Focus on workforce

NHS Midlands and East

East Midlands Local Education and Training Board
A sub-committee of NHS Midlands and East

Quality Scrutiny Board Report March 2013

For the consideration and action of the East Midlands Local Education and Training Board

This report contains the findings of the Postgraduate Medical Quality Scrutiny Board which has been developed to enable oversight of the Specialty Schools. Areas of good practice and risk have been identified. This document details the areas of risk which require support and action from the SMT of the LETB to enable effective delivery of high quality education and training by the specialty schools in the East Midlands.

Executive summary:

The Quality Scrutiny Board (QSB) is a mechanism through which the Local Education and Training Board (LETB) is able to work with the 17 Specialty Schools and identify areas of 'good practice', and 'areas of risk', that have the potential to impact on the delivery and quality of Medical Education, and ultimately, the quality and safety of patient care. The purpose of the Quality Scrutiny board is to challenge and support the Speciality Schools in their endeavours to develop high quality medical education.

The composition of the board has been developed to reflect the consumers of the outcomes of this training process namely the trainee doctors and patients. Whilst there is senior educator involvement on the board, their purpose is to facilitate other members of the board in their understanding of the quality standards of medical education. The trainee representatives on the board have the insight from their own training to inform the board of areas requiring further investigation.

The purpose of medical education is to provide high quality patient care, the majority of board members are lay representatives who, thorough their experience, are able to consider the initiatives undertaken by the schools and question how education impacts on the delivery of high quality of patient care. Through the use of public and patient involvement at this level of 'quality scrutiny', we are endeavouring to link the quality of patient care directly to the delivery of high quality education. The 'lay representatives' contribute a unique skill set to this work, and are empowered to ask those involved in developing medical education processes within their Schools to consider outcomes that directly impact on the patient. They provide an insightful, common sense approach and are exploring the concept: 'so what does that mean to high quality patient care?

The QSB panel discussion is the visible part of a process that asks the Schools and the functional teams within the Deanery to consider the outcomes of training over the previous twelve month period against the standards set by the GMC in their document the Trainee Doctor[1]. This self-assessment document is reviewed by the QSB panel members and informs the discussion during the panel sitting. Each panel member submitted their conclusions independently to the chair. These have been collated into a report for each School, highlighting areas of 'good practice' and 'areas of risk'. These reports have been shared with the members of the Deanery Integrated Management Team (IMT), the Specialty Schools and the Associate Postgraduate Deans. The items of risk represent a number of common themes throughout the Specialty Schools.

The stated QSB process is that of challenge and support. We have challenged the Specialty Schools to highlight areas of 'good practice' and 'areas of risk'. The Heads of School have, with hindsight, found this a rewarding process which has enabled them to step back and take stock of the direction of travel within their Schools. However, to make this an effective process we must also provide support, in particular around areas of risk. This support needs to be visible to the Specialty Schools and effective communication between all partners is required to ensure continuing engagement with the process and the ultimate goal of increased quality of patient care.

A number of items of risk can and should be managed by the Schools. The QSB is asking that quarterly updates are provided to them detailing progress on these items of 'risk'. A second level of 'risk' has been identified by the QSB that cannot be managed by the Schools alone, but requires input and action from the current IMT. The QSB is asking that IMT provide quarterly updates on these items, detailing action, progress and resolution.

The third level of risk that has been identified requires support, action and resolution by the LETB. This report identifies these areas to the Senior Management Team (SMT) of the LETB and asks that these are reviewed by this group. The QSB are requesting that an update on action and resolution is provided in the form of a report on a quarterly basis to ensure that the Specialty Schools can be updated appropriately on these areas of risk.

The risk areas escalated to the SMT are grouped into common risk and specialty specific risk.

Common risk:

- Less than full time working
- Educational supervision
- Service reconfiguration
- Balance of service versus training
- Recruitment.

Specialty specific:

- Hosting of Public Health Services
- Master's degree in Public Health

The report also contains for information, the completed reports for each of the Specialty Schools in order of appearance at the Quality Scrutiny Board.

Dr Bridget T Langham MB ChB, DA (UK), FRCA, MMed Sci (Med Ed)

Chair of Quality Scrutiny Board

Director of Foundation Training for the East Midlands

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Glossary of Terms:

Term	Abbreviation	Description
Academies of General Practice		
Annual review of competence progression	ARCP	Process undertaken on an annual basis, to review trainee progress against nationally defined curriculum
Bristol online survey	BOS	On line survey tool developed by Bristol University, used by Deanery/Schools for trainee surveys
Certificate of Completion of Training	CCT	Awarded at the end of Specialty/Public Health/General Practice Training (not applicable to Foundation Trainees)
Clinical Supervisor	CS	Clinician responsible for day to day supervision of trainee
Core training	CT	Training period of 2-3 years undertaken as first stage of a specific specialty training programme. Competitive entry to programme.
Educational Supervisor	ES	Clinician responsible for the Educational oversight of an individual trainee's education and progress.
Head of School	HoS	Person in charge of a Specialty School (Hospital specialty/Community based specialty)
Integrated Management team	IMT	Management team within Deanery function consisting of Senior Medical Educators and Group Managers.
Locum Appointment for Training	LAT	Locum appointment between 3 months and 1 year duration to cover absence of trainee. This period will count as training for the person undertaking the placement.
Less than Full Time Training	LTFT	Training undertaken at less than full time usually with a 50% to 80% commitment on a pro rata basis.
Modernising Medical Careers	MMC	
National Training Number	NTN	Recognised training number to allow progression to CCT
Quality Management visits	QMV	Process carried out under Deanery function to review the quality of training placements in Local Education Providers
Quality Scrutiny Board	QSB	See Executive Summary
Postgraduate Educational Supervisor Training	PEST	Course commissioned by Deanery to provide training for all Educational Supervisors within the East midlands
Run through training		Combination of CT and ST, appointed at CT1 for a 'run through' training programme to CCT. Competitive entry to programme.

Schools		Specialty Schools including all Hospital based programmes, Public Health and Foundation Training.
Specialty Training	ST	Training period undertaken after successful completion of CT. Usually of 3-5 years duration with award of CCT at successful completion. Competitive entry to programme
Trainee Support Service	TSS	Service to provide support in specific areas for trainees experiencing difficulties. This may relate to communications, assertiveness training and anger management. This service does not refer to delivery of curricula competencies.
Virtual learning Environment	VLE	Platform accessible via the Deanery website as a tool for training and communication.

Risk escalated to the Senior Management Team of the LETB

For the purpose of this section in the document the term 'Schools' refers to Foundation, Secondary Care Specialties, General Practice Academies and Public Health unless specified otherwise.

Risks common to multiple Specialty Schools:

Throughout the five days of information gathering and questioning it was apparent that a number of risk areas were common to multiple and diverse Specialty Schools. The risks identified below require support and action by the LETB to ensure appropriate resolution.

Less than Full time working

Evidence shows that there is increasing feminisation of the Medical Workforce, with greater than 50% of Medical Graduates being female. This has implications for the training of this workforce within a service provision model of postgraduate medical education. The current cohort of trainees is requesting access to less than full time work to enable them to complete training whilst balancing this with family life. In addition, with an increasing elderly population requiring 'social care' many doctors find themselves in the position of providing this care for their elderly relatives and require access to LTFT. All Schools report concerns regarding access to LTFT, with difficulty in delivering balanced training programmes to this group of trainees. These trainees are not additional to the training numbers and hospital departments who current hold the employment contracts of our trainee body are not willing or able to facilitate LTFT. The General Practice Academies also report increasing difficulty in placing these trainees in Community placements in addition to secondary care placements.

The QSB ask the wider LETB teams to consider the implications of the demographics of the trainee medical workforce and how to work effectively with Local Education Providers (LEPs) to ensure that trainees can be placed in posts that allow continuation of training whilst providing a satisfactory training programme and the delivery of high quality care to the patient.

Educational supervision

The Schools report that there is increasing difficulty in engaging Consultant staff to undertake the role of Educational Supervisor. This presents problems to the Schools in effectively training this group of staff to carry out this essential role in developing the workforce of the future. The GMC requirement for all Educational and Clinical Supervisors to be accredited in these roles raises concern amongst the Schools that over time there will be an inadequate number of accredited supervisors to provide effective supervision.

The Schools requires support from the wider LETB to enable them to work effectively with the LEP to ensure that the role of Educational Supervisor is valued by the health care community.

Service reconfiguration

A number of Schools have reported significant concerns regarding service reconfiguration within LEPs. All Schools develop training programmes that enable trainee doctors to attain and maintain the competencies of the curriculum. The Annual Review of Competence Progression (ARCP) considers the curriculum requirements for the trainees' stage of training and maps these against those achieved by the trainee. A failure to attain the curricular requirements results in an adverse outcome and a potential increase in training time.

Service reconfiguration has been undertaken in a number of LEPs to improve the quality of patient care. Unfortunately there would appear to have been no consideration of the impact of these changes on the continuing training of Trainee doctors. Examples were given in a number of specialties of the difficulties this has created specific examples being: in Obstetrics and Gynaecology leading to an inability of trainees to gain adequate surgical competencies in an LEP; in Emergency medicine the development of the major trauma centre requiring permission from the College of Emergency Medicine and the GMC to redesign East Midland wide rotations. The Heads of School universally acknowledge that working with the Clinical Commissioning Groups (CCGs) and LEPs proactively to ensure a bilateral understanding of the impact of changes and working together to proactively manage and minimise the risk to training and trainee progression is the way ahead.

The 'status quo' (that is limited recognition of and engagement with the senior educators in the schools) has the potential to leave the LETB open to increasing challenge around adverse ARCP outcomes when trainees can demonstrate that changes in the working environment have resulted in these ARCP outcomes.

The Schools require support and action from the LETB through their engagement with the LEPs and CCGs to ensure that there is an understanding of the impact of service reconfiguration on training and the importance of engaging with key education stakeholders when redesigning services.

Balance of Service versus Training

All Schools reported, to differing degrees, their concern regarding the balance of service versus training. This relates to two points; the time available for trainers to deliver training in an appropriate opportunistic manner and for trainees to access this training; the understanding of middle level management regarding the competence and training requirements of differing levels of trainees.

The Schools report an imbalance between service and training and a mismatch of service expectation versus competence level of trainees. This the potential of impacting on patient safety and at the same time reducing the ability of trainees to provide high quality of care to patients as their opportunities to access training to enable them to increase their level of competence and aspire to excellence is reduced by a model that does not consider training within the delivery of service.

The Temple Report[2] acknowledges that high quality education and training are found in organisations who deliver high quality patient care and that the two are intrinsically linked. The Schools ask that the LETB, through their engagement with the LEPs and the commissioning of education, ensure that this recognised and work is carried out to clarify the balance between service and training.

Recruitment

A number of Schools reported difficulty recruiting to training posts, particularly in the first round of applications. The East Midlands was not a popular area to undertake training. Some schools reported that vacancies were filled in the second round of recruitment, but there was the opinion that this group of trainees exhibited greater training needs and support throughout their training. This adversely impacted on training of the more able trainees, increased the training burden on trainers and presented the East Midlands Schools in a less favourable light when compared with other schools in the same specialty: for example, in professional exam pass rates.

In addition, trainees who were allocated to the East Midlands programmes, through what is in effect a clearing system, are less likely to remain in the area when considering permanent positions.

The East Midlands has two large Medical Schools and a Foundation Programme of almost 1,000 trainees. Evidence shows that only 60% of local graduates wish to remain in the region for their Foundation Training. In addition, a significant number of Foundation Trainees, whilst choosing to enter specialty training, do not apply for programmes in the East Midlands. This means that we have a constant drain of a potential workforce, in which we have already invested resources (both financial and training manpower) away from the East Midlands. The experience of these trainees in the LEPs has the potential of encouraging them to remain or to go elsewhere for a better training experience. The impact of service reconfiguration and the balance of service versus training should not be overlooked in this equation.

The Schools need support from the LETB to ensure that LEPs and CCGs understand the impact of the training environment on the ability to recruit trainees, middle grade and Consultant Medical Staff.

Specialty Specific:

The Integrated Management Team of the Deanery function and the Specialty Schools have been asked to act on the majority of specialty specific risks. However the QSB wish to highlight two areas that are a risk to the School of Public Health and require action at LETB level.

Hosting of Public Health Services

Public Health Services are currently in a state of transition, with a move from the current arrangements of services being hosted within PCTs and now moving to Local Authorities. This transition period will be difficult for all Public Health physicians, including trainers and trainees. The integrity of the training programme needs to be maintained and the QSB wish to highlight this transition period to the Senior Management of LETB. The School of Public Health may require support from the LETB to ensure that training placements are fit for purpose and that all local authorities understand and engage in the process of training and participate in the quality control of these placements.

Masters in Public Health

Currently all Public Health trainees are required to complete a Masters degree in the subject. Entry into Public Health Training is through two streams; a medical route at ST1 level; a non-medical route at ST2 level. The strength of effective Public Health has been built on the effect working together of Consultants with medical and non-medical backgrounds.

Public Health Trainees (non-medical) entering at ST2 have already completed the Masters through an alternative route; however those entering at ST1 level are funded to complete the Masters by the School of Public Health (through the Deanery's education and training budget). There is concern that with the recent changes in tuition fees, this will not be sustainable position in the future. The consequences of this may include a move to only recruit those who have a Masters in Public Health. The result of this change would be a significant decrease in the number of medical entrants into the training programme as it is the non-medical applicants who have attained a Masters in Public Health in their previous employment. The LETB are asked to look at this issue urgently and support the School of Public health in ensuring the local universities enable Public Health Trainees to complete this part of their training at an affordable cost to the training budget.

Academies of General Practice

Date of Board sitting: 4th September 2012
Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Dr R Price and Mrs M Proud for attending the board meeting and engaging fully with the process. The board noted that the paperwork had been submitted within the required time frame and to a high standard and would like to thank Dr D Poll and all others involved for ensuring that this was presented to the QSB.

The QSB wish to commend those present for the honest, transparent, balanced and non-defensive way in which they engaged with the QSB on the day; however it was felt by the QSB members that, on occasion, the level of detail required was not necessarily forthcoming. The GP Academies may wish to consider additional members to attend future QSBs to assist in this aspect and the Chair of the QSB would be happy to advise on this matter.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Overarching Structure

Whilst the GP Directorate has two Academies, the management of these ensures that there is no difference in the policies and processes for trainees and trainers, for example, the management of performance concerns. The panel wish to recommend this as 'good practice' for other speciality areas within the Deanery. The QSB acknowledge that the structure within the Directorate is designed to minimise any adverse distinction between geographical areas and to ensure that all GP trainees in the East Midlands experience equity of training.

Identification of trainees who may experience difficulties

The QSB commends the work that is carried out to recognise those trainees who are potentially in at risk groups for experiencing difficulty during their training. Two specific groups were highlighted; those who had not chosen General Practice as their first choice speciality and those who had not chosen the East Midlands as their preferred geographical area. It was not however, apparent from the evidence provided to the QSB, what support was subsequently given to this group, how the outcomes of this were to be measured, and the potential impact of this strategy on other trainees in the scheme. The QSB asks that outcomes are urgently reviewed and reported to the QSB in the next School Report.

Academy Board

The Academies of General Practice have developed an effective structure that is limited in the layers of authority, but which provide governance and quality management. In particular we wish to commend the trainee forum which has enabled the Academies to engage with trainees. However the QSB understand that the trainee members of this forum, and those on the Academy board, are selected by enthusiasm rather than being elected by the trainee body; this has the potential that these trainees are not therefore representative of the trainee body throughout all geographical locations in which the Academy has placements. Whilst there is lay representation on the Academy board it was felt that it would be helpful to both the Academies and all Schools for the LETB/ Deanery to clarify where the input of 'lay representatives', trainees and patients may be useful and their function in these capacities.

Whilst the above areas highlighted to us the excellent work that the Academies are currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of the Academies' objectives. These are detailed below:

The requirement from the Department of Health to increase the number of GP StR trainees next year by 10%

It has been noted that the Academies are currently identifying those trainees who may have difficulties during their training and that two of the categories are: those who had not chosen General Practice as their first choice speciality and those who had not chosen the East Midlands as their preferred geographical area. Whilst this year the Academies have been successful in filling all vacancies, this hasn't been the norm for a number of years and the requirement to increase training numbers in the East Midlands could increase the number falling into the two categories identified. This has the potential of creating an increased workload for trainers with reduced outcomes. The QSB ask that the GP Academies consider a robust plan for monitoring this situation and a robust method of measuring the outcomes of training and the interventions instigated.

The General Practice Curriculum

The QSB recognise that the General Practice curriculum is delivered across both Primary and Secondary Care. Whilst it was evident that Trainees had access to the curriculum and that Educational Supervisors (General Practitioners) discussed attainment of competencies with the trainees, there was no evidence of engagement of Secondary Care based Consultants. Our impression was that the GP Academies have, as yet, not reached out to this group and as a significant proportion of a trainee's programme is undertaken in this environment, we believe that it is essential for this work to be undertaken as a matter of urgency, in addition, there wasn't evidence of curriculum mapping and we would suggest that the Academy consider the work already undertaken by the East of England Deanery on this subject as a matter of urgency.

Less than Full time working (LTFT)

An increasing number of trainees in General Practice are requesting LTFT working; this is due to the demographic profile of the trainee body in this speciality. The Academies report increasing difficulty in placing these trainees both in Community placements and in Secondary Care placements. The QSB ask the LETB to consider the implications of the demographics of the trainee medical workforce and how to work effectively with LEPs to ensure that trainees can be placed in posts that allow continuation of the trainee whilst providing a satisfactory training programme.

GMC Survey

It was noted by QSB members that a number of areas on the annual trainee GMC Survey were highlighted as pink/red. In particular, induction, educational supervision and 'undermining' were noted as consistent themes across all geographical areas. The QSB ask that the Academies investigate this urgently and ensure that they have a robust plan to maintain trainer standards. Presently it is not the norm for trainers to undertake refresher training/revalidation in this role.

Virtual Learning Environment

The Academies of General Practice are keen to use the VLE to provide blended learning to their trainees and trainers, particularly in a specialty whose trainees and trainers spread over a wide geographical site. Whilst progress has been made in this area, further assistance is required to develop this resource to ensure this works and is sustainable.

In summary, the QSB would like to commend the Academies of General Practice those areas of 'good practice' highlighted in the report. The QSB understands that the Academies recognise a number of issues and are looking at solutions. The QSB ask that the Academies look at how they can share 'good practice' across the Programmes and consider formal monitoring of outcomes and in particular what those outcomes mean to both trainees and the patient body. The QSB ask the LETB to support the Academies in a number of these issues.

School of Medicine (North)

Date of Board sitting: 4th September 2012
Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Dr Jonathan Corne and Mr Gerard O'Reilly for attending the board meeting and engaging fully with the process, by completing the paperwork proforma and preparing and delivering an interesting and informative presentation on the School of Medicine.

It was noted by the panel members that the School of Medicine (North) training programme has 300 trainees divided between a Generic Core Medical Training Programme and a Specialty Training Programme in 23 medical subspecialties. The HoS described an 'arm's length' management approach to the sub-specialties with a layered organisational structure overseen by a large overarching board.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Educational Programme in Core Medical Training

The School have a robust mechanism to deliver a rolling curriculum at a number of hospital sites. This is co-ordinated to ensure that trainees moving mid-year from one LEP to another, do not have repetition of the formally delivered educational programme at the second site, and additionally, do not miss important aspects of the taught curriculum. The QSB would welcome more information on how this is organised and the effectiveness of this approach to enable sharing of this area of good practice throughout the Schools in the East Midlands.

Patient Safety

An innovative approach to patient safety was described involving both CT and ST trainees and the use of simulation to improve patient safety. The QSB ask that the School consider how they will monitor the outcomes of this type of training, to ensure effectiveness and sustainability in a difficult fiscal climate. The QSB are aware of other initiatives regarding patient safety and ask that the School of Medicine liaise with other parties to share 'good practice' and advance the patient safety agenda in a co-ordinated manner. The QSB also commend the appointment of a Patient Safety Officer, we believe that this is a pilot and would ask that the results of the pilot (outcomes) are provided when the School is next reviewed by the QSB.

Buddy system

The School have developed an 'informal' buddy system to support trainees during their time within the School. The QSB would be interested in receiving information on the effectiveness of this system i.e. what are the outcomes, how does this process support trainees, and how is the suitability of volunteers assessed.

School Structure

The School of Medicine has developed a structure that appears effective for them. Trainee representatives are involved at all levels and a public representative sits on the overarching School Board. The QSB are interested in the opinion of the School as to whether they believe their public representative is indeed representative of the general public/patients.

Investigation of subspecialty concerns

The QSB commend the action of a TPD in investigating general training concerns in a sub-specialty in a hospital Trust and the actions taken to improve the training experience in that area. It was not evident to the QSB how these actions in one sub-specialty were shared across the School of Medicine and further with other Schools, and we would be interested in understanding how the LETB/Deanery could assist in this sharing of good practice to resolve issues throughout the training environment.

Whilst the above areas highlighted to us the excellent work that the School is currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of the School's objectives. These are detailed below:

Recruitment

The School has highlighted concerns regarding the difficulty to recruiting to CMT posts. The School has carried out work to determine why this is a problem and acknowledge that one of the barriers appears to be the perception that the speciality does not offer opportunities for less than full time training. The QSB were informed that there are currently no CMT trainees undertaking LTFT and that there is no proactive process to promote this as an option. The QSB would suggest that LTFT training is promoted by the School in addition, the School require support from the LETB to enable them to work effectively with the LEP to ensure that LTFT placements can be facilitated and that barriers in the LEPs do not prevent recruitment to CMT posts.

Communication of policies

The QSB were informed that policies were in place i.e. for dealing with trainees who needed extra education support. However there appeared to be an over reliance on the induction process to inform trainees of policies. It is important for the effective organisation of the school that all policies and processes are transparent to all trainees and trainers and the QSB would suggest that the School of Medicine (South) may have solutions to this problem.

Educational supervision

The School report that there is increasing difficulty in engaging Consultant staff to undertake the role of ES. This presents problems to the School in effectively training this group and ensuring the standard of educational supervision. The School requires support from the LETB to enable them to work effectively with the LEP to ensure that the role of ES is valued by the Health Care Community.

Relationship with School of Medicine (South)

The QSB remain unsure of the relationship between the two Schools of Medicine within the East Midlands. Both Schools demonstrate different areas of good practice and we would like to understand how they share ideas, good practice, learning, risk management approaches and e-learning resources.

In summary the QSB would like to commend the School of Medicine (North) for the areas of 'good practice' that they have demonstrated. The board understands that the School recognise a number of issues and are looking at solutions. The board ask at the LETB support the School in a number of these issues.

Dr B T Langham MB ChB FRCA DA(UK) MMed Sci
Chair of Quality Scrutiny Board

School of Medicine (South)

Date of Board sitting: September 4th 2012
Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Dr Jonathan Barrett and Mr Gerard O'Reilly for attending the board meeting and engaging fully with the process, by completing the paperwork proforma and preparing and delivering an interesting and informative presentation on the School of Medicine.

It was noted by the panel members that the School of Medicine (South) training programme has 250 trainees divided between a Generic Core Medical Training Programme and a Specialty Training Programme in 20 medical sub-specialties.

Evidence of 'good practice' was provided in a number of areas which we wish to highlight in this report:

Virtual Learning Environment

The QSB would like to commend the School on their use of the VLE to develop trainee engagement, to develop communication channels and provide accessibility to information. The accessibility of information enables processes within the School to be transparent to all. The QSB ask that the School share this experience with all Schools throughout the East Midlands to enable all to use the VLE effectively.

Patient Safety

An innovative approach to patient safety was described involving the requirement of all trainees to reflect on a case that was reported nationally, but from a local site. The QSB ask that the School monitor the outcome of this work and share with Schools as a possible model for other Schools to use. The QSB are aware of other initiatives regarding patient safety and ask that the School of Medicine liaise with other parties to share 'good practice' and advance the patient safety agenda in a co-ordinated manner.

Curriculum Mapping

The School have developed a model of curriculum mapping. The QSB would be interested in receiving information on the effectiveness of this system i.e. what are the outcomes and how are rotations modified in response to the mapping process.

Less than full time training (LTFT)

The QSB were advised that LTFT is encouraged in the School of Medicine (South) and that placements have been successfully implemented which do not affect training. The QSB ask that the School share this success with all Schools within the Deanery to enable them to promote LTFT effectively to ensure that, as the demographic composition of the workforce changes, Schools are able to retain trainees.

Whilst the above areas highlighted to us the excellent work that the School is currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of the School's objectives.

These are detailed below:

Educational supervision

The School report that there is increasing difficulty in engaging Consultant staff to undertake the role of ES. This presents problems to the School in effectively training this group and ensuring the standard of educational supervision. The School requires support from the LETB to enable them to work effectively with the LEP to ensure that the role of ES is valued by the Health Care Community.

Recognition of trainees in difficulty

Whilst the evidence provided by the School suggests that trainees who are struggling are recognised within the training programme, the QSB were concerned that these trainees were recognised at a late stage in their training. The Academy of General Practice has undertaken work that enables them to recognise these trainees at an early stage and we would recommend a discussion between the School of Medicine and the Academy of General Practice to share experience.

Educational supervision

The School report that there is increasing difficulty in engaging Consultant staff to undertake the role of ES. This presents problems to the School in effectively training this group and ensuring the standard of educational supervision. The School requires support from the LETB to enable them to work effectively with the LEP to ensure that the role of ES is valued by the Health Care Community.

Relationship with School of Medicine (North)

The QSB remain unsure of the relationship between the two Schools of Medicine within the East Midlands. Both Schools demonstrate different areas of 'good practice' and we would like to understand how they share ideas, 'good practice', learning, risk management approaches and e-learning resources.

In summary the QSB panel would like to commend the School of Medicine (South) for the areas of good practice that they have demonstrated. The board understands that the School recognise a number of issues and are looking at solutions. The board ask at the LETB support the School in a number of these issues.

School of Public Health

Date of Board sitting: 4th September 2012
Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Dr C Camilleri-Ferrante and Dr MWhittaker for attending the board meeting and engaging fully with the process. The board noted that unfortunately the paperwork to inform the meeting had not been submitted in an appropriate time frame, but accept that this appears to be due to unforeseen circumstances.

It was noted by the panel members that the Public Health training programme has 35 trainees from both medical and non-medical backgrounds and was described to the group in such a way as to provide the feel of a Public Health training family with considerable personal commitment from a small number of dedicated trainers.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Educational Supervision

The School have a robust mechanism to ensure that all ES with Public Health are trained and remain updated on a regular basis. The training encompasses the requirements of both Public Health trainees and Foundation trainees. All ES are required to attend a training day once a year. Those failing to engage are removed from the ES register and do not act in this role until further training has taken place. All Public Health trainees in their final year of training undertake a 2 day 'training the trainers' course which the panel commend as good practice.

ARCP panels

This process is well managed by the Public Health team. A relatively large panel is convened, but each panel member is required to complete a 'deep dive' in to a small number of e- portfolios before the panel meeting. Each e-portfolio will be reviewed by 2 panel members in this manner, this ensures that appropriate issues are identified to the panel and appropriate decisions are made.

The HoS interviews all trainees who are likely to receive an adverse outcome at the ARCP, before the ARCP review.

Exam support

The School are proactive in providing support for trainees who are undertaking professional exams. In addition, trainees are identified at an early stage for additional support and should be seen as a requirement to their success. Whilst this was seen as good practice, the panel pose the following question to the School of Public Health: How do you decide when the support you have provided is excessive? The panel would suggest that the School considers this question and develops appropriate guidance.

School Structure

The School of Public Health has developed an effective structure that is limited in the layers of authority, which provides excellent governance and quality management. In particular, we wish to commend the trainee led training board which has enabled the School to restructure its academic training to ensure that it is fit for practice.

Whilst the above areas highlighted to us the excellent work that the School is currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of the School's objectives. These are detailed below:

Administrative support

The School has highlighted concerns regarding the level of administrative support that is now available to them following the Deanery of Choice reorganisation. The Educators presenting at the QSB believe that this has had an adverse impact on the School and its effects have only been negated by the increased input of the Head of School and Quality Lead beyond what can reasonably be expected. This is a risk to the School should these educators choose to step down from their current roles. The School acknowledge that a number of their processes are not documented and that policy documents are not in place, but find this difficult to address with the current Deanery structures. The QSB ask IMT to consider the implications of the Deanery of Choice on those Schools that had a previous effect and functioning structure in place.

Hosting of Public Health Services

Public Health Services are currently in a state of transition, with a move from the current arrangements of services being hosted within PCTs, and now moving to Local Authorities. This transition period will be difficult for all Public Health physicians, including trainers and trainees. The integrity of the training programme needs to be maintained and the QSB wish to highlight this transition period to the Senior Management of LETB. The School of Public Health require support from the LETB to ensure that training placements are fit for purpose and that all local authorities understand and engage in the process of training and participate in the quality control of these placements.

Masters in Public Health

Currently all Public Health trainees complete a Masters degree in the subject. Trainees entering at ST2 have already completed the Masters through an alternative route; however, those entering at ST1 level are funded to complete the Masters by the School of Public Health (through the Deanery's education and training budget). There is concern that with the recent changes in tuition fees, this will not be sustainable position in the future. The consequences of this may include a move to only recruit those who have a Masters in Public Health. The result of this change would be a significant decrease in the number of medical entrants into the training programme as it is the non-medical applicants who have attained a Masters in Public Health in their previous employment. The LETB are asked to look at this issue urgently and support the School of Public health in ensuring the local universities enable Public Health Trainees to complete this part of their training at an affordable cost to the training budget.

Virtual Learning Environment

The School of Public Health are keen to use the VLE to provide blended learning to their trainees and trainers, particularly in a specialty that has small numbers of trainees and trainers spread over a wide geographical site. Unfortunately the dedicated group of trainers do not have the time or expertise to develop this resource and request that to ensure this works and is sustainable for them, there is a resource in both personnel and funding to allow is to happen.

Academic Public Health training posts

There is a small number of Academic Public Health training posts hosted within the School, but linked to the Universities of Nottingham and Leicester. It was noted by the QSB, that whilst there is one School of Public Health, the personal specification for the posts at the two Universities was different, with a requirement that those applying to the Leicester posts required a PhD, this was not a requirement for the posts linked to Nottingham. This resulted in an inability to recruit to the Leicester post. The QSB ask that the School of Public Health work with the two Universities to ensure that the personal specification requirements are the same for all of the academic posts and to ensure equal opportunities are granted for all applicants across the LETB region.

In summary, the QSB would like to commend the School of Public Health for the positive, nurturing environment that they provide for the trainees to encourage and support excellence. The QSB understands that the School recognise a number of issues and are looking at solutions. The QSB ask that the LETB support the School in a number of these issues and that the Deanery consider the current support level for the School to ensure that in the coming year they are able to develop written processes and policies, ensuring transparency in the training process.

School of Anaesthetics (North)

Date of Board sitting: 5th November 2012
Report compiled by Chair of QSB: Dr R Price

The Quality Scrutiny Board (QSB) would like to thank Dr A Norris, Dr R Kapila and Lynette Bentley for attending the board meeting and engaging fully with the process. The board noted that the paperwork had been submitted within the required time frame and to a high standard and would like to thank all others involved for ensuring that this was presented to the QSB.

Annual Review of Competency Progression Outcomes (ARCP)/Exam Results

Data was presented for academic year 2011. Results for 2012 were not available from assessment team at time of QSB. It was identified that there were 16 trainees who had an ARCP outcome 3, and were not making adequate progress. There are two key stages in their training where they face exam hurdles – CT2 to ST3 and ST4 to ST5. The data from 2012 was similar and the School have identified that locally recruited trainees fare better compared to those recruited from overseas. There is a lot of effort put into the primary exam teaching on multiple choice questions within the Virtual Learning Environment (VLE) which provides mock exams experience.

The School now works with the trainees to ensure they are prepared to take and pass the exam the first time; the School will be able to review this after 12 months. If the trainee fails the exam they are 'spoon fed' and pushed with more practice and monitored closely. Although the School identifies trainees with English not as first language, no specific support is identified in School to address this.

The Board asked how the School gives a green RAG-rating on the self-assessment but has significant numbers of Outcomes 3 and 4. The School is improving recruitment and exam support and they are assessing this by in-house evaluation, VLE, faculty assessment and the General Medical Council (GMC) survey. The on-line faculty feedback should be operational by spring 2013. There are no appeals pending from adverse ARCP outcomes. Trainees understand and accept facts.

School Board

The Board was pleased to hear the School had trainee representation on the School Board from each cohort; there are no plans for patient input to the Board. The School would like the Deanery to comment on the added value of this, but has an open mind.

Education Supervision

The School confirmed that all trainees have an Education Supervisor; some trainees have an appraiser as well. The latter is historical from Record of In Training Assessment (RITA) process and it appeared to be more mentoring than appraisal.

Leavers to the Programme

The Board asked about the destination of trainees who leave the programme. This information was not requested in the self-assessment so AN did not have exact data to hand and it is not formally collated, although the School accepted it is a good idea to take forward.

Re trainees achieving CCT, in the preceding three years, the Board was informed that one CCT holder took a post in London and one in Norwich. The remainder have all been appointed to consultant posts in the East-Midlands.

Re other trainees leaving the programme before achieving CCT, usually one or two leave to take up SAS posts or enter another specialty.

Trainee Survey

A generic issue was 'undermining'. The Quality Team have investigated further details about this and given information to College Tutors at specific sites. A site specific issue was raised at Kings Mill Hospital due to European Working Time Directive (EWTD) and having to run a 7 man-rota which cause problems in getting training units signed off for the curricula.

The School has taken action by being in communication with the Director of Medical Education and seen all trainees at regional training sessions and met with the Clinical Director.

There were concerns around induction which relates more to the Trust rather than education and some Trust inductions are managed better than others. Some evidence of follow up and response to conversation is needed.

Education Resources and Capacity

The HOS explained that the benefit of having two separate Schools is that there is a primary focus on the knowledge of individuals and interpersonal relationships. There appeared to be little appetite to consider the benefits of one School with geographical local programmes.

Recommendations for the School

1. The School should consider the support required for trainees identified at risk of difficulty with formal exams. It would be worth attending the Deanery International Medical Graduates' Conference planned in early 2013.
2. The data on leavers should be completed; it is one marker of the success of training.
3. The Schools should explore the benefits of streamlining, harmonising and management as a single School, whilst having locally delivered training as necessary.

School of Anaesthetics (South)

Date of Board sitting: 5th November 2012
Report compiled by Chair of QSB: Dr R Price

The Quality Scrutiny Board (QSB) would like to thank Dr Jonathan Grieff, Dr Leighton, Dr Ayorindae and Lynette Bentley for attending the board meeting and engaging fully with the process, by completing the paperwork proforma and preparing and delivering an interesting and informative presentation, well presented by the team.

The School reported on having 152 trainees with more than 10% Less Than Full Time (LTFT). No Quality Lead in place at the moment, have requested consideration for a non-medical Quality Lead and are awaiting decision. Jonathan Grieff is currently covering the role and having separate quality meetings.

The School's novice and buddy system for new trainees is seen as good practice.

Outcome of Annual Review of Competency Progression (ARCP)/Exam Results

The School has tried to make exam failure a thing of the past with Educational Supervision mentoring, extra tuition from previous examiners and referral to Training Support Service (TSS) for formal support. The School is proud of the improved exam pass rate but now may need to expend more effort on higher training as that seems to be slipping. At trainee committee meetings trainees with issues are discussed. There are communication skills courses available for trainees to attend. All post Certificate of Completion of Training (CCT) holders have secured posts and are encouraged to look for locum jobs early on. There is Pre- Consultant teaching provided along with help with CVs. There is no process for exit interviews but a common theme of those leaving the specialty is change of specialty/career change, geographical area or not returning from maternity leave and then taking career grade posts. No appeals pending from Outcome 4.

The School has a significant number of resignations. Details for report are requested; the verbal explanation is 'exam failure'.

Trainee Survey

Improvement in teaching reflected in the data. Some of the data due to University Hospitals of Leicester (UHL) moving services around the city and rotas have had to be altered to enable trainees to gain the right experience. The School is surprised at a 'red flag 'for Leicester General Hospital (LGH) in study leave, understanding that an agreement is in place with regard to courses that trainees were able to attend. The School are aware of the issues at LGH and are trying to reduce the impact on trainees.

The 'red flag' in undermining was thought to be due to the pressure of the moves around UHL. School surveys trainees through the Virtual Learning Environment (VLE) every 3 months for feedback and this is more positive than General Medical Council (GMC) survey. The GMC survey is accepted at face value with no confirmation about UHL and no follow up plan.

Induction

No issues reported with regard to Trust induction although some trainees commented that they were expected to do online training in their own time. Jonathan Grieff has emailed Head of Service and the Lead for Induction left at the end March and replacement has not started yet.

Educational Resources

Good practice is noted with regard to the buddy system and support for novices and resources put into the VLE.

Infrastructure

Comments regarding merging of Schools, huge geographical area up to 300 trainees, HoS would become a more strategic role, with a loss of interpersonal relationships with Trusts and trainees, offers the opportunity to share quality standards. Novice training simulator based and cannot take large numbers. The School does not see that merging will improve the quality of training.

Training for Educational Supervisors

Some Educational Supervisors reluctant to participate in the new 3 day course introduced by the Deanery as this was considered a time issue. Some have attended local courses and School have run their own, but this was not well attended. Some have attended foundation supervisor training. With the recognition of trainers implemented, poor educational supervisors will not be selected.

Recommendations for the School

1. The School should notify the QSB when the Quality Lead is appointed.
2. The 'red flag' areas on the GMC survey should have further attention, with an action plan to address concerns highlighted and subsequent review. This will be followed up at the next review by QSB.
3. There should be a plan to address the ES training issue raised.
4. The Schools should explore the benefits of streamlining, harmonising and management as a single School, whilst having locally delivered training as necessary.

School of Paediatrics (North)

Date of Board sitting: 5th November 2012
Report compiled by Chair of QSB: Dr R Price

The Quality Scrutiny Board (QSB) would like to thank Dr Craig Smith and Antony Robinson for attending the board meeting and engaging fully with the process.

The Paediatrics North School is a small, well organised and successful School. The School train a high number of Less Than Full Time trainees (LTFT). The School is in the process of collating local data to find the destination of trainees post Certificate of Completion of Training (CCT) i.e. do they stay locally and gain a substantive consultant post or leave the region? There is currently low competition pressure for posts in Paediatrics. 1 applicant: 1 position. Good slide showing overview of training demographics of all trainees.

The funding for the role of Quality Lead was withdrawn four years ago but is now available, and the School are currently in the process of recruiting for this role and are considering clinical and non-clinical applicants. Should be in post by end of year. When appointed, outcomes from Board and action points should be priority. The role has been covered previously by HoS and Training Programme Director (TPD) with good support from the Deanery Quality Team, so not seen as a risk.

Initiatives

During the interviews run by the College young people are involved in the process during the Communication Station, this is a pilot scheme where the young person observes and gives feedback.

Good practice was noted on the School's end of placement surveys. The School demonstrated good knowledge and insight of trainee characteristics, both locally and nationally as well as challenges and threats in reconfiguration.

Study Leave

In general there is variation of practice but no explanation offered and no plan to address it. A Masters course may become mandatory for a minority of trainees, with financial implications. It was reported that it has been difficult to organise and central funding might make this easier to administer. The study leave is £800 per year per trainee, with £200 top sliced; the School and the trainees rarely access this £600 so they would like that to be spent on the MSc. This will need to be considered from the perspective of fairness.

Trainee Survey

It was noted that 'undermining' was 'red flagged' on the trainee survey. The School's interpretation is that it reflects a shortage of trainees over the year, onerous clinical work and shortage of doctors on the rota. The QSB understand 'undermining' to be harassment or intimidating behaviour. The School did not confirm that their interpretation is accurate and this should be followed up.

It was noted that Pilgrim trainee data was included in the survey however, these posts are managed by the South.

Annual Review of Competency Progression results (ARCP)

The Board sought clarification about how the School identifies failing trainees. Mechanisms are being considered to bring exams forward and ways of monitoring progression. Poor performance is flagged up quickly by Supervisors and other trainees. The School has a good relationship with Training Support Services (TSS) and Occupational Health and identifying issues before they become a problem. Concerns were raised around the 15 trainees who have not been assessed, this could be due to maternity leave or Out of Programme (OOP) however, it was highlighted these should be awarded an outcome 8. For next year more detailed information is needed for those leaving programme.

Training the Trainer

The School highlighted historical context of paediatric training, which did not allow sufficient time for the current situation to be described, a tighter brief from QSB may help in future.

Modernising Medical Careers (MMC) was introduced without any planning in place and the Trust had no clear message. The Consultant time for supervision is not included in their job plan and is being done on good will. The School is working with the Deanery to put in place a review process with Trusts and audit job plans which has never been funded.

Service Workforce Planning

Currently there is a disproportionate spread of paediatric posts across the country. Therefore there is a meeting with the Regional Advisor, Strategic Health Authority (SHA), Service Leads and Head of School to understand workforce issues, reconfiguration needs and how to meet standards.

No plan is in place to work with GP Training Programme or Clinical Commissioning Groups (CCGs) around training and commissioning.

Merger with South Paediatrics

The Board asked if they considered there to be any advantages or disadvantages with being one School. Concern was raised around the need to change to a systems approach, two programmes with a single HOS. This would also affect interpersonal relationships with the trainees.
The School thinks a proper risk analysis of quality implications needs to be carried out.

Recommendations for the School

1. The QSB should be informed when the Quality Lead has been appointed.
2. The School should investigate the Survey results about undermining. The potential factors for this should be confirmed and a plan to address them put in place. This will be followed up at the next review by the QSB.
3. The School should provide complete details of the ARCP data, and not appear to indicate that 15 trainees have had no review.
4. The School should open some discussion with the GP Academies and CCGs to consider any implication of the assertions about GP training in Paediatrics.

Schools of Psychiatry (North and South)

Date of Board sitting: 12th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr S Elcock and Dr D Kinnair for attending the board meeting and engaging fully with the process. The panel members of the QSB would like to congratulate the Heads of School on the quality of the joint presentation; this was informative regarding the psychiatric training programmes and highlighted the close co-operation between the two Schools, it is for these reasons that the QSB believe it is appropriate to write one report for the two Schools of Psychiatry.

It was noted by the panel members that the South training programme has 40 core and 40 specialty posts with one National Training Number (NTN) in Psychotherapy and the North training programme has 50 core and 60 specialty posts with one NTN in Forensic Psychiatry. The group noted the personal commitment of the two Heads of School to work together to improve training throughout the region and that each admitted to possessing different strengths, which they had harnessed to the two Schools advantages.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Joint working:

The two Heads of School have been in their respective posts for 13 months. During this time they have worked together to increase the consistency of training across the East Midlands. Specialty training in Psychiatry has a number of distinct specialist areas including Adult General, Old Age, Children, Learning Disabilities and Forensic. Whilst there are significant numbers of specialty trainees in Adult General and Old Age Psychiatry, other specialties have small numbers of trainees and the Head of School have worked with the Training Programme Directors (TPD) in these specialties to organise the training on a 'pan-deanery' basis. This has enabled a greater access to training opportunities for those trainees in these specialties and provided a robust training system

Annual Review of Competency Progression Panels (ARCP):

This process is well managed by the two Schools of Psychiatry to ensure consistency of approach and outcomes across the two Schools. Those specialty areas with small numbers of trainees and trainers work on a 'pan-deanery' basis with trainers from the North and South attending the joint ARCP panels. Joint ARCP panels are not currently undertaken for the larger specialty areas, but to improve consistency a trainer from the North attends the South ARCP panels and vice-versa. Whilst the Heads of School acknowledge that this did not happen on all the panels this year, it is their intention for this to occur on all future ARCP panels.

The Schools of Psychiatry have a significant minority of trainees who commence their psychiatric training outside the normal August window. The Schools have considered this issue and now undertake ARCP panels twice a year, to ensure all trainees undertake the ARCP process one year after commencing training. This has worked well for the Schools.

Teaching/development events:

The Heads of School have recognised the advantage of combining their resources to improve the education and learning opportunities of those in Psychiatry across the East Midlands. This year the two Schools combined forces to deliver a one day pan-deanery training event which received excellent feedback from trainees. It is the two Schools intention, following on from this success, to develop an on-going 'pan-deanery' higher specialist training programme. The HoS acknowledge that by using this approach to education and training they are more able to effectively use the curriculum delivery funding.

The two Schools are committed to developing an MRCPsych course that can be delivered to the same standard across the East Midlands. Currently whilst there is a taught MRCPsych course in the South School, this is not the case in the North School. The Heads of School and TPDs have taken this as an opportunity to look at the currently delivered course. The Royal College of Psychiatrists have set a rule that stipulates the amount of face-to-face teaching that a psychiatry trainee must undertake to be eligible for the MRCPsych exam. The two Schools are looking to streamline their approach to teaching, with an increased emphasis on communication skills and consultation skills within the face-to-face teaching (including the use of simulation) and a migration of the lecture based material to the Virtual Learning Environment (VLE). The QSB commend this approach.

Recruitment:

The QSB acknowledge the difficulty in recruiting trainees into psychiatry. The Heads of School have worked with their faculty to improve recruitment through:

- The three day summer School hosted jointly between St Andrews (a private provider) and NHS psychiatric services.
- 'Drink with a shrink' programme with undergraduates.
- The psychiatry film clubs.

In addition there are plans to host a one day recruitment event in 2013 and a further three day event in 2014.

Whilst the above areas highlighted to us the excellent work that the Schools are currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of their objectives. These are detailed below:

Service reconfiguration:

The Schools have highlighted concerns regarding service commissioning and reconfiguration. This has been of a particular problem in Psychotherapy. Core trainees are required, as part of their curriculum, to gain competencies in Psychotherapy, which must be assessed of a period of time and signed off by a medically qualified Psychotherapists. There are examples across the two Schools where Medical Psychotherapy Services are not being commissioned, with the consequent non-replacement of staff (retirement etc.). This has led to a real risk of the inability of the School to provide this training. The consequence of this not being resolved satisfactorily, is the loss of core psychiatry trainees throughout the East Midlands. The Schools of Psychiatry are working with the Mental Health Trusts to resolve these issues and they have developed a strategy document to address this issue. The Schools of Psychiatry require support from the Local Education Training Board (LETB) to ensure that training placements are fit for purpose and that all commissioning groups and Local Education Providers (LEP) understand the consequences of not providing training in specific areas.

In addition the two Schools note that a number of psychiatric services are commissioned outside of the NHS. The Schools are developing ways to work with these providers to ensure access to all training opportunities as required by their curriculum. The Schools of Psychiatry require support from the Local Education Training Board (LETB) to ensure that they are able to access all training opportunities within the region, both inside and outside of the NHS.

Educational Supervision:

The Schools report that they rely on a small group of dedicated individuals to undertake the role of Educational Supervisor. There are a sufficient number of these individuals at present, but protected time to carry out this role is becoming increasingly difficult. Whilst the Schools believe that the Mental Health Trusts are engaged in Education they would welcome support from the LETB to ensure the role of the Educational Supervisor continues to be valued by the Local Education Providers (LEP).

Virtual Learning Environment

The Schools of Psychiatry are keen to use the Virtual Learning Environment (VLE) to provide blended learning to their trainees and trainers and whilst currently there is a separate site for each School, there is a move towards a single site. As previously indicated the Schools are looking towards developing the VLE resource for MRCPsych training. The greatest barrier to effect use of the VLE is however the time commitment and skills of the educator body. This group of dedicated trainers do not necessarily have the time, or expertise to develop this resource, and request that to ensure this works and is sustainable for them, there is resource within the 'Deanery' to allow this to happen and be sustainable.

Evaluation and Feedback:

There is currently no formal mechanism to look at outcomes of the programme, either post Certificate of Completion of Training (CCT) or within training. The QSB believe this would be valuable for both the Schools of Psychiatry and the Deanery, and we ask that the current teams in the Deanery work with the Schools on this project.

Whilst the Schools collect feedback on events that they have conducted, there is not the capacity with the Schools to collate this feedback, and present as evidence of effectiveness of their initiatives. The QSB suggest that this is a significant risk to the Schools in the present financial environment and would support the Schools in requesting help from the Deanery in collating feedback and preparing reports.

In summary the QSB would like to commend the Schools of Psychiatry for the work that they have undertaken in developing an equitable, positive training environment across the East Midlands and the effective use of their combined resources. The QSB understands that the Schools recognise a number of issues and are looking at solutions. The QSB ask that both the LETB and the Deanery support the School in a number of these issues.

School of Surgery (South)

Date of Board sitting: 12th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Mr M McCarthy, Head of School (HoS) for attending the board meeting and engaging with the process.

It was noted by the panel members that the School had 36 core training posts and was responsible for a number of specialty training posts in;

General Surgery	38
Trauma and Orthopaedics	30
Ophthalmology	12
Urology	14
Cardiothoracic	7
Vascular	to be confirmed

The latter three programmes in the list are 'pan-deanery', administered through, and overseen by the School of Surgery South.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

School board engagement:

The HoS reported that the engagement of Training Programme Directors (TPDs) throughout the School has increased and that attendance at School Boards is now the norm. This has led to the development of the School as a whole. There has however been one exception, that is the TPD in Cardiothoracic Surgery and the QSB ask that the HoS works together with the Deputy Dean for the South to resolve this issue as a matter of urgency.

Surgical Educator Fellow posts:

The School has developed the honorary title of 'Surgical Educator Fellow'; this title is awarded to trainees who have shown exceptional commitment to education and training of both themselves and others. Citations are received from TPDs throughout the School and the honorary title awarded following an interview of the nominated candidates. This practice has proved to be popular amongst trainees and we would suggest that this could be adopted by other Schools within the East Midlands, particularly the School of Surgery North.

End of Placement Survey:

The School is committed to ensuring that placements are 'fit for purpose' and to enable them to do this they gather data at the end of each placement using survey monkey. The results from this data enable the School to initiate placement improvements, and the School has indicated that they are prepared to make difficult decisions including removing trainees from posts that do not reach an acceptable standard as a learning environment. Using an end of placement survey tool has ensured that the data from the GMC annual survey does not provide any surprises to the School regarding the quality of placements. Whilst the QSB commend the School for undertaking this work, they would welcome a more collaborative approach with the Deanery quality team who undertake this work for a number of Schools using the Bristol on-line Survey (BOS) tool. The data via the BOS is analysed by the Deanery team as well as the Schools to look for trends pockets of 'best' and 'poor' practice in the Local Education Providers (LEPs).

Credit based scoring system for placement choices:

The School of Surgery South has introduced a credit based scoring system. This system is used to rank trainees in any one academic year. The purpose of the system is to allow those ranked highest in the year to have the first choice of posts available in the next training year. The system has been introduced to encourage high achievement within the School of Surgery. The QSB understand the principle behind the system however, it was not clear how transparent the criteria for ranking was and where these are published, to enable trainees to access them. There was also a concern that unless the standard of all placements was of equal quality, there was a significant risk that the trainees whose performance was at the lower end of the ranking, and therefore required increased support, would by default, always be placed in posts that were least able to give this support. Members of the QSB also expressed the concern that this ranking system could potentially limit the exposure of the higher scoring candidates to the large teaching centre and inadvertently increase recruitment difficulties of other hospital trusts. The QSB ask the School to provide further information on this scheme.

Trauma and Orthopaedics use of the Virtual Learning Environment (VLE):

Within the School of Surgery, Trauma & Orthopaedic trainers have developed the use of the VLE to provide an interactive site for case discussion. The QSB suggest that this excellent project should be shared with other Schools to enable them to learn from good practice.

Undergraduate careers advise:

The Head of School is fully engaged with the University of Leicester in ensuring that Undergraduates receive appropriate advice about a career in the surgical specialties, and we would highlight this as good practice for other specialty Schools to mirror throughout the East Midlands with both Leicester and Nottingham Medical Schools.

Whilst the above areas highlighted to us examples of good practice that the School is currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of the School's objectives. These are detailed below:

Service reconfiguration:

The School has highlighted concerns regarding service commissioning and reconfiguration. This has been noted in two main areas:

- Service reconfiguration in local education providers (LEPs) in which education delivery is not considered.

- The decision of the Department of Health to withdraw permission to recruit to Locum Appointments for Training (LAT) posts in Surgery. The School of Surgery South believe that this is a risk to current training rotations and service delivery of safe patient care. The School of Surgery South would welcome the support of the LETB in ensuring that LEPs work proactively with the School to ensure delivery of patient care, without impacting on education and training of surgeons when this directive comes into force.

Educational Supervision:

The School report that the role of ES remains undervalued by the LEPs and that in the current financial climate in the NHS, pressure is being applied in job plans to further increase clinical activity, and reduce all other activities, including time for educational supervision. The consequence is that the Educational Supervisor does not have time to carry out this role within their job plan.

The School has struggled with the engagement of Educational Supervisors in the training process for this role. The HoS is of the opinion that Educational Supervisors in surgery require a bespoke course and that the Generic Deanery Programme for Educational Supervision Training course (PEST) is not fit for purpose. It was reported to the QSB that the ES require a course that takes them through the process of completing the surgical e-portfolio.

The QSB recommend that IMT consider how to best train clinicians for their roles of Educational and Clinical Supervisors, recognising that many clinicians will act as supervisors for a variety of groups of trainees; Specialty Trainees, Foundation trainees and General Practice trainees.

Virtual Learning Environment and Website:

The School recognises that their input into the VLE is variable, with excellent engagement by Trauma and Orthopaedics, but with limited/no uptake by other groups. The HoS has indicated that the smaller specialties may be better served by a national site. The site is not currently used to disseminate School policies and is not considered as a forum for the use of trainers. The dissemination of policies is currently via the TPD network.

ARCP outcomes and support:

The School reported that they have not as yet received the 2012 ARCP outcomes report from the assessments team. The HoS however was confident that he was aware of the trainees with adverse outcomes. It was not clear to the QSB the measures that were put in place for those trainees who needed additional support. Those trainees receiving an adverse outcome were referred to the Training Support Service (TSS), but processes within the School for providing further educational support outside of the specific TSS interventions was not well defined.

The QSB ask that IMT look urgently into the matter of ARCP outcomes and ensure that lessons are learnt from the 2012 ARCP round and a responsive process is developed for 2013. The School of Surgery South is asked, as a matter of urgency, to review its processes for providing supplementary educational support for trainees with additional training needs.

Quality Lead Vacancy:

The HoS reported that the Quality Lead post in the School of Surgery remains vacant despite being advertised on two separate occasions. The HoS reported that a TPD has subsequently shown a willingness to take on this post and that the post will as a consequence be advertised for a third time. The QSB ask that the School inform them as to whether there is a successful appointment.

Simulation Training Strategy:

The HoS has highlighted concerns regarding simulation training within the School. The School purchased equipment three years ago. The warranty on this equipment is due to expire imminently and in addition, University Hospitals Leicester (where the equipment is currently housed) has indicated to the School that they do not have facilities to continue to accommodate it. The HoS indicated that control of the study leave budget by the School may enable them to achieve their simulation strategy.

The School is requested to work with the School of Surgery North to develop a sustainable, affordable plan for continued simulation training across the East Midlands for the surgical specialties.

In summary, the QSB would like to commend the School of Surgery South for the work that they have undertaken in developing those areas of good practice that we have highlighted. The QSB understands that the School recognises a number of issues and are looking at solutions. The QSB ask that both the LETB and the Deanery support the School in a number of these issues.

School of Surgery (North)

Date of Board sitting: 12th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Mr J Lund, Head of School (HoS) and Mr K Rigg, Quality Lead for attending the board meeting and engaging fully with the process. The presentation, delivered jointly by Mr Lund and Mr Rigg provided the Board with an understanding of the journey that the School of Surgery North is undertaking to ensure consistency of opportunity and outcomes to trainees within the School. It was clear to the Board that there was an enthusiasm for the School's leader for change and improvement in quality of education within the School.

It was noted by the panel members that the School had 47 core training posts and was responsible for a number of specialty training posts in;

General Surgery	46
Trauma and Orthopaedics	32
Ophthalmology	15
Paediatric Surgery	10
ENT	13
Neuro Surgery	13
Plastics	11.

The later four programmes in the list are 'pan-deanery', administered through and overseen by the School of Surgery North.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Quality Lead:

The School has been successful in appointing a Quality Lead who is committed to improving the quality of education in Surgery and ensuring that outcomes are defined and delivered to a consistent standard. This is evidenced by the way that the School are analysing data from end of placement and General Medical Council (GMC) surveys. The School recognises the difficulty around data accuracy and anonymity and is resolving this by using trend analysis and will be mandating that all trainees must present evidence of completing the GMC survey for satisfactory sign off at their Annual Review of Competencies Progression (ARCP). The QSB recommend that this is shared with the School of Surgery South and is a 'pan-deanery' Schools' of Surgery policy for sign off to ensure consistency. The risk of this not being implemented across both Schools is that of challenge by a trainee in the North if they fail to achieve a satisfactory ARCP outcome.

Educational Supervisor Feedback Template:

The School have recognised and acknowledged difficulty in obtaining effective, consistent feedback, from ES on trainee performance, and are working proactively to resolve this. They have now developed a template aligned to the GMC document '*the Trainee Doctor*' for ES reports and are currently rolling this out across the School. The QSB would be interested in the results of this project, particularly relating to the quality of information documented and any demonstrable effect on the ARCP process and outcomes. The QSB, in highlighting this as potential good practice, would recommend that this should be shared across the two Schools of Surgery, to ensure consistency of approach and outcomes for trainees at ARCP panels.

Women in Surgery Initiative:

The School of Surgery North have in response to the changing demographics of the workforce (greater than 50% of medical graduates are females) and the fact that women are over represented in the high achiever category, considered how they can attract women into surgical specialties. This has culminated in an event for female graduates to 'debunk' the myths about surgery as a profession. The School is evaluating the feedback from this event and is considering using this model on an annual basis.

Simulation Strategy:

The School recognises the challenges to education whilst ensuring patient safety. They have developed a simulation strategy for both technical and non-technical skills, using the Cadaveric Skills Centre at Nottingham City Hospital, trauma days at the Queens Medical Centre and human factors simulation training at the Royal Derby Hospital. The QSB understand that the School of Surgery North may provide different, but complimentary training to the School of Surgery in the South, and would recommend discussions between the two Schools to maximize the simulation training opportunities across the East Midlands, for the benefit of all the surgical trainees in the two Schools.

Whilst the above areas highlighted to us the excellent work that the School is currently carrying out, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of the School's objectives. These are detailed below:

Service Reconfiguration:

The Schools have highlighted concerns regarding service commissioning and reconfiguration. This has been noted in three main areas:

- Service reconfiguration in Local Education Providers (LEPs) in which education delivery is not considered. A recent example is that of the development of the major trauma centre at the Queens Medical Centre. This has impacted on training in a number of surgical specialties both within this LEP and other education providers. The School of Surgery North was not part of any of the discussions and as a consequence was unable to plan in a proactive manner to manage the result impact on education and training.
- The decision of the Department of Health to withdraw permission to recruit to Locum Appointments for Training (LAT) posts in Surgery. The School of Surgery North believe that this is a risk to current training rotations and service delivery of safe patient care. The School of Surgery North would welcome the support of the Local Education Training Board (LETB) in ensuring that LEPs work proactively with the School to ensure delivery of patient care without impacting on education and training of surgeons when this directive comes into force.

- Removal of Hewitt and Johnson training posts. The School of Surgery North understands that these additional National Training Numbers (NTNs) were introduced on a temporary basis for a 6 year period. However LEP providers have become reliant on these posts to deliver service as part of European Working Time Regulations (EWTR) compliant Rotas. The School of Surgery North would welcome support from the LETB to ensure that LEPs understand the impact this withdrawal of training posts will have on their ability to withdraw services and to encourage the LEPs to plan proactively for this scenario.

Educational Supervision:

The School report that the role of ES remains undervalued by the LEPs and that in the current financial climate in the NHS pressure is being applied to Special Programme Activities (SPA), decreasing these in favour of increasing Departmental Programme Activities (DPA). The consequence is that ES do not have time to carry out this role within their job plan.

The School remains challenged by the quality of written documentation provided by ES, who remain reluctant to commit concerns about individual trainees to paper. Educational Supervisors **have been** concerned that they will not be indemnified for this role and would appreciate clarity on which organisation will indemnify them in this role.

The School has struggled with the engagement of ES in the training process for this role. The Faculty is of the opinion, that ES in surgery require a bespoke course, and that the Generic Deanery Programme of Educational Supervision Training (PEST) course is not fit for purpose.

The QSB recommend that Integrated Management Team (IMT) consider how to best train clinicians for their roles of Educational and Clinical Supervisors, recognising that many clinicians will act as supervisors for a variety of groups of trainees; Specialty Trainees, Foundation Trainees and GPStRs. In addition IMT and the LETB need to support this group of clinicians in their role and ensure that the issue of indemnity is clearly articulated to clinicians and LEPs.

Virtual Learning Environment and Website:

The School recognises that their input into the VLE is variable, with good engagement by General Surgery, but with limited/no uptake by other groups, although Trauma and Orthopaedics have an excellent website independent of VLE. In addition the Schools section of the Deanery website is not used effectively and therefore policies are poorly communicated to trainees. Urgent work is required to resolve these issues. A significant barrier to the effective use of the VLE and the website is however, the time commitment and skills of the educator body. This group of dedicated trainers does not necessarily have the time or expertise to develop this resource and request that support is provided to ensure this happens.

ARCP outcomes:

The School reported that they are not as yet aware of the 2012 ARCP outcomes and have not received a report from the Assessments Team despite requests. The QSB are concerned that if the School is unaware of outcomes they are not in the position to provide support to remediate unsatisfactory outcomes. The School remain concerned that they are unable to recognise those trainees who receive an unsatisfactory outcome before the annual ARCP process and therefore do not put measures in place at an appropriate stage in training. In addition, the School recognise that they struggle with providing realistic careers advice to trainees at appropriate times in their training path.

The QSB ask that IMT look urgently into the matter of ARCP outcomes and ensure that lessons are learnt from the 2012 ARCP round, and a responsive process is developed for 2013. The School of Surgery North is asked, as a matter of urgency, to review its processes for identifying trainees with additional training needs.

Evaluation and Feedback:

There is currently no formal mechanism to look at outcomes of the programme, either post Certificate of Completion of Training (CCT) or within training. The HoS is aware that the Royal College of Physicians do this as routine, but there is no mechanism within the surgical Colleges. The QSB believe this would be valuable for both the School of Surgery North and the Deanery and we ask that the current teams in the Deanery work with the School on this project.

In summary the QSB would like to commend the School of Surgery North for the work that they have undertaken in developing those areas of good practice that we have highlighted. The QSB understands that the School recognise a number of issues and are looking at solutions. The QSB ask that both the LETB and the Deanery support the School in a number of these issues.

School of Obstetrics and Gynaecology (North)

Date of Board sitting: 26th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Miss S Ward (HoS) and Miss D Matthews (Quality Lead) for attending the board meeting along with Mr S Mallinson (Quality Manager) and Mr G O'Reilly (Specialty Liaison) and engaging fully with the process. The panel members of the QSB would like to congratulate the team on the quality of the presentation; this was informative regarding the O&G training programmes and highlighted areas of close co-operation between the two Schools of O&G.

It was noted by the panel members that the training programme has 88 trainees, of which 10 are Locum Appointments for Training (LATs) and 12 are Less Than Full-time Trainees (LTFTs). In addition there are currently 21 trainees spending time out of programme (OOP) for a variety of reasons. The training programme has placements in seven hospital sites.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Trainee involvement:

Trainees are encouraged to be actively involved in their own training and there are trainee representatives at each level of the School structure including School board level. In addition, the trainees are involved in organising 'pan-deanery' education events in the specialty and have been supported in organising a National Conference in Nottingham for 2013.

Trainees are encouraged to provide feedback on their placements through the College Trainee Evaluation Forms (TEF). This feedback, along with the Deanery Quality Management Visits and the GMC survey, has led to action on the part of the School as a Local Education Provider (LEP). This has involved the appointment of a new college tutor and a bespoke training course for the Trainers at this hospital site, carried out by the Senior Faculty in the School. This LEP will continue to be monitored through the TEF, GMC survey, QMV and ad-hoc visiting arrangements. The QSB would commend this practice and ask the School to share this with all other specialty Schools.

Rotation choice:

Trainees have the opportunity to choose their early programme based on a merit system. In addition, those who are placed at the least popular LEPs, are then given the opportunity to have first choice of the subsequent rotations in the next part of their training. This ensures that all hospital sites are utilised and trainees experience a variety of hospital settings. The QSB would commend this practice and ask the School to share this with all other Specialty Schools.

Educational Supervision:

The HoS reported that 96% of the ES within the School have received training in their role. The School has used the generic PEST course and provided additional specialty specific training at no additional cost to the Deanery. The School is now looking at the quality of Educational Supervision and acknowledges that if an individual is not undertaking their role to the required standard after 'remedial' training, they will no longer act in this role for the specialty.

The QSB request that the School ensure that other Schools are made aware of those ES who are no longer considered as appropriate for the role, as they may undertake this role with other trainees (for example - Foundation Trainees). As part of the educational process for ES they are invited to sit on the ARCP so they understand the importance of their role in good documentation within the e-portfolio and training system.

Trainees with differing educational needs:

The School demonstrates a positive attitude to those trainees with differing educational needs and does not consider them as 'failing' trainees. There is an excellent knowledge of the strengths of local educators which enables the targeting of trainees with specific educational needs to appropriate trainers. In addition, the School has developed a mentoring/buddy scheme whereby year 1 trainees are buddied by year 4/5 trainees.

Management of rotations:

The HoS described a series of 'way points' within the O&G training when a trainee moves through a specific gateway and there is a immediate change in responsibility. An example is the way point at the end of year 2 into year 3. At the start of year 3 an O&G trainee is expected to have the ability to manage labour ward. The School ensure that a given trainee is prepared for this point by placing them at the same LEP for both year two and year three. It then becomes in the best interest of the LEP, to provide the appropriate training in year 2 to ensure they are able to manage labour ward at the commencement of year 3. The QSB would commend this practice and ask the School to share this with all other Specialty Schools

Recognition of Undermining:

The specialty of O&G is recognised to have a problem with undermining and bullying both locally and nationally. This bullying is from a variety of sources both medical and non-medical. The School are working with trainees and trainers to change the culture in the specialty. This subject is now included in the ES training and the School is using trainees' experiences as 'case studies' to reflect back to the training body.

Whilst the above areas highlighted to us the excellent work that the Schools are currently carrying out, there were a number of areas of concern that currently impact or will in the future impact on the delivery of their objectives. These are detailed below:

Service reconfiguration:

The School has highlighted concerns regarding service reconfiguration. The School is not involved at any level in discussions around service reconfiguration and only becomes aware of changes when they have been implemented. This adversely impacts on the ability of the School to deliver the curriculum required by the Royal College and leaves the School in a position of having to manage the situation in a reactive rather than proactive manner. The School of O&G require support from the LETB to ensure that training placements are 'fit for purpose' and that all commissioning groups and Local Education Providers understand the consequences of service reconfiguration to the training and education of our workforce.

Locum appointments for training (LATs):

The School is concerned regarding the impact of the decision of the DoH to stop LAT appointments within O&G. The HoS understands the reason for this decision, as they are equally concerned re the number of CCT holders in the specialty who are unable to obtain substantive Consultant appointments, due to an oversupply of CCT holders. However the decision by the DoH will have a significant impact on the service provision of O&G. It is noted by the board that there are currently 10 LATs within the School and 21 trainees currently Out of Programme (OOP). The QSB ask that the LETB work with both the School and the LEPS to manage this in a proactive manner so that patient safety, or the quality of education, is not adversely affected.

Surgical Experience:

The School reports that the opportunities for surgical training across the area have diminished and that service commissioning and reconfiguration can adversely affect the ability to manage this problem within the School. The School of O&G require support from the LETB to ensure that training placements are fit for purpose and that all commissioning groups and Local Education Providers understand the consequences of service reconfiguration to training and education of our workforce.

In summary the QSB would like to commend the School of Obstetrics and Gynaecology North for the work that they have undertaken in developing an equitable, positive training environment. The QSB welcomed the openness of the HoS to the consideration of the positive impact of a merging of the two Schools of O&G would bring to both the educator and trainee body. The QSB understands that the Schools recognise a number of issues and are looking at solutions. The QSB looks to the School to provide updates on undermining, surgical experience and site specific issues, highlighted during the QSB process. The QSB ask that both the LETB and the Deanery support the School in a number of these issues.

School of Obstetrics and Gynaecology (South)

Date of Board sitting: 26th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Prof. J Konje (HoS) for attending the board meeting along with Mr S Mallinson (Quality Manager) and Mr G O'Reilly (Specialty Liaison). The panel members of the QSB were disappointed that the self- assessment document was not submitted in a timely manner, and as a consequence, our understanding of the School during the panel interview was limited. This report reflects the information that the panel members elicited during the face to face meeting.

Evidence of good practice was provided in the following areas:

Educational Supervision:

The HoS reported that Educational Supervisors undertake the PEST course but there is recognition, by the School, that the Educator body requires both specialty specific training in addition to the generic Deanery course. We were informed that a course had been organised for November 2012, however, this has been delayed until February/March of 2013. The QSB ask that the HoS update the board with an over view of the contents of the course and the actual attendance list.

End of Placement survey:

The QSB commend the School for piloting the Bristol Online Survey (BOS) tool for the Deanery Quality Team. However, we were disappointed to hear that this was not now in routine use. The QSB require an update on the position of the School regarding the BOS tool.

ARCP:

The HoS reported that there was joint working with their sister School in the north around the ARCP process. This involved the two HoS attending School panels in their sister School. The QSB commend this as good practice to ensure consistency of ARCP outcomes for trainees across the Schools.

In addition the QSB wish to highlight the innovative practice that is being considered around the video recording of consultations by trainees as part of the documentation for their ARCP. We would welcome further information regarding this, particularly relating to feasibility, sustainability and cost. We would recommend that the HoS liaise with the HoS for the Academy of General Practice who already have experience of the process of video recording consultations.

Teaching Events:

The HoS reported that the two Schools of O&G had recently combined forces to develop joint teaching events on a six monthly/yearly basis. This allowed the Schools to better utilize the educator knowledge, and in addition attract speakers with a national reputation in their selected field. The QSB commend this approach, and would recommend that the HoS considers other areas in which this approach may be beneficial to both Schools.

Whilst the above areas highlighted to us areas of good practice, there were a number of areas of concern that currently impact, or will in the future impact, on the delivery of their objectives. These are detailed below:

Service reconfiguration:

The School has highlighted concerns regarding service reconfiguration at the University Hospitals of Leicester. The School was not involved at any level in discussions around service reconfiguration and only became aware of changes when they had been implemented. This has had an adverse impact on the ability of the School to deliver the curriculum required by the Royal College and leaves the School in a position of having to manage the situation in a reactive rather than proactive manner. These changes have, as a consequence impacted on trainers, leaving them demoralized regarding their ability to provide training in the current circumstances. The School of O&G require support from the LETB to ensure that training placements are fit for purpose and that all commissioning groups and Local Education Providers understand the consequences of service reconfiguration to the training and education of our workforce.

Locum appointments for training (LATs):

The School is concerned regarding the impact of the decision of the DoH to stop LAT appointments within O&G. The HoS understands the reason for this decision, as they are equally concerned re the number of CCT holders in the specialty who are unable to obtain substantive Consultant appointments, due to an oversupply of CCT holders. However, the decision by the DoH will have a significant impact on the service provision of O&G. The QSB ask that the LETB work with both the School and the LEPS to manage this in a proactive manner, so that patient safety or the quality of education is not adversely affected.

Recognition of trainees in difficulty:

The HoS reported that trainees were identified through discussion with Educational Supervisors, however the QSB were unable to identify a formal process for this, and are concerned that the current arrangements are not robust, and may pose a risk to trainers, trainees and the Deanery. The QSB ask that the School resolve this issue urgently and provide an update to the QSB by the 28th February 2013.

In summary the QSB would like to commend the School of Obstetrics and Gynaecology South for their areas of good practice. The QSB welcomed the openness of the HoS and recognise the work load of the numerous roles this individual currently undertakes. The QSB welcome the appointment of a Quality Lead and further delegation of work relating to the School. The QSB understands that the School recognises a number of issues and is looking at solutions. The QSB looks to the School to provide updates as highlighted in the report. The QSB ask that both the LETB and the Deanery support the School in a number of issues highlighted.

School of Radiology

Date of Board sitting: 26th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Mr T Terry (Acting Head of School), Dr F Dickinson and Dr R O'Neill (Training Programme Directors) for attending the board meeting and engaging fully with the process.

Evidence of good practice was provided in a number of areas which we wish to highlight in this report:

Educational Supervision:

The two Training Programme Directors (TPDs) reported that the system for educational supervision has been changed over the last year and that the allocation of Educational supervisors is matched to an individual trainees subspecialty training choice. This ensures that the trainees receive appropriate advice regarding their educational needs.

Access to e-learning:

The TPD for the South of the School reported that trainees in this area have access to stadt-dx . The QSB recommend that this access should be available to all trainees within the School and the TPDs discuss the practicalities of this.

Resolution of Undermining:

The GMC survey data has highlighted to the TPDs the issue of undermining by colleagues outside of radiology. The TPDs have worked with the Trainees to understand the issues and have been able to identify particular departments in which this undermining/bullying appears endemic. Solutions have been put in place including the taping of all telephone communications. Any inappropriate communication is now dealt with on a one-to-one basis with the person generating this behaviour.

Trainees in Difficulty:

The HoS and TPDs work together to identify trainees in difficulty. The specialty was reported as being very competitive and as a result a high calibre of candidates was recruited to vacancies. The small size of the training programme and the 'close knit community' ensures trainees in difficulty are identified early. However the QSB were concerned that a formal process for recognition of this group of trainees does not appear to be documented and that this may inadvertently create a risk for the School. We would welcome the appropriate documentation and understanding of how this is process is communicated to Educators and Trainees.

Whilst the above areas highlighted to us the good work that the School is currently carrying out, there were a number of areas of concern that currently impact or will in the future impact on the delivery of their objectives. The QSB noted that there were no risks or issues highlighted on the written submission, but that a number were identified by the TPDs in their oral evidence. These are detailed below:

Balance between service and education

The School highlighted concerns regarding the understanding of education by the Local Education Providers (LEPs) management. There is a belief amongst this group of personnel that a trainee can deliver a high level of service on commencement of training in radiology. This is not the case and those commencing at ST1 level are on the whole supernummary. The TPDs indicated that the balance between education and service is as follows:

Training year	Education	Service
1	80	20
2-4	40	60
5	80	20

The School would welcome support from the LETB in ensuring that there is an understanding of the educational/service balance of training throughout all management levels in LEPs.

National recruitment:

Recruitment to radiology training programmes is through a national process. All trainees commence in training programmes in the August of any one given year. Schools are required to declare the number of vacant posts for the recruitment process in February of the same year. This presents problems as the School is not always aware of the date a trainee may leave the programme. The result is that an increasing number of vacancies arise during the academic year, this impacts on service delivery and training of those in the programme. The TPDs would welcome the ability to use temporary NTNs to fill these vacancies.

Teaching:

The TPD in the North of the School reported that whilst the 'training on the job' was very good, it was difficult to engage the Consultant body in the didactic teaching for College Exams. In addition whilst the School has facilities for simulation training (for example Ultrasound training), there is no protected Consultant time to deliver this teaching. The QSB suggest that this item should be considered by IMT and advice given to the School to enable them to resolve this issue. In addition, the QSB ask that the School liaise with other Schools (Obstetrics and Gynaecology) to considered shared use of simulation facilities.

Information Technology support:

The TPDs informed the QSB that the Osyrix (College exam system) will be delivered via online modules through an APPLE system. Trainees require access to this system both during exams and prior to exams for preparation. The current PACS web system for viewing radiological imaging is not directly compatible with the APPLE system. The TPDs have had some limited success working with IT departments in LEPS to enable access to the APPLE system and the downloading of films into a film library, but whilst this has been particularly successful at the United Lincolnshire Hospitals, discussions at other sites have not delivered results. The TPDs recognise this is a national problem, but require urgent help from the LETB to address this locally.

Shared experience:

The QSB noted from both the written submission and the oral evidence, that whilst this is a single School of radiology, there was a strong inference that the north and south of the School do not have shared processes and procedures. The consequence of this is that trainees may perceive that they do not experience equitable training throughout the School.

The QSB require the School to urgently review their processes and procedures to ensure they are applied throughout the East Midlands training programme in Radiology.

In summary the QSB would like to commend the School of Radiology in those areas highlighted in the report. In addition the QSB process has drawn attention to a number of risks. The QSB ask that both the LETB and the Deanery support the School in a number of these and that the School works urgently on resolving other issues.

School of Histopathology

Date of Board sitting: 26th November 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Ms K Rainford (Specialty Liaison Manager) and Mrs K Tollman (Quality Manager) for attending the board meeting. It was noted by the QSB that there was no attendance from the Educator body. The written submission was reviewed by the QSB, who had difficulty in relating the RAG rating to the narrative provided by the School.

The team from the central Deanery staff, representing the School, reported that the acting Head of School is developing a positive attitude within the School. However, they also reported a lack of engagement from the School regarding the QSB process and attempts at contact with the TPDs had proved unsuccessful since September.

The School has been unable to successfully recruit to the Head of School position and there was reported to be a lack of engagement of the educational body. This appears to have been worsened by service reconfiguration resulting in Clinical and Educational Supervisors feeling devalued.

It was reported that the Training Programme Directors work together to support struggling trainees and that whilst trainees are appointed to programmes in the north and south, those with specific difficulties are moved to placements outside of their programmes to ensure their education needs are met. However, it is unclear as to how these trainees are identified by the TPDs and Educational Supervisors.

It was noted by the panel members that the School had not, in their submission, identified any risks and this highlights the concerns the QSB has regarding this School. Members of the QSB are concerned regarding the continuation of the School in its present form, and ask that urgent action is taken by IMT to resolve the issues presented and discuss the future form of this School with the Educators in Histopathology.

LNR and Trent Foundation Schools

(For the purpose of this report the 'Foundation Directorate' describes the two foundation Schools across the East Midlands)

Date of Board sitting: 6th December 2012

Report compiled by: Jill Guild, Head of Quality and Regulation

Chair of QSB: Tony Hipgrave, Lay Representative

The Quality Scrutiny Board would like to thank Dr Bridget Langham, Director of Foundation Training for the East Midlands, Dr Nick Spittle, Associate Foundation School Director Trent, Dr Rob Gregory Associate Foundation School Director LNR and Heidi Breed, Foundation Specialty Liaison Manager for attending the Board Meeting and engaging with the process.

It was noted by the Board that the Foundation Directorate has 2 Foundation Schools. Each School has an Associate Director. The Schools operate across two geographical locations across the East Midlands region and each School is linked to their local Medical School.

LNR = 354 trainees

Trent = 621 trainees

This is the rationale behind the Foundation Directorate having one Director and 2 Associate Directors to support the Schools across the East Midlands. Both Schools have good relationships with the Medical Schools. The Director is moving to one East Midlands School Board. The Foundation Directorate is developing, following the generic Foundation Programme curriculum, a single Education Strategy across the East Midlands.

It is acknowledged by the Quality Scrutiny Board that the recommendations of the General Medical Council Quality Assurance Foundation Programme visit 2010 (QAFP) continue to be implemented and the Foundation Director's team are working to align the consistency of approach, process and policy for the Foundation Schools in the East Midlands. By August 2013 it is hoped that there will be an aligned teaching programme.

Areas of Good Practice:

Academic Programme

In collaboration with Nottingham and Leicester Universities the Foundation School offers Academic Research, Clinical Educator and Leadership/Management placements. These placements are nationally recognised for excellence and are attracting high quality applicants.

Careers Support

Career support programmes have been developed by the Foundation Training Programme Directors and the Careers team. This programme is aimed at Year 2 Foundation trainees. These sessions were piloted across the Trent School and further sessions are being rolled out to the LNR School for August 2013. This programme was showcased at the Association of Medical Educators in Europe Conference in 2012.

Foundation Training Program Directors (FTPD) and Local Education Provider (LEP) Locality Model

This model supports strong links with the Postgraduate Education Departments in the LEPs, Educational Supervisors and Clinical Supervisors. This ensures struggling trainees are identified and that the FTPDs are able to identify and work with staff to resolve problems caused to training by organisational/personnel issues. The School has very good relationships with the Local Education Providers. The FTPDs work closely with the Directors of Medical Education.

Audit and Quality Management

The Quality Scrutiny Board recognises that the quality control in the Local Education Provider environments is of a good standard. Educational Supervisors see the trainee a minimum of twice each 4 month post. The Foundation School has a robust quality cycle system in place to assure quality of trainee training and education. The Foundation Directorate uses the National Training Survey, local surveys, and visits to the LEPS, shared information from both Medical Schools and information re patient safety, to improve the trainee experience.

Relationship with Leicester & Nottingham Medical Schools

The Foundation Directorate has good relationships with both Medical Schools and the Medical Schools are part of the Directorate governance structure. Transfer of information is good. LNR Foundation School is linked with Leicester University Medical School and Trent Foundation School is linked with Nottingham University Medical School. It is because of these close relationships with the Medical Schools that the Foundation Schools of LNR and Trent wish to retain Associate Directors in each School.

Support for struggling trainees

Across the Foundation Directorate there is an Education Needs Assessment prior to commencing FY1 training to support trainees to succeed and maintain patient safety. Trainees who fail to succeed in any given foundation year are placed in a further programme and undertake a specific educational handover with their current FTPD and the FTPD who will oversee them in their new placement. Transfer of information between Medical School and the Foundation School is good with both a national and supplementary local process. The Schools have piloted a transfer of information process between the foundation year 1 and foundation year 2 years, which was successful and is now mandatory. Foundation trainees in difficulty also have access to the Training Support Service.

Trainee Outcomes

It is noted and commended by the Quality Scrutiny Board that for the year 2011 / 2012 Foundation Year 1 trainees in LNR achieved 97% satisfactory pass rate whilst in Trent this was 99% satisfactory pass rate.

Foundation Year 2 trainees in LNR achieved 97% satisfactory pass rate with Trent achieving a 95% satisfactory pass rate.

The Foundation Schools presented data on specialty destinations for FY2 trainees across the 2 Schools. It is mandatory that FY2 trainees complete destination data.

Risks Identified:

Service Re-configuration

Whilst it is recognised that the Foundation Schools are not routinely involved in commissioning decisions around service reconfiguration and new care pathways it is acknowledged by the Quality Scrutiny Board that the Foundation Schools have been able to work closely with Local Education Providers to move placements from Acute Trusts to community placements to ensure all trainees experience this environment during their 2 year training. Although this has produced some tensions between the Acute Trusts and the Foundation Schools, foundation trainees can now meet all curricular requirements.

Now that the changing commissioning environment is settling the Director of Foundation Training acknowledges that they need to build strong relationships with new commissioning bodies, to ensure training and education for foundation trainees is fully understood when commissioning decisions are made.

Deanery of Choice Re-organisation

The Foundation Schools have felt fragmented since the Deanery of Choice in August 2011. The School feels that the Deanery is now too process driven and has had a negative effect on the Schools.

The Quality Scrutiny Board recommends: The Foundation Directorate analyses further the negatives effects on outcomes to the Schools and plans how to minimise risk to future outcomes.

Educational Supervision

The Foundation Directorate team feel that the Local Education Providers are not fully engaged with the importance of educational supervision. The Foundation Schools will work closely with all the Local Education Providers to ensure that they understand how re-validation and approval / re-approval of trainers will help with this agenda.

Curriculum Delivery and Funding Arrangements

The Quality Scrutiny Board has noted that, due to historical North and South funding arrangements, there has been inconsistent delivery of the training curriculum across the East Midlands. The Quality Scrutiny Board was informed that there is no centrally funded study leave for FY1 trainees. Support is requested, by the Directorate, for investment in the Schools generic curriculum programme for FY1 trainees.

The Quality Scrutiny Board recommends:

That the Local Education and Training Board (LETB) finance department work with the Foundation Directorate to develop a sustainable 3 or 5 year investment plan rather than year-on-year planning to include i.e. resources for simulation etc.

Patient Safety

It is recognised that foundation trainees continue within some Local Education Providers, to be placed on rotas with core specialty trainees. This poses a significant risk to both the trainee and the patient.

The Quality Scrutiny Board recommends:

- That the Foundation School's Associate Directors work with the Contract Managers of the LETB to explore leverage within the Learning and Development Agreements
- Both Foundation Schools to monitor this through the trainee surveys and quality management visits and via Foundation Training Programme Directors located within the Local Education Providers

Relationships

There is a risk that due to increased community placements, the relationships with the acute LEPs would become diluted.

The Quality Scrutiny Board recommends:

- That the Foundation Director/Associate Directors continue to sustain good relationships with the Directors of Medical Education and Medical Directors

Lay Representatives *(Patient, Carer and Public)*

The Quality Scrutiny Board understands that the Foundation Directorate wishes to have Lay Representative involvement.

The Quality Scrutiny Board advocates the following approaches:

- Involving a Lay Representative to act as a 'critical friend' in policy decision making and planning as part of self-reviewing
- Demonstrating Lay Representative involvement in the Quality visits to trainees and trainers
- Involving Lay Representatives in projects
- Ensuring the views of carers is taking into consideration i.e. training and communicating with the patient.
- Ensuring to achieve involvement that reflects the demographics and diversity of those who use the health service.

Innovation

Both Foundation Schools feel they have been stifled by the alignment of policy and practice following the Quality Assurance of Foundation Programme (QAFP) 2010 visit.

The Quality Scrutiny Board recommends:

- Explore how the Foundation Directorate will transfer information as a trainee moves on from Foundation Year 2
- Explore using patients to help assess the effectiveness of the 'softer' side of foundation training, i.e. communicating with the patient.

- Encouraging other specialties to look at accessing the course for trainees ‘reconsidering a medical career’

The Quality Scrutiny Board would like to commend the Foundation School for their excellent presentation. It has noted that the School has a good understanding of the LETB and the wider system and are enthusiastic about working with new partners to ensure the risks to the Foundation Directorate and their trainees are reduced. The Quality Scrutiny Board understands that the School recognises a number of issues and are looking at solutions to resolve them.

School of Emergency Medicine

Date of Board sitting: 6th December 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Dr R Wright (HoS) and Mrs H Breed (Specialty Liaison) for attending the board. The documentation and presentation provided an understanding to the board of the School of Emergency Medicine. The School of Emergency Medicine has recently appointed a Quality Lead who was unfortunately unable to attend.

The sole point of entry into the specialty of Emergency Medicine is through the Acute Care Common Stem (ACCS) pathway. This is also one of the modes of entry into the specialties of Anaesthesia, Acute Medicine and Intensive Care Medicine. The School of Emergency Medicine has responsibility for ACCS in the north of the region and higher specialty training throughout the East Midlands. It is one of 10 Schools of Emergency Medicine in the UK; unlike other Schools in the UK it does not have responsibility for all ACCS posts in the region; those in the South sit within the School of Anaesthesia South.

Evidence of good practice was provided in the following areas:

Educational Supervision:

The HoS reported that Educational Supervisors undertake the PEST course but it is thought that this course is not providing the Educational Supervisors with all the tools they require for this role. At each of the training sites there is a College Tutor who is now responsible for identifying Educational Supervisors. The future plan is that the College tutors will monitor the effectiveness of the Educational Supervisors and inform the School regarding those who do not achieve the required standard. The QSB commend the intention of the School however, they are concerned that there is no definitive plan or process to take this forward and would wish to see progress on this item at the next review. The QSB ask that IMT consider the effectiveness of the PEST course and to consider further the training of educational supervisors in all specialties for this important role.

Clinical Teachers:

The HoS reported that there is a tension between service and education in this specialty due to the high level of service requirement. The HoS has developed a proposal to buy in time for clinical teaching outside of the current consultant job plan, this plan would ensure ring fencing of this teaching time. A submission has been presented to the SHA for the sum of £500,000 to support this initiative. The LETB are requested to support the School in this initiative and to work with the School in developing a monitoring system to consider the effectiveness of this plan.

ARCP:

The HoS reported that the apparent high level of ARCP 3 outcomes related to the proportion of trainees failing exams. This problem has been recognised by the School who has worked, with these trainees, to develop a bespoke teaching course to address the issue of exam failure.

In addition, it is recognised by the HoS that trainees with educational difficulties should be recognised early in their training and that the ARCP should not be the point at which they are identified. The HoS is empowering the College Tutors in the LEPS to work with the Educational Supervisors to identify these trainees at an early stage. The QSB commend this practice, but are concerned that this remains an informal process and would wish to see progress on this item at the next QSB review.

Programme reconfiguration:

The development of the Major Trauma Centre at the QMC site has been used as an opportunity to reconfigure the Higher Specialty training programmes across both the north and south of the region. This allows all higher specialty trainees to rotate through the Major Trauma Centre. This change to the programmes has involved local negotiation and liaison with the GMC. The board wishes to congratulate the HoS on this achievement.

Whilst the above areas highlighted to us areas of good practice, there were a number of areas of concern that currently impact or will in the future impact on the delivery of the Schools' objectives. These are detailed below:

Service reconfiguration:

The School has highlighted concerns regarding service reconfiguration. The School is not involved at any level in discussions around service reconfiguration and only becomes aware of changes when they have been implemented. This adversely impacts on the ability of the School to deliver the curriculum required by the Royal College, and leaves the School managing the situation in a reactive rather than proactive manner. This was demonstrated by the service reconfiguration for the Major Trauma Centre, and required significant work by the HoS to ensure that Emergency Medicine training could continue in the East Midlands. The School of Emergency Medicine require support from the LETB to ensure that training placements are fit for purpose and that all commissioning groups and Local Education Providers understand the consequences of service reconfiguration to the training and education of our workforce.

Service versus Training:

The HoS reports significant problems within Emergency Medicine relating to service pressure and recruitment to the specialty. Approximately 50% of training posts are unfilled, and in addition, departments throughout the East Midlands have a permanent Consultant workforce significantly below establishment. These factors lead to training being under resourced in time and funding. Whilst all eight training sites have College tutors, only three of the sites provide funding for this role. The LETB is asked to support the School in ensure adequate funding is provided to ensure the educational roles in the LEPS are recognised and that the LEPs understand the dual importance of service and training.

Recruitment:

There is a significant problem in recruiting to Emergency Medicine posts nationally, but in particular the East Midlands. The School of Emergency Medicine is of the opinion that this is exacerbated by the current position of ACCS training in the South, which sits within the School of Anaesthesia South. The QSB ask that IMT revisit the position of ACCS in the School of Anaesthesia South and consider the impact that this may have on recruitment to Emergency Medicine.

In summary the QSB would like to commend the School of Emergency Medicine for the areas of good practice highlighted in the report. The QSB welcomed the openness of the HoS and recognise the work load of the Educators. The QSB welcome the appointment of a Quality Lead. The QSB understands that the School recognises a number of issues and is looking at solutions. The QSB looks to the School to provide updates as highlighted in the report. The QSB ask that both the LETB and the Deanery support the School in a number of significant issues highlighted.

School of Paediatrics (South)

Date of Board sitting: 6th December 2012

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Dr A Brooke (HoS), Drs C Chadwick and H Bilolikar (TPDs), Dr S Hughes (ST 5 Trainee), Mr A Robinson (Specialty Liaison) and Dr R Higgins (Quality Manager) for attending the board. The board wishes to commend the School for their forethought in inviting a trainee representative to attend the QSB and provide a trainee perspective on the School.

Paediatric training is an eight year run through training programme, with a number of way points determining entry into the higher levels of training, including the MRCPCH. The Royal College of Paediatricians is introducing a START process to determine whether trainees in the ST7 year are attaining the attributes to become a Consultant in the speciality.

Evidence of good practice was provided in a number of areas which are outlined below.

Educational Supervision:

The HoS reported that the focus of Educational Supervision has changed over the past 2-3 years with an increasing emphasis on helping trainees. The School has identified that a significant proportion of trainees struggle with the professional exams of the College. Educational supervisors are encouraging trainees to attempt the exams at an earlier stage in their training and are involved in developing local teaching packages. The educators have recognised the variable pass rate of the MRCPCH exam and have developed an innovative approach to helping trainees; a study buddy system has been established which involves senior trainees supporting junior trainees in their exam studies. We would recommend that this approach is shared with other Schools in the East Midlands as this encourages trainees to be proactive in their education.

Trainee involvement:

The HoS reported that trainees are encouraged to be proactive within the School. This is evidenced in a number of areas including trainee presence on the School boards. The trainees are also active in developing and maintaining the School site on the VLE. In addition the ST4-8 study days are organised and run by trainees for trainees. We commend this approach to education and recommend that this is shared with the School of Paediatrics North to maximize the effectiveness of this method across the Schools.

Management of the School:

The commitment of the educator team is demonstrated in the School board and management meeting structure. The School board meets quarterly, but in addition a small group of educators (HoS and TPDs) meet on a monthly basis to discuss issues that arise in the intervening time and in particular to discuss those trainees experiencing educational difficulties. This demonstrates a significant level of responsibility in the senior educator team and we commend this approach.

ARCP:

The HoS reported that the apparent high level of ARCP 3 outcomes related to the proportion of trainees failing exams. This problem has been recognised by the School who has worked with the trainees to develop a teaching course and study buddy process as previously described.

In addition ,the HoS reported initial difficulties with the ARCP process which have been recognised and addressed by the training of chairs for this process. The HoS reports that the process is now more robust. The HoS attends panels in the North School and a reciprocal arrangement has occurred with the HoS North. The HoS, however, reported that there was a lack of consistency of the ARCP process across the Schools. The QSB were concerned to hear the potential inconsistencies across the two Schools of Paediatrics in the ARCP process, as this possesses a risk to the Schools and the Deanery. The QSB ask that IMT note this concern and the assessments and Quality Team's work with the two Schools to eliminate these inconsistencies.

Areas for joint working with the School of Paediatrics North:

The HoS highlighted a number of areas where joint working with the School of Paediatrics North would provide benefits to both parties. These are ARCPs, Recruitment, Careers Fairs and Rotations. Currently there is a 6 monthly joint School Board and quality management is a joint process undertaken by the Deanery quality team. The QSB suggest that the Schools of Paediatrics work towards a joint process for those areas highlighted above.

Whilst the above areas highlighted to us areas of good practice, there were a number of areas of concern that currently impact or will in the future impact on the delivery of the Schools' objectives. These are detailed below:

Educational Supervisor Training:

The School has highlighted concerns regarding the Deanery PEST course. The School is of the opinion that the course in its present form is too generic and does not meet the requirements of Educational Supervision of Paediatric Trainees. The QSB ask that IMT urgently reviews the Educational Supervisor training that is currently provided by the Deanery to determine whether this is fit for purpose.

Service versus Training:

The HoS reports significant problems with the release of trainees to attend training events/teaching in one LEP. The QSB ask that the Deanery support the School in resolving this problem through the quality management process and interim visits.

Recruitment:

There is a significant problem in recruiting to Paediatric training posts in the School. The School of Paediatrics North does not appear to have the same problem. It was the opinion of those present that recruitment is adversely affected by the reputation of one LEP. The team considers a joint recruitment process with the School of Paediatrics North may be of benefit. The QSB would support the School of Paediatrics South in working with their sister School in the north to deliver a joint recruitment process. In addition the QSB ask that the Deanery support the School in resolving problems with the identified LEP through the quality management process and interim visits.

Collation of Feedback:

The HoS described the teaching programme developed by the School. Feedback on this course is actively sort from trainees, however currently this is not collated. The QSB require the School to look urgently at this process and report progress to the QSB in the next quarter.

General Practice Trainees:

The specialty of Paediatrics hosts a significant number of General Practice trainees. These trainees work on a four month rotation pattern and this causes problems to the speciality.

The QSB would recommend that the School of Paediatrics and the Academies of General Practice work together to gain a mutual understanding of their needs and concerns.

In summary the QSB would like to commend the School of Paediatrics for the areas of good practice highlighted in the report. The QSB welcomed the openness of the HoS in considering areas of joint working with the School of Paediatrics North. The QSB understands that the School recognises a number of issues and is looking at solutions. The QSB looks to the School to provide updates as highlighted in the report. The QSB ask that both the LETB and the Deanery support the School in a number of significant issues highlighted.

References:

1. GMC. The Trainee Doctor 2011

2. Professor Sir John Temple. Time for Training: A Review of the impact of the European Working Time Directive on the quality of training. Medical Education England 2010