. In addition to the Clinical Tutor, the Medical Director, who is one of the deanery's advisers on doctors in difficulty, was a key link into the deanery. Rota gaps did not appear to be having a negative effect on training overall and results of the National Training Surveys explained above were not confirmed during interviews with trainees and trainers.

137. The Clinical Tutor's vision to professionalise training by using undergraduate development processes in conjunction with postgraduate trainer development was a good example of a small LEP using its medical school links effectively, and not maintaining artificial boundaries between the stages of training.

138. In common with other LEPs we heard some examples from foundation trainees at Stafford Hospital that minor issues would be reported to their supervisor but may not be recorded through Datix, the system for critical incident reporting, by trainees due to the complex system and time taken to complete (see paragraph 24).

139. Stafford Hospital received 10-13 deanery visits in the 12-18 month period following publication of the HCC's findings in 2009. The trust understood the reasons

for the visits but supports reducing the burden on LEPs by taking account of visits from other organisations and undertaking combined deanery visits, particularly to departments that train foundation, GPST and hospital trainees (see paragraphs 32-33). The deanery undertook the first of its unannounced visits to Mid Staffordshire NHS Trust in October 2011 following the announcement of a planned closure of the accident and emergency department at night. It was acknowledged that the closure of A&E at night from December 2011 may impact on the clinical experience of F2 and GPSTs and we encourage the deanery to continue monitoring this.

140. We are pleased to note that with the introduction of the deanery's e-induction programme (see paragraphs 49-50) Stafford Hospital was the only LEP visited which had balanced the trust induction with the deanery e-induction to avoid repetition for trainees.

141. We were pleased to hear about plans for foundation trainees to receive training for teaching medical students, particularly to effectively support student assistantships.

142. In O&G we found that trainers were flexible and accommodating to the needs of specialty trainees, including adapting theatre lists in relation to specific development needs. This was appreciated by the trainees interviewed, who were hugely positive about their training. Journal club was well received by trainees and considered useful to their training. These areas of good practice could be shared with other LEPs and other specialties.

Heart of England Foundation Trust

143. At HEFT we explored foundation and emergency medicine training. The 2010 National Training Survey identified issues for GPs in specialty training posts at Heartlands Hospital (Heart of England Foundation Trust, HEFT), including experience, work load and work intensity and hours of education per week in emergency medicine. There have been some issues noted with service pressures in trauma and orthopaedics impacting supervision of foundation trainees. The 2010 National Training Survey identified issues for GPs in specialty training posts at Good Hope Hospital (HEFT), including overall satisfaction, workload, work intensity, access to educational resources and feedback in emergency medicine. Issues were also identified in the National Training Survey by F2s in emergency medicine for clinical supervision and work load, which appeared both in the 2008/09 and 2010 survey results. Issues identified in emergency medicine remain in the 2011 survey results along with issues in F2 surgery.

144. We were impressed by the commitment of senior staff at HEFT to education and training, particularly by the senior management team. This was demonstrated by the establishment of a multiprofessional educational faculty. Trainees generally reported a good training experience, with good clinical supervision and support. There were a few issues with delayed departmental induction to foundation posts, particularly for those starting on nights, which is a national issue.

145. We were impressed by the approach to risk management and feedback to trainees at HEFT. We found that the emergency department routinely collated a

range of patient safety related matters such as complaints, incidents and successes. These were anonymised and published within the department as a 'Risky Business' publication aimed at all staff. This direct feedback and situated learning was clearly described as improving care and department processes. The approach has now been adopted across the trust in a quarterly e-newsletter sent to all clinical staff at HEFT including examples of clinical initiatives that have gone well and feedback on those that could be improved. We consider that this good practice could be shared with other LEPs.

146. We note that HEFT identified challenges with handover in the emergency department, which was confirmed by the 2011 National Training Survey results, and has responded by increasing consultant presence within the department and identifying a registrar to facilitate handover of information between shifts.

147. We heard that HEFT had received eight deanery visits in the last 12 months and HEFT reported that its emergency department had received five separate visits looking at foundation, GP, and emergency medicine specialty training. Although emergency medicine educational supervisors found the QM visits helpful, staff at the LEP would support more combined visits from the deanery (see paragraphs 32-33).

148. We identified an inconsistent approach to assessment and the completion of work place based assessments at HEFT.

149. Emergency medicine trainees were very positive about their training and highlighted access to simulation training as a positive.

150. Trainees were engaged in quality improvement and reported that their feedback was encouraged and acted upon locally. The junior doctors' forum was a good example of this in practice. Trainees felt well supported and reported changes in response to issues they raised.

Acknowledgement

151. We 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 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 General Medical Council (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 all 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	Dr Barry Lewis
Deputy Team Leader	Dr Stewart Irvine
Visitor	Professor Simon Carley
Visitor	Dr Tom Foley
Visitor	Dr Jennie Lambert
Visitor	Ms Sally Williams
GMC Staff	Louise Wheaton
GMC Staff	Sarah Adams
Quality Assurance Activity	
<p>Meetings with:</p> <ul style="list-style-type: none"> • The deanery senior management team • The postgraduate dean • Heads of Schools • Those responsible for deanery quality management • Training Programme Directors and STC Chairs for emergency medicine and O&G • Those responsible for fitness to practise, doctors in difficulty, trainee support and careers advice, transitions and sign off at different stages of training • Representatives from the SHA's patient safety oversight group • Lay advisers to the deanery • The senior management teams at UHCW, HEFT, UHB, Mid Staffordshire, and Birmingham Women's • The senior education teams at UHCW, HEFT, UHB, Mid Staffordshire, and Birmingham Women's • F1 and F2 trainees at UHCW, HEFT, UHB, and Mid Staffordshire • Foundation educational supervisors at UHCW, HEFT, UHB, and Mid Staffordshire • O&G specialty trainees from Birmingham Women's Hospital, HEFT, Mid Staffordshire and GPSTs in O&G at Birmingham Women's • O&G educational supervisors at Birmingham Women's Hospital and Mid Staffordshire • ACCS, emergency medicine specialty trainees and GP specialty trainees in emergency medicine at UHB and HEFT • Emergency medicine educational supervisors at UHB and HEFT 	

Evidence base

GMC evidence sources:

- National Training Surveys 2008/09, 2010 and 2011
- GMC Visit to Deanery report (October 2009)
- GMC Quality Assurance of the Foundation Programme (QAFP) visit report (2006)
- GMC response to concerns
- Annual Deanery Report (ADR), Action Plan 2009/10
- Annual Specialty Reports 2009/10
- ARCP/RITA 2010
- UKFPO annual returns
- Care Quality Commission (CQC) Trust Quality and Risk Profiles (QRPs)

Documentation received from the deanery in advance of the visit:

- Contextual Document
- QA Framework for Postgraduate Medical Education and Training
- Job evaluation survey tool (JEST)
- ADR Reporting Framework 2011
- ADR 2011 LEP Self Assessment Template and completed ADR 2010 LEP self assessments for Birmingham Women's Hospital, Mid Staffs, UHB, and HEFT and 2011 self-assessment for UHCW.
- ADR 2011 School Self Assessment Template and completed ADR 2010 School Self Assessment for O&G, Foundation, and ACE
- GMC Survey 2010 - Example of High Level Analysis of Matrix Red Outliers
- Postgraduate Medical Deanery Structure (July 2011)
- Wider Workforce Deanery Structure (July 2011)
- QM reports and action plans for a sample of visits to UHCW, HEFT, UHB, and Mid Staffs.
- Annual Education Development and Quality report (Medical and Non Medical) 2010-11
- Education Development and Quality Innovations and Best Practice Sharing (Medical and Non-Medical) 2010-11
- Education and Practice Partnership Agreement
- LDA – Contract and Schedules
- Faculty Development Projects 2010-11
- JEST - DRAFT survey analysis for overall responder satisfaction of post by LEP and Specialty (Aug 2010 - July 2011)
- Minutes of junior doctors' forums at UHCW, HEFT, UHB
- Minutes of Clinical Tutors Forum at HEFT
- Details of time in consultant job plans at UHCW, UHB, HEFT, Birmingham Women's
- Birmingham Foundation School Board terms of reference and minutes
- Policies for protected teaching, DiDs, doctors at risk of not completing Foundation Programme, study leave, placements who fail final exams, GP guidelines, speciality taster experiences in foundation posts

- Foundation Programme Management Group terms of reference and minutes
- Keele FC terms of reference and minutes
- Patient safety risk. A guide
- SCRIPT_GUIDANCE
- West Midlands Deanery Foundation Programme Management Structure Final
- West Midlands Transition to LETB Oct 11
- Board paper - Future Education and Training Arrangements 191011
- National Workstream timetable
- Mid Staffs OG Timetable
- Clinical Governance e-induction
- PMET QA Leads Minutes

Annex 3 – Glossary

A&E	Accident and emergency
ACCS	Acute care common stem
ACE	Anaesthesia, Critical Care and Emergency Medicine
ARCP	Annual review of competence progression
COPMeD	Conference of Postgraduate Medical Deans of the UK
CQC	Care Quality Commission
E&D	Equality and diversity
EPPA	Education partnership and practice agreement
F1	Foundation year 1
F2	Foundation year 2
GMC	General Medical Council
GP	General Practice
GPST	General practice specialty trainee
HCC	Healthcare Commission
HEFT	Heart of England NHS Foundation Trust
IMGs	International medical graduates
JEST	Job evaluation survey tool
LEPs	Local education providers
LTFT	Less than full time
LTFTT	Less than full time training
NHS	National Health Service
O&G	Obstetrics and gynaecology
PACES	Practical Assessment of Clinical Examination Skills
PAs	Programmed activities
PMET	Postgraduate Medical Education and Training
PSOG	Patient Safety Oversight Group
QAFP	Quality Assurance of the Foundation Programme
QC	Quality control
QIF	Quality Improvement Framework
QM	Quality management
SCRIPT	Standard Computerised Revalidation Instrument for Prescribing and Therapeutics
SHA	Strategic Health Authority
SHO	Senior house officer
SIFT	Service increment for teaching
SPAs	Supporting professional activities
ST	Specialty trainee
STC	Specialty Training Committee
TPD	Training programme director
UHB	University Hospitals Birmingham NHS Foundation Trust
UHCW	University Hospitals Coventry and Warwickshire NHS Trust
UK	United Kingdom
UKFPO	UK Foundation Programme Office
WTR	Working Time Regulations



Midlands and East

West Midlands Strategic Health Authority

St Chad's Court
213 Hagley Road
Edgbaston
Birmingham
B16 9RG

DX 742400 Edgbaston 13

Tel: 0121 695 2222

Fax: 0121 695 2223

www.westmidlands.nhs.uk

Our Ref: EH/RS/CF/0203201201

6 March 2012

Dr John Jenkins
Chair, GMC Postgraduate Board
GMC
Regents Place
350 Euston Road
London NW1 3JN

Dr Jenkins

The West Midlands Deanery was pleased to welcome the GMC Review Panel and participate in the pilot 'whole health education economy' review process. As one of the first Deaneries to do so we were delighted that the Panel's report recognised our hard work and effective Quality Management in spite of a challenging environment. We were pleased that our work on integrating patient safety issues through the SHA Patient Safety Oversight Group was recognised and hope that NHS reorganisation does not jeopardise this good practice. It was additionally gratifying to receive 5 specific areas of commendation at Deanery level and 4 at LEP level. Because the review process was risk based and focussed on LEPs and specialties where problems were anticipated, we believe that many other areas of good practice at Deanery and LEP level were understandably missed, (such as our e-learning ARCP training tool and our extensive educational research such as the Doctors as Teachers Assessment Tool.)

With this risk based approach we were therefore pleased to only receive 4 'Requirements' which will be dealt with in detail in our action plan. Indeed actions to tackle these were already underway but not fully effected during the review period. Our Doctors in Difficulty policy (para 41) had been overhauled in 2010 with the retirement of the previous Deputy Dean who had developed and managed it for many years. We now have a team of experienced and trained senior doctors from across a range of specialties to deliver the required support. This had already been communicated to Medical Directors and Clinical Tutors and we were, and are, continuing to work with all colleagues to strengthen the processes whilst maintaining confidentiality. Communication within the Foundation Programme (para 91-92) will also continue to be strengthened, utilising mechanisms within

the e-portfolio which is awaiting a further upgrade to deliver this nationally and also with the development of our LEPs faculty. Parallel to this the Foundation Schools will ensure that all curriculum outcomes are met (para 95) but remain committed to a core concept of the Collins report, to have a choice of the second foundation year based on experiences achieved at FY1 level and allowing more in depth career choice.

Following the review we are extending our analysis of Equality and Diversity data (para 54). The School of General Practice has been studying aspects of this already and we will extend projects within Schools and across the Deanery where robust data is available. Importantly where recording processes allow, we will ensure that robust data is collected for future analysis. Analysing data on LTFT training will be an early project and we were pleased that the processes for, and availability of, LTFT training was commended by the panel as good practice.

Our e-induction package continues to develop to deliver maximum effectiveness and develop more targeted time for local inductions. We have already published our experiences of developing such a programme and the difficulties encountered in the British Journal Hospital Medicine (BJHM October 2011, Vol 72 K. Nathavitharana) and the measures taken to address these.

In summary we would stress that as this was a risk based review many of the excellent activities at Deanery and LEP level were not scrutinised. To give a comprehensive and balanced flavour of any Deanery it may be necessary to add in a high performing LEP and specialty to balance the report. On the issue of the whole Health Education Economy Review the synchronisation of the review of the undergraduate and postgraduate education spheres was difficult to define by our educators who were involved in both areas of review. We do appreciate however that there may have been an 'economy of scale' at GMC and possibly LEP level. The process was published as being open and transparent so we were surprised that Deanery Quality Team members were not allowed to attend GMC feedback to LEPs. For future improvement we would identify some planning issues in that timetables for meeting with clinician educators were changing with less than 6 weeks notice making attendance by them difficult. Some LEPs perceived this was indecision at Deanery level. Further confusion included mixed messages over the role of Chief Executives – at a Deanery level we believe their commitment to education is crucial and would like the GMC to strengthen the message of the necessity of Board level engagement. We also found the verbal feedback at the end of the review week to be rather brief whilst waiting 6 weeks for the written report. We would recommend a much more structured approach as is developing for Deanery Quality Management reviews of LEPs. We would be happy to feedback in more detail separately on the development of the pilot.

In conclusion, the West Midlands Deanery is pleased that the GMC Review has demonstrated the high quality education it is providing to its trainees underpinned by a robust quality management strategy and generating significant areas of notable practice which can be shared with other national and international educators.

Yours sincerely



Dr Elizabeth Hughes
West Midlands Regional Postgraduate Dean

Action Plan for NHS West Midlands Workforce Deanery – March 2012

Requirements

Requirement Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
1	The deanery must ensure its doctors in difficulty policy is implemented and applied consistently across LEPs (see paragraph).	<ul style="list-style-type: none"> Doctors in Difficulty Deanery Policy accessible via the Deanery webpage. Formal policy describing the process and letter of accountability sent to Clinical Tutors, Heads of School, STC Chairs, TPD's and Medical Directors. Discussed at Postgraduate Board meeting for members to disseminate. Discussed at joint Clinical Tutors and Postgraduate Centre Managers away day. 	<ul style="list-style-type: none"> In the next trainee newsletter, doctors will be reminded about the process. Education Development and Quality Team will work with Heads of School to keep it as an agenda item on School Board meetings Agenda item to consider progress at next Postgraduate Board meeting and Deanery away day. Equality and Diversity analysis planned will facilitate further review discussion 	Ongoing through 2012 including E&D analysis	PG Dean Dr E Hughes

Requirement Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
2	The deanery must ensure that information is transferred between educational supervisors within the Foundation Programme and that concerns are recorded, followed up and managed (see paragraph Error! Reference source not found.-Error! Reference source not found.).	<ul style="list-style-type: none"> Discussed at Foundation School Board meeting and at joint Clinical Tutors and Postgraduate Centre Managers away day. 	<ul style="list-style-type: none"> Clinical Tutors and Postgraduate Centre Managers will work with all Foundation Education Supervisors to ensure that any areas of concern are recorded and followed up in the e-portfolio from August 2012. Clinical Tutors will undertake local training for Educational Supervisors and information to be recorded. An enhanced e-portfolio for Foundation doctors nationally will facilitate this process. 	On going through 2012 and beyond	Head of Foundation School/Associate Dean for Foundation Dr A Whitehouse
3	The deanery must analyse the equality and diversity (E&D) data it collects across programmes to identify themes and trends and take any action in response, such as making changes to policies and targeting services (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> The School of General Practice has been analysing exam outcome data against country of first qualification with a view to targeted training. Recruitment is carefully audited against E and D data. The Doctors in Difficulty service has already undertaken preliminary E and D analysis of doctors analysing its services. 	<ul style="list-style-type: none"> Projects looking at E and D data in LTFTT, OOP are being undertaken. More detailed analysis of Doctors in Difficulty Service is being undertaken. ARCP outcome specifically against country of first qualification can also now be compared nationally as part of the COPMeD/ GMC National Data Collection, National changes to the IDT process will allow collection of such data. 	On going through 2012 and beyond	PG Dean and Mr A Wafer, Head of Medical and Dental Operations

Requirement Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
4	The deanery must put mechanisms in place so it can demonstrate that foundation trainees are able to meet the curricular outcomes required to complete the Foundation Programme (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> • Achievement of curricular outcomes is continually monitored within all Foundation Programmes through regular meetings with Education Supervisors. • This core process has been reinforced at the Foundation School Board and with Clinical Tutors. • Foundation Schools will also review their FY1 and FY2 programmes to ensure that curricular outcomes for Foundation trainees continue to be achieved. 	<ul style="list-style-type: none"> • Ongoing monitoring with any appropriate action through the Foundation Board, Schools and Clinical Tutors meetings. 	On going through 2012 and beyond	Head of Foundation School/Associate Deans for Foundation School

Recommendations

Recommendation Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
1	The deanery should work with UHCW to review the taking of consent by trainees within the Foundation Programme (see paragraphs Error! Reference source not found. , Error! Reference source not found.).	<ul style="list-style-type: none"> • Deanery is reassured that Foundation Trainees had declined to take consent where it was inappropriate. • Discussions have already occurred with the Medical Director to avoid further such requests and ensure mechanisms are in place such that only those formally trained in the procedure or in the process of delegated consent, take consent. • A recent visit to UHCW involving foundation trainees indicated that the Medical Director had already taken such action. 	<ul style="list-style-type: none"> • Continued monitoring of any inappropriate tasks during Quality Reviews of Foundation Programmes. 	Complete for UHCW but will continue to monitor in all programmes	PG Dean and Head of Foundation School and Associate Dean for Quality, Dr R Smith
2	The deanery should work with LEPs to improve the feedback provided to trainees involved in critical incidents (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> • This has already been advocated as an example of good practice on the GMC Visit Report. 	<ul style="list-style-type: none"> • The Deanery will work with all LEPs on this and include it in the Quality Review process. Clinical Tutors will be championed to facilitate it within their LEPs. Good practice will be highlighted. The GMC commitment to record SUI involving trainees separately will encourage LEPs to focus on the trainee role and feedback. Working with the SHA Patient Safety Oversight Group and any successor the Deanery will continue to highlight the importance of patient safety and the learning of appropriate lessons by all healthcare staff. 	On going through 2012 and beyond	PG Dean

Recommendation Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
3	The deanery should enhance information sharing regarding concerns about LEPs and the dissemination of innovative practice across schools to reduce duplication of work at LEP and deanery level (see paragraphs Error! Reference source not found.-Error! Reference source not found.).	<ul style="list-style-type: none"> The importance of this has been re-enforced in a number of meetings, sharing good practise will be an established component of all Board meetings: The PG Board, the Quality Leads meeting, the Clinical Tutors meeting and the Deanery away days. The Deanery Education Development and Quality Team will continue to facilitate such sharing during review processes. The deanery has published multi-professional end of year quality and notable practice sharing publications for the past several years. Deanery lead for sharing of good practice established. 	<ul style="list-style-type: none"> The Education Development and Quality Team will enhance its Review database to feed into the review process across schools. This will include a quarterly quality review summary The Education Development and Quality Team will continue to develop a dashboard-style review of GMC survey and JEST data to inform schools of potential concerns from other Schools. The Education Development and Quality Team will also continue to publish a multi-professional end of year outcomes report and an annual publication of notable practice case studies across all healthcare education. When appropriate reports will be published on NHS Local where information will be accessible to all, including patients and public. 	On going through 2012 and beyond	Associate Dean for Quality
4	The deanery should review its process for approval and monitoring of action plans resulting from QM activity to ensure that actions are appropriately prioritised and tracked (see paragraph Error!	<ul style="list-style-type: none"> The process is already more robust with problems identified with historic visits. A database with administration support is already operating to identify and chase outstanding reports. 	<ul style="list-style-type: none"> There is still a requirement for LEPs to provide action plans and progress reports and it is intended that co-operative working and information sharing will facilitate further improvements. The Deanery/Education Development and Quality Team will continue its collaborative work with the GMC as part of the (A)DR review group to 	On going through 2012 and beyond	Associate Dean for Quality

Recommendation Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
	Reference source not found.).		develop a wider exceptions reporting tool. <ul style="list-style-type: none"> The Education Development and Quality Team will explore an exception-style report to share across LEPs and Schools and explore if this can be made into a regional electronic database based on (A)DR requirements. 		
5	The deanery should improve its guidance on completion of LEP and school reports and enhance feedback on the quality of reports submitted (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> The Deanery is already working with the GMC to simplify the (A)DR process and its guidelines which will facilitate working between the Deanery, its Schools and LEPs. Some feedback has been given at the joint Clinical Tutors and Postgraduate Centre Managers away day which in future years will facilitate changes once the (A)DR process itself is clearer. Across its multi-professional workforce quality review processes, the Deanery had already identified that work needed to be undertaken to improve consistency of placement (i.e. LEP) and school reporting. Work was undertaken before the GMC visit which reviewed each (medical and non-medical) placement return to provide regional review of placement self assessment data, and also individual feedback to each provider on the quality of their return. These multi-professional reports are due to go out to CEOs, MDs, DoNs and Education leads shortly. The Deanery has already undertaken days in collaboration with LEPs and Schools to review quality review visit and reporting requirements. This is feeding into the updated QM framework and requirements. 	(Linked to Recommendation 4) <ul style="list-style-type: none"> When the new GMC (A)DR process is finalised the Deanery will work with Schools and LEPs to improve its guidance on the processes involved which will allow more concise, improved and timely feedback to LEPs, Deanery and GMC. The Education Development and Quality Team will explore an exception-style report to share across LEPs and Schools and explore if this can be made into a regional electronic database based on (A)DR requirements. 	On going through 2012 and beyond	Associate Dean for Quality

Recommendation Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
6	The deanery should work with LEPs to review and streamline induction programmes for trainees, including the balance of deanery, trust and departmental inductions (see paragraphs Error! Reference source not found.-Error! Reference source not found.).	<ul style="list-style-type: none"> 2011 saw the first full implementation of the e-induction programme. Some LEPs did not fully reduce their onsite induction in this first year. The issues identified with e-inductions and their improvements have already been considered and published in British Journal of Hospital Medicine (K. Nathavitharana, October 2011 Vol 72). Advice to review the balance between e-induction and on-site induction has been given to all Clinical Tutors and postgraduate Centre Managers. On site induction can now focus on departmental induction and any specific mandatory training 	<ul style="list-style-type: none"> Ongoing monitoring of induction through the usual QM processes 	On going through 2012 and beyond	Associate Dean for Quality and lead Clinical Tutor (Dr K Nathavitharana)
7	The deanery should clarify lines of accountability within and between the schools and LEPs (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> The review of the Deanery's Quality Improvement processes has highlighted the need to link the roles of College and Clinical Tutors during an initial meeting at all review visits. When review processes involve GP trainees in secondary care an Associate Dean from the School of General Practice is now usually present especially if specific issues are identified or predicted. Two Heads of School spoke at the Clinical Tutors and Postgraduate Centre Managers away day to facilitate closer working. An information sheet has been sent to all Educational Supervisors, STC Chairs, TPD's, Heads of Schools and Clinical Tutors showing lines of accountability. 	<ul style="list-style-type: none"> The Deanery will continue to work to efficiently link the work of College and Clinical Tutors within and between LEPs to the benefit of Trainees and patients. Heads of Schools will continue to work with College Tutors to improve the link with Clinical Tutors and speak at Clinical Tutor meetings on rotation. 	On going through 2012 and beyond	Associate Dean for Quality, lead Clinical Tutor and all Heads of School

Recommendation Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
8	The deanery should continue to work with LEPs to ensure mechanisms are in place to plan and monitor changes in educational capacity and capability (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> The Deanery is already involved through the SHA in overseeing reconfiguration of services with regard to education. 	<ul style="list-style-type: none"> The Deanery will endeavour to work with all LEPs and Trusts prospectively when service reconfiguration is planned or occurring to appropriately adjust educational capacity. The LETB when established will also provide further information and discussions around any reconfiguration of services. 	On going through 2012 and beyond	PG Dean
9	The deanery should work with LEPs to enhance awareness of training levels and ensure appropriate terminology, in relation to training grades, is used when compiling rotas and name badges (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> Abolition of the training term SHO discussed at all main Deanery meetings, Quality Review Meetings, Meetings with LEP's. The Postgraduate Dean has written to all Chief Executives requesting that appropriate training grades should be utilised when compiling rotas and printing name badges. 	<ul style="list-style-type: none"> Training grade terminology will be included in the next trainee newsletter. Clinical Tutors and Postgraduate Centre Managers to work with their medical staffing departments to facilitate this. 	2012	Associate Dean (Quality)
10	The deanery should review the allocation process for F2 posts to ensure it is fair and equitable across the range of F1 posts, LEPs and foundation schools (see paragraph	<ul style="list-style-type: none"> An evaluation of this year's process is being undertaken which will inform the process in future years. 	<ul style="list-style-type: none"> The Foundation School will continue to carefully administer and monitor allocation for FY1 but maintain the process between FY1 and FY2 allowing choice as recommended in the Collins Report ensuring that the process is fair and equitable. 	On going through 2012 and beyond	Head of Foundation School/Associate Deans for Foundation

Recommendation Report Ref	Description	Action taken by deanery to date	Further action planned by the deanery	Timeline for action (month/year)	Deanery lead
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Good practice

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)	Deanery lead
1	The comprehensive management of patient safety issues and the sharing of information that affects trainees and training between the strategic health authority (SHA) and the deanery (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> This is well embedded in Deanery process. Postgraduate Dean has spoken at a number of events external to the Deanery to disseminate this good practice. 	<ul style="list-style-type: none"> Deanery will work with the SHA Cluster and HEE to maintain such a process during ongoing reorganisation. 	On going through 2012 and beyond	PG Dean

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)	Deanery lead
2	The development of Standard Computerised Revalidation Instrument for Prescribing and Therapeutics (SCRIPT), a deanery wide prescribing tool, in response to issues identified with prescribing via the Patient Safety Oversight Group (PSOG) (see paragraphs Error! Reference source not found., Error! Reference source not found.).	<ul style="list-style-type: none"> • SCRIPT is well embedded and will evolve within the induction processes. • Presentations have been made at NHS Alliance Conference, British Pharmacological Society, IDH Conference, COPMeD and International Safety and Quality Conference in Paris. 	<ul style="list-style-type: none"> • Deanery will continue to strengthen all its education processes especially around Patient safety including further dissemination of the SCRIPT project across the cluster and the NQ Board. 	On going through 2012 and beyond	PG dean and lead Clinical Tutor
3	The comprehensive and effective management of less than full time training (LTFTT), including access to LTFTT and the fact that the process was well known by trainees and trainers (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> • This is well embedded in Deanery process. • All trainees are aware of the process. 	<ul style="list-style-type: none"> • Will undertake and E and D audit and continue to develop website application. 	On going through 2012 and beyond	Associate Dean for LTFTT Dr H Goodyear
4	The engagement of trainees in quality control, including the junior doctors' forums, which are effective mechanisms for change (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> • Junior Doctors Forums well embedded through all LEP's. 	<ul style="list-style-type: none"> • Continue to monitor and support through the Quality Improvement Framework. 	On going through 2012 and beyond	Associate Dean (Quality)

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)	Deanery lead
5	Access to simulation training for all foundation trainees within the deanery (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> Simulation training is well embedded. 	<ul style="list-style-type: none"> Continue to support further simulation training when appropriate. A project to introduce simulation training in cardiology at the start of ST3 was well received and undergoing review nationally. Recent publication in Clinical Medicine 2012 highlighting use of Simulation for training of chest drain insertion. 	On going through 2012 and beyond	PG Dean, Associate Dean (Quality) and Head of Foundation School/Associate Dean for Foundation
6	The commitment to the delivery of good clinical supervision at all LEPs visited (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> The Deanery continues to re-inforce this core activity at all opportunities. 	<ul style="list-style-type: none"> The training and monitoring of Clinical and Education Supervisors is under review parallel to the GMC review of this. 	On going through 2012 and beyond	Associate Dean (Quality)
7	The journal club in O&G at Birmingham Women's Hospital and Stafford Hospital, which was supported with additional learning resources including library staff (see paragraphs Error! Reference source not found., Error! Reference source not found.).	<ul style="list-style-type: none"> Already presented to Clinical Tutors and Postgraduate Centre managers to encourage them to develop similar activity in their LEP's. 	<ul style="list-style-type: none"> These activities will be discussed at a future deanery away day for further dissemination. 	On going through 2012 and beyond	Associate Dean (Quality)
8	The flexibility in accommodating learning experiences according to the particular needs of O&G trainees at Birmingham Women's Hospital and Stafford Hospital, including	<ul style="list-style-type: none"> Already presented to Clinical Tutors and Postgraduate Centre Managers. 	<ul style="list-style-type: none"> These activities will be discussed at a future deanery away day. 	On going through 2012 and beyond	Associate Dean (Quality)

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)	Deanery lead
	adapting theatre lists (see paragraphs Error! Reference source not found. , Error! Reference source not found. , Error! Reference source not found.).				
9	The proactive approach to disseminating learning from the reporting and analysis of clinical incidents and risk management in emergency medicine at HEFT, specifically 'Risky business' (see paragraph Error! Reference source not found.).	<ul style="list-style-type: none"> • Already presented to Clinical Tutors and Postgraduate Centre managers to encourage similar activity to be developed in their LEP's. 	<ul style="list-style-type: none"> • These activities will be discussed at a future deanery away day and examined through Quality Reviews. 	On going through 2012 and beyond	Associate Dean (Quality)