

Health Education East Midlands
**Quality Scrutiny
Board Report**
March 2014

*For the consideration and action of the
Governing Body of Health Education East Midlands*

Health Education East Midlands
**Approach to
Quality**



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Introduction

This report contains the findings of the Postgraduate Medical Quality Scrutiny Board which has been developed by the Quality and Regulation Department to enable oversight of the Specialty Schools. Areas of good practice and concerns have been identified. This document details the areas of risk which require support and action from the Senior Management Team of Health Education East Midlands to enable effective delivery of high quality education and training by the Specialty Schools.

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 Specialty Schools in their endeavours to develop high quality medical education.

This is the second year of the Quality Scrutiny Board cycle and feedback from all the specialty schools has been that they found the activity to be non-confrontational and thought provoking. This has led the Schools to reflect on their own performance and to engage in sharing good practice and learning from each other.

As part of the preparation for this years' cycle the QSB considered the effectiveness of the process in the previous year and identified areas of best practice and areas for improvement in its own performance. As a result of this opportunity for reflection a number of changes were introduced for the 2013 cycle including composition of the board and development of our pre-meeting preparation.

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. The senior educator input to the Board has been increased to include two Associate Postgraduate Deans 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 Partners who, through their experience, are able to consider the initiatives undertaken by the schools and question how

education impacts on the delivery of high quality 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 Partners' 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 Health Education East Midlands to consider the outcomes of training over the previous 12 month period against the standards set by the General Medical Council in their document the Trainee Doctor1. This self-assessment document is reviewed by the all QSB panel members.

However, two members of the Board are tasked to look at the self-assessment document of a Specialty School in depth and determine the focus of the discussion during the panel sitting. At the conclusion of each panel sitting a discussion was undertaken that formed the basis of the report for each School, highlighting areas of 'good practice' and 'areas of risk'. These reports have been shared with the members of the Quality Postgraduate Education Directorate (QPED), the Specialty Schools and the Associate Postgraduate Deans. The items of risk represent a number of common themes throughout the Specialty Schools.

'The purpose of the Quality Scrutiny Board is to challenge and support the Specialty Schools in their endeavours to develop high quality medical education.'

Background and context

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 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 Postgraduate Medical Education Management team.

The QSB is asking that Quality Postgraduate Medical Education Management team 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 Local Education Training Board. 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 Quality Postgraduate Medical Education Directorate and Senior Management Team are:

Common risk:

- Educational supervision
- Service reconfiguration
- Balance of service versus training
- Less than full time working
- Recruitment
- Any qualified provider
- Simulation equipment
- Serious Untoward Incidents
- Bullying and Harassment

Specialty Specific:

- Ultrasound training

The report also contains for information, the completed reports for each of the Specialty Schools.



Dr Bridget T Langham MB ChB, DA (UK), FRCA, MMed Sci (Med Ed)
Chair of Quality Scrutiny Board



Glossary of Terms

Term	Abbreviation	Description
Academies of General Practice		General Practice Specialty Schools
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 LETB/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)
Learning Development Agreements	LDAs	Contract between LETB and Local Education Providers for training of Healthcare staff
Local Education Providers	LEPs	Healthcare site that provides training for Healthcare staff
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	Modernising Medical Careers is a programme for postgraduate medical training introduced in the United Kingdom in 2005
National Training Number	NTN	Recognised training number to allow progression to CCT

Glossary of Terms

Term	Abbreviation	Description
Postgraduate Medical Management team	PGMMT	Management team within the LETB consisting of Senior Medical Educators and Managers
Quality Management Visits	QMV	Process carried out to review the quality of training placements in Local Education Providers
Quality Scrutiny Board	QSB	See Executive Summary
Run Through Training	RTT	Combination of CT and ST, appointed at CT1 for a 'run through' training programme to CCT. Competitive entry to programme
Specialty Schools		Includes 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
Training 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 LETB website as a tool for training and communication

'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.'



Risk escalated to the Senior Management Team of Health Education East Midlands

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 four 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.

Educational Supervision:

In 2012 the Schools reported that there was increasing difficulty in engaging consultant staff to undertake the role of Educational Supervisor. This presented 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 raised concern amongst the Schools that over time there will be an inadequate number of accredited supervisors to provide effective supervision. The Schools continue to report this as a challenge and a concern and require support from the wider LETB on this subject to ensure that the role of Educational Supervisor is valued by the healthcare community.

Currently the LETB is considering how best to redistribute training posts throughout the region and the QSB suggest that the recognition and training of Educational Supervisors is a metric to be used in this project. This metric also has the potential for use in the Learning Development Agreements (LDA) between HEEM and LEPs.

Service reconfiguration:

The Specialty Schools continue to report significant concerns regarding service reconfiguration within LEPs. 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. In addition to the concerns raised in 2012, the School of Surgery has reported increasing problems relating to the emergence of the Major Trauma Centre at the QMC.

The reconfiguration of a number of services has led to the increased use of trainee doctors in the emergency setting across a hospital. As a result trainees are not able to gain and master competencies that can only be achieved in the non-emergency/acute setting.

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.

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 three 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 decrease of access to working in the non-emergency setting.

The Schools report an imbalance between service and training and a mismatch of service expectation versus competence level of trainees. This has a 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 needs within the delivery of service.

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.

Concerns

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.



Recruitment:

A number of Schools continue to report difficulty in recruiting to training posts, particularly in the first round of applications. The East Midlands remains an unpopular area to undertake training.

The East Midlands has two large Medical Schools and a Foundation Programme of almost 1,000 trainees. Evidence from applications to the 2013 Foundation Programme indicated that only 26.9% of Leicester University Medical School Graduates and 40% of Nottingham Medical School Graduates wished 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 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.

Less than full time working:

All Schools continue to report concerns regarding access to LTFT, with difficulty in delivering balanced training programmes to this group of trainees. These trainees, as in previous years, are not additional to the training numbers and hospital departments who currently 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. It is recognised that an increasing proportion of the medical workforce (both in and outside of training) are endeavouring to improve their work-life balance and requesting access to less than full time hours which is more readily available to other members of the healthcare workforce. 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.

As the LETB is currently considering how best to redistribute training posts throughout the region, the QSB suggest that the facilitation of LTFT by Local Education Providers could be used as a metric in this project. This metric also has the potential for use in the Learning Development Agreements (LDAs) between HEEM and LEPs.

Simulation Equipment:

The QSB panel have been concerned to hear from our conversations with the Specialty Schools that equipment purchased by the former SHA/Deanery for simulation training in a number of Specialty Schools remains unused. Business cases have been put forward by Specialty Schools for these pieces of training equipment, but there has been no agreement reached with a host LEP regarding the ongoing maintenance

Other issues

of the equipment and/or suitable accommodation in which that equipment can be used. Going forward, the QSB would welcome a reinvigoration of the Simulation Strategy and forum for training in the East Midlands to ensure that appropriate contracts or Service Level Agreements are reached with the LEPs regarding simulation equipment, to ensure that they are used to their full potential for all healthcare professionals.

'A number of Schools continue to report difficulty in recruiting to training posts, particularly in the first round of applications.'

Serious Untoward Incidents (SUIs):

The Heads of Schools reported that they frequently do not find out about SUIs until the Annual Review of Competence Progression (ARCP) of the trainee and that there has been occasions when trainees have been suspended by a Trust and the faculty in the training programme have not been informed.

A number of Schools have reported difficulty in finding out information regarding SUIs and suspension of trainees, and they would value the help of Health Education East Midlands (HEEM) in taking this forward with the Local Education Providers to ensure that they are able to support the trainees educationally and that learning and reflection for all trainees can be improved from these unfortunate incidents. The QSB ask that HEEM work with the LEPs to develop a robust process regarding SUIs. Any process developed should ensure relevant educators are informed at an early stage following the reporting of an SUI involving a HEEM trainee to ensure that trainees are fully supported and that the trainee body as a whole can learn lessons from SUIs to better improve patient care throughout the region. In addition a process requires development between HEEM and LEPs to ensure that the relevant Educator faculty are informed early in the progression of suspension of a trainee.

Bullying and Harassment:

The QSB were concerned to hear that the Educator Faculty in a number of Schools have reported challenges around raising performance issues with trainees. Trainers reported an increased incident of accusations of bullying and harassment. When trainers raise competence issues with trainees, there is an increasing tendency for the trainee at that point to accuse the person raising the issue of bullying and harassing the trainee. The Schools requires help from HEEM to ensure that trainers are appropriately supported in this situation and

would welcome prompt investigation of these allegations.

The QSB suggest that HEEM look at this issue across all Specialty Schools and develop a process to rapidly investigate any allegation of bullying and harassment by a trainer. The QSB recognise that these issues are frequently raised, but the trainee then requests that this is not investigated. The QSB suggest that investigation should go ahead. This will become a supportive process and ensure that bullying and harassment is erased and that erroneous claims are dealt with appropriately.

Risks identified that are Specialty Specific:

Ultrasonography training:

The School of Obstetrics and Gynaecology (North) have identified a risk regarding ultrasonography training for ST3 O&G trainees. All Obstetrics and Gynaecology ST3 trainees must by the end of their training year have completed a defined number of ultrasound scans. The school is currently experiencing difficulty in ensuring that all trainees throughout the scheme at ST3 level are able to do this.

The school identified two issues relating to this problem:

- There is a paucity of ultrasonographers in the Obstetrics departments throughout the region.
- The School is currently paying for ultrasonographer time to ensure that trainees are able to gain this competency. Currently, the school is using money from the trainee study leave budget to fund this and is providing £1,000 for each LEP. The consequences of this are that their study leave budget is being consumed by the needs to buy ultrasonographer time.

The school has identified a regional short fall of ultrasonographers and are of the opinion that under investment in ultrasonographer training will have a direct effect on training of Obstetrics and Gynaecology trainees in the region. This may make the region less attractive to training and increase the risk of adverse ARCP outcomes with the consequent need to prolong training.

The School request support from SMT to ensure that this issue is recognised in workforce planning of the non-medical workforce. The QSB are concerned that medical training in other specialties is dependent on the expertise of other healthcare professionals.

A robust process is required through communication between the workforce planning team and the Heads of the Specialty Schools to ensure that this is considered within workforce planning of the wider workforce and not solely that of the medical workforce.

Academies of General Practice

Date of Board sitting: 30th October 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr H Mead (General Practice Dean), Dr D Poll (Head of Southeast Academy), Dr N Scarborough (Head of Northwest Academy) and Mrs K Tollman, Quality and Regulation Manager for completing the Annual Quality Assurance Assessment, providing a response to all the queries raised in the previous QSB report, attending the Board Meeting and engaging fully with the process.

Educational Supervision:

The Quality Scrutiny Board would like to highlight the work that the Academies are undertaking with educational supervision. Firstly the educator appraisal work and that, as an integral part of this, the quality of the written reports provided by the Educational Supervisor are considered.

The QSB would like the Academies to share this work with the Trainer Recognition and Approval working group, so that this group can consider how this could be introduced into Secondary Care Educational Supervisor appraisal.

Trainees in Difficulty:

Secondly the early interventions that are carried out in identifying trainees that may be in difficulty during their training, and subsequently the support and help that is put in place to ensure that these trainees are able to succeed.

This is evidenced in good exam outcomes despite being a 'less popular' region in which to train and therefore receiving a greater proportion of second round appointees through the national recruitment system. The QSB would like to note that the Academies appear to be proactive in listening to their trainees.

Patient Safety:

The School has recognised patient safety issues in Local Education Providers and has demonstrated good practice by sharing these concerns with other Specialty Schools that may have trainees working in the same area, particularly with the Foundation Schools. The Schools have then worked in collaboration with the Quality and Regulation Department and Local Education Providers to resolve the issues.

Quality of Posts:

The Academies are proactive in identifying the quality of posts through the General Medical Council survey, the East Midlands

Online Survey (E.M.O.S) at the end of each placement and the Programme Directors (P.D). In particular they are working on identifying what makes positive outliers good.

Their work indicates that small units of training with dedicated P.D time is the major factor that develops a positive outlier and the Academies are concerned that the current financial climate may decrease the number of P.Ds and create larger training units. The quality of posts is paramount to the Academies and they would welcome support from Health Education East Midlands in ensuring that Local Education Providers understand that continuation of training is at risk in Departments/Trusts if training to the GP curriculum is not appropriate.

Public and Patient Lay Representation:

The QSB were interested in hearing how the Lay Partner is an active member of the Academies Board and has been used as an independent chair. This has proved to be challenging, in a positive way, to the medical staff around the table and has focused them on delivery as well as discussion. There was a perception by the Academies of General Practice that this had been a positive step.

A particular challenge is how to support trainers who are accused of bullying and harassment when they raise difficult issues with trainees, for example that they have not reached the required level of competence. The School provides a course on their website on 'unconscious racism' and is encouraging trainers and trainees to talk about cultural issues.

The QSB suggest that this work is shared/published to all Specialty Schools. The QSB suggest that HEEM look at the issue of supporting trainers, who are accused of bullying after they have delivered unwelcome feedback to trainees, across all Specialty Schools and develop a support network for trainers who find themselves in this position.

In summary, QSB would like to commend the Academies of General Practice for all the work that they have undertaken in resolving a number of issues highlighted in the previous report and ask that HEEM support the School with issues that have been highlighted this year.

'The Schools have then worked in collaboration with the Quality and Regulation Department and Local Education Providers to resolve the issues.'

Foundation Schools (LNR and Trent)

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

The Quality Scrutiny Board would like to thank Dr Nick Spittle and Dr Rob Gregory (Associate Foundation School Directors), Mrs Heidi Breed (Development Manager) and Ms Kirsty Neale (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process. The QSB would like to thank Dr Nick Spittle and Dr Rob Gregory for the presentation and Dr Nicki Lygo (trainee) for engaging in the process.

A number of key points were identified by the School in its presentation and these are summarised below. The Annual Quality Assurance Assessment was clear and welcomed: as with the School's presentation, it addressed the concerns set out by the QSB in last year's report and clearly identified areas of current good practice and areas of future risk.

Introduction:

The key theme of this year's presentation was a description of current and future projects and activity. The QSB was asked to note that the National Curriculum was re-written recently in 2012, that the Trent School has 600 trainees in eight hospitals and that the LNR School has 300 trainees in seven hospitals; a total of 900 trainees.

Issues presented from last year

Service Reconfiguration:

The Foundation Schools are increasing their community and psychiatry placements. By the summer of 2015, every rotation will contain a community placement: HEEM is used as a case study for the Better Placements Better Care initiative. The new NUH Community Geriatric Posts were identified as an innovation.

'Deanery of Choice' Reorganisation:

The Programme has addressed the challenges and benefits of the reorganisation by developing regular cross-team meetings, strengthening internal relationships and by implementing a Specific Project Plan. The Board heard that risk remains at periods of peak activity in HEEM (e.g. ARCPs).

Educational Supervision:

The Programme contributes to HEEM's redevelopment of Educational Supervisor training and both Schools provide specialist 'add-on' training for Foundation Programme Educational Supervisors which emphasises careers support and the new 2012 curriculum.

The Derby Educational Supervisors' Forum meets six times per year to deliver a specific curriculum to the faculty.

The Programme is also wants to ensure that the Educational Supervisor's role is explicitly identified in their job plans. Dr Gerry Van Schalkwyk gave examples of how the School operates at a local level with Local Education Providers

The QSB would welcome an update on the success of these innovative approaches at the next QSB in 2014



Patient Safety:

The End of Placement Survey is demonstrating that support for FP trainees is improving and that requests for inappropriate activity is dropping.

Relationships:

The Foundation Schools continue to strengthen their relationships with the Local Education Providers by continued joint working with Directors of Medical Education (DME) and Deputy DMEs.

Foundation Schools (LNR and Trent)

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

Lay Partners:

The Foundation Schools have implemented an overarching Schools Board that is responsible for the strategic direction of the foundation training in the East Midlands. The Board has a Lay Representative.

Innovation:

In addition to the new posts and rotations already mentioned, the UKFPO working with the General Medical Council, is developing national process for the forwarding of training information to help the transition from FP to Specialty Training or other posts both within and outside the UK. The Foundation Schools have developed themed faculty development days.

Newly Identified Risks

Recruitment and Retention of Educational Supervisors:

The Foundation Schools raised concerns about the quality of Local Education Providers support for recruitment and retention of the most effective Educational Supervisors. It has identified that variation in selection and in the description of the role is contributing to this outcome.

The QSB is aware that this concern is not restricted to the supervision of FP trainees.

The QSB believes that there may be benefit in working with the Heads of Schools on this issue as a joint project.

The Board suggests that the Foundation Schools could explore this possibility through discussion with the Chair of Heads of School.

HEEM Administrative Support for the Two Schools:

The Foundation Schools noted that FP Trainees account for 27% of the HEEM trainee workforce. It also asked the QSB to note that this is not reflected in the Programme's proportion of HEEM's administrative resource for postgraduate training.

The Foundation Schools have a concern that the production of important quality and outcome data is outstripping HEEM's capacity to collate and distribute it. The Programme also expressed concern at evidence that the administrative resources allocated to Foundation Training in LEPs may be being used for other activity. The Foundation Schools are asked to manage this through the Quality Management process.

Notable Practice identified by the Programme:

- The 'Quality Management Structure' of the Programme has

led to improved outcomes. The relevant School is an integral part of the Quality Team's Trust visits to LEPs where trainees are well represented and information is triangulated with End of Placement and GMC Surveys

- Both Schools noted that Foundation TPD Meetings are inclusive and productive
- The new ARCPs that had been identified as a potential risk in the previous year, due to robust planning were delivered within the required timeframe
- The following quality improvement projects have been initiated:

- The 'BaSIS Course' has continued to be delivered and this has created a cascade effect of quality improvement elsewhere in the Programme.

- The LNR F2 Academic Leadership Projects have been a success and has focused on:

1. Acting on published results from patient tests
2. Reducing prescribing errors
3. Reducing puerperal sepsis
4. Clinical handover
5. Embedding ward round standards

- Supporting materials for trainees have been developed for the VLE in order to widen availability, improve access and consolidate standards.

Final Item:

The School's approach to Serious Untoward Incidents (SUIs)

The Foundation Schools were asked to describe the process it uses to address SUIs that their trainees have been involved in. The Schools stated that it has made it clear to LEPs that HEEM expects them to always identify when a trainee is involved in a SUI and then to always inform the Foundation Educator Faculty in the LEP.

The Board recognises that there are other opportunities for the Programme to identify SUIs that in some way involve a Foundation Trainee, for example direct notification to the ARCP Panel by the trainee by means of the Enhanced Form R and the LEPs reporting process to the Responsible Officer.

The QSB asks the Foundation Schools to provide a summary for the next QSB describing their experience around the identification of SUIs.

Concluding remarks:

The QSB congratulates the Foundation Schools on their achievements at a challenging time.

The QSB recognises that the Foundation Schools have responded to new Pathways of Care, the Collins Report and the requirement for improving communication (an area in which the Foundation Schools are an exemplar of good practice). It is also notable that the Foundation Schools identified the importance of enhancing the relationship with LEPs through the development of its relationship with the DMEs.

'The Foundation Schools noted that FP Trainees account for 27% of the HEEM trainee workforce. It also asked the QSB to note that this is not reflected in the Programme's proportion of HEEM's administrative resource for postgraduate training.'



School of Anaesthetics (North)

Date of Board sitting: 13th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr A Norris, Head of School (HoS), Dr R Kapila (Quality Lead), Mrs L Bentley (Educator and School Development) and Dr R Higgins (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging with the process.

The QSB would like to thank the School for the detail in the Annual Quality Assurance Assessment which members found informative. The dialogue between the School and the QSB was based on a series of questions raised by two panel members who had been selected to carry out a 'deep dive' into the Quality Assurance document provided by the School.

Recruitment:

The QSB were interested to hear that recruitment into the School was highly competitive. This had been achieved through the use of social media, advertising and engagement with medical students. In particular the Quality Lead was working closely with the Medical School to increase the profile of Anaesthesia as a career alternative. The HoS indicated that the trainees themselves were the Schools strongest asset in their improved recruitment. However, it was not clear whether the School had surveyed the trainees to discover why they chose (a) Anaesthesia (b) the School of Anaesthesia North. This information would be of interest for HEEM and for those Schools who struggle to recruit. The QSB were also interested to hear that the School spend time in considering what the positives are in the region to attract trainees. The QSB suggest that the School shares this model of recruitment with all Specialty Schools by the end of June 2014.

Specialty Exams:

The School acknowledged that when the competency based curriculum for Anaesthesia was introduced, there was a positive decision to alter the process by which candidates were prepared for the professional exams of the Royal College of Anaesthetists. Unfortunately the local success rates declined compared with the national average. The School has taken this on board and has revised the way candidates are prepared for the FRCA examinations which has resulted in an improvement in pass rates.

Trainees in Difficulty:

The School described a supportive process for those trainees

who are experiencing difficulty. In particular the School recognises trainees at an early stage and works with them to identify specific issues. The School understand that working with these trainees within the programme is their responsibility and that other help, for example, through Training Support Services (TSS) may be sought when specific issues are identified. The QSB recommend that this area of practice is shared with other Specialty Schools and an update of actions taken is requested by end of June 2014.

Annual Review of Competence Progression (ARCP):

The School reported that they have never had an appeal against a non-standard ARCP outcome. They are of the opinion that this is because trainees are identified early and supported throughout the academic year. This ensures that trainees have insight into the reasons for the ARCP outcome, that remediation has already been put in place and that robust documentation is available. The QSB ask that the School share this practice with all Specialty Schools and provide an update to QSB by the end of April 2014.

Clinical and Educational Supervisors:

The School described a programme of online Clinical Supervisor training. The QSB request the details of the programme are shared with all Specialty Schools and with those currently leading the local General Medical Council Recognition and Approval of Trainers project. The QSB were interested to hear about the plans regarding the quality of Education Supervisor reports and using this information to support Educational Supervisors in their accreditation with the GMC and with job planning in the Local Education Providers. The QSB ask that this project is shared more widely throughout HEEM and provide an update to QSB by the end of April 2014.

Relationship with the School of Anaesthesia South:

The HoS reported that there appears to be an increasing divergence within the East Midlands between the two Schools of Anaesthesia. This may present a challenge in merging the Schools. The QSB suggest that the two Schools develop a plan to share policies/processes/best practice prior to the merger to ensure a smooth transition to an East Midlands School of Anaesthesia and provide an update to QSB by the end of June 2014.

In summary, QSB would like to commend the School of Anaesthesia (North) for the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.

School of Anaesthetics (South)

Date of Board sitting: 27th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr J Greiff, Head of School (HoS), Dr B Ayorinde (Training Programme Director), Dr N Hickman (Training Programme Director), Ms S Turner (Quality Lead) Dr R Higgins (Quality Manager) and Mrs L Bentley (Educator and School Development) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process. The QSB would like to thank Dr Ayorinde for his informative presentation.

Royal College of Anaesthetists (RCoA) Exam results:

The QSB were pleased to see the progress that the School is making around the pass rate for the RCoA exam. This has been achieved through a change to the exam preparation teaching with alternate week bleep free teaching and a rolling curriculum. The QSB were interested to hear about the curriculum delivery days that complemented the didactic teaching. Positive results had been achieved by the new Consultant leads for teaching. It was particularly good to learn about the trainee led Short Answer Questions (SAQ) writer club and we commend this as best practice and request the School to share this with all the Specialty Schools.



The QSB would be interested to look at further work by the School on the exam results, particularly data relating to who is unsuccessful at the exams and whether there are groups who could be recognised at the outset of anaesthetic training and therefore be provided with more targeted help. The QSB

noted that trainees who undertake a placement at the Pilgrim Hospital, Boston have a high exam success rate. We would request that the School look at the teaching in Pilgrim Hospital to identify good practice that can be shared with other sites and provide a report to the QSB on this subject by the end of March 2014.

Induction:

The QSB wish to highlight the Induction into the School of Anaesthesia as good practice and ask that Health Education East Midlands support the merged School of Anaesthesia in ensuring this practice continues and that 100% attendance is attained.

ARCP:

The HoS reported that the ARCP process in January 2013 had not been effective administratively and these issues had been acknowledged by the School.

Through working closely with the HEEM Assessments team an effective and efficient process had taken place in the summer of 2013 to the satisfaction of assessors and trainees.

Serious Untoward Events (SUIs) and Near Misses:

The HoS reported that they were informed of SUIs and near misses by an informal process and whilst they believed that they were aware of all incidents that involved Anaesthetic Trainees, this may not be the case. Whilst SUIs were discussed at the Leicester Royal Infirmary Friday afternoon teaching, this was a trust specific, not a School event and there was no formal process by which all trainees could learn from and discuss SUIs.

The QSB suggest that the School considers using the VLE to develop a discussion forum for SUIs. The School requires support from HEEM to ensure that all SUIs are reported to the School faculty to ensure appropriate lessons are learnt and that individual trainees are supported.

Impact of rota gaps:

The HoS informed the Board that gaps in the rota and the need for service provision was having a negative impact on the training of trainees. In particular, trainees were frequently asked to carry out additional emergency duties with an adverse impact on their logbook competencies in specific areas of anaesthesia.

The QSB welcome the work the School has done with service providers to ensure that the impact on Core Training has been minimised by the employment of permanent anaesthetic staff to cover the gaps. The QSB ask that HEEM support the School in developing a solution for the Specialty trainees.

School of Anaesthetics (South)

Date of Board sitting: 27th November 2013

Report compiled by Chair of QSB: Dr B T Langham

Identity of the School:

The QSB understand that the Schools of Anaesthesia North and South will merge in 2014. It is important that the School of Anaesthesia South ensure that its educator faculty acknowledge that the merged School is the responsibility of all educators in every site that anaesthetic trainees are placed.

The QSB perceived that there appears to be a blurring of boundaries between the School and the largest Trust, and the School, as a result, may be missing out on the expertise of the peripheral hospitals. The QSB suggest that this is resolved before the Schools merge with support from HEEM and that going forward all departments in the new School believe themselves to be equal partners. We request an update by the end of February 2014.

Educational Supervisors:

The QSB recommend that the School work with the LEPs and HEEM to identify Educational Supervisors, to ensure that all records are correct from this point forward.

SimMan 3G:

The QSB were interested to hear about the purchase of SimMan 3G. We request that further information is provided to us by the end of February 2014 detailing where this is housed, what maintenance arrangements are in place, who has access to use it, what it is used for and the average usage per week.

In summary, QSB would like to commend the School of Anaesthetics South and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that HEEM support the School with these issues.

'The QSB noted that trainees who undertake a placement at the Pilgrim Hospital, Boston have a high exam success rate.'



School of Emergency Medicine

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

The Quality Scrutiny Board (QSB) would like to thank Dr Richard Wright, Head of School (HoS), Mrs Heidi Breed (Development Manager) and Mr Simon Mallinson (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging with the process. The QSB would like to thank Dr Richard Wright for the presentation.

A number of key points were identified by the School in its presentation and these are summarised below. The Annual Quality Assurance Assessment was clear and comprehensive: it addressed the concerns set out by QSB in last year's report.

The School has a strategic plan that addresses the concerns, ambitions and the identified restricted resources available to the School and to the Specialty in the East Midlands.

Key achievements

A number of key achievements arising from the proactive approach being taken by the joint team were identified under the same headings as follows:

- **HEEM:** Moving to August as a single 'entry point' into the Specialty. The development of three months Consultant Acting up programme available to and used by all final year StRs is effective.
- **LEPs:** Two formal CT appointments, Education Supervision proportionate to current post fill rates; Clinical Teacher Programme.
- **Trainees:** The provision of 66 training slots (curriculum based allocations).

'The Annual Quality Assurance Assessment was clear and comprehensive: it addressed the concerns set out by QSB in last year's report.'

Key risks

Some key risks were identified under the same headings as follows:

- **HEEM:** Total allocated resources is 5.5 PA which does not reflect the time commitment required from (and provided by) the School's Officers.
- **LEPs:** Clinical workload and resultant pressures on LEP educational faculty and trainees; insufficient consultant numbers and difficulties with job planning to support education; the LEPs' commitment to education as a requirement for the provision of safe patient care; Focused Examination Support has improved outcomes (passes), but the funding has finished. Dan Boden continues to provide critical appraisal training in his own time. Support for the Objective Structured Clinical Examination (OSCE) preparation is provided by Dan Becker using Curriculum Study Leave funding.
- **Trainees:** Fifteen 'continuation slots' into CT3 are required; three new entry points to HST are required (total nine additional Higher Specialty Trainee training slots). These are still to be identified and funded - a business case has been prepared by the School Board.

During its presentation, the QSB was presented with the 'Report on Evaluation of Initiatives in Emergency Medicine and Postgraduate Training'. This was funded by the East Midlands Strategic Health Authority and ran from January to March 2013.

Its principle recommendation was that "Emergency Medicine should continue to receive extra support from the HEEM, but that any future initiatives have clearer governance systems in place prior to their commencement".

School of Emergency Medicine

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

Items for Action:

The QSB was pleased to be able to discuss a number of items for action that were identified during discussion with the representatives of the School. They can be listed as follows:

- The ACCS programmes are now joined. However, the programme's integration into the newly formed single School remains unclear. The QSB wishes to receive an update of the efficacy of the Schools plans to remedy this uncertainty. The School are asked to send the plans to QSB and the Quality and Quality Manager by 31st March 2014.
- By August 2014, the School will need to have found the resources for 15 CT3 ACCS posts for Medicine/Anaesthetics/ ITU ACCS trainees following through from CT2 - a requirement of the conjoined single curriculum. An update on progress to the Chair of the Heads of Schools on a quarterly basis will assist HEEM with supporting the school, commencing from April 2014.
- The QSB agreed with the School's view that named clinical and educational supervision for clinical trainees is a complex topic. It would be helpful to HEEM to improve its understanding of what this means for this School and others in the East Midlands, principally because the impact of a reduced quality of this particular supervision is likely to impact on the training of other specialties and professions for which HEEM holds responsibility. The School informed the QSB that the under fill of Consultant and training posts makes it necessary for senior trainees to provide supervision for more junior trainees that should be provided by consultant grade EM doctors. In order to mitigate this concern, the QSB asks that the HoS specifically identifies the outcome of its interventions in its next Annual Report. The QSB suggests that the Head of School approaches the Chair of HoSs, to discuss how to identify and work with those Schools that may find their CT programmes affected by the reduced availability of Clinical Trainers in EM as the number of training posts is increased.
- The QSB recognised the concern the School has for the reported low morale of College Tutors in LEPs, particularly, should this affect the two most recently appointed College Tutors, the potential impact on training.
- The QSB recognised that at present, the School's detection for SUIs (Serious Untoward Incidents) involving EM trainees is dependent on the HoSs knowledge of those that are formally published through the standard reporting processes. The QSB congratulates the School on its processes for these reported SUIs and suggest that this is shared with other schools. The QSB recognises that there is not a current robust

system within LEPs to ensure that all SUIs are reported to the educator body and this has been highlighted to HEEM.



Concluding Remarks:

QSB would like to commend the School of Emergency Medicine and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School in doing so.

School of Histopathology

Date of Board sitting: 13th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Mr R Kunkler, Associate Postgraduate Dean and Acting Head of School, Ms K Rainford (Educator and School Development), Mrs K Tollman and Ms K Neale (Quality Managers) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process. The QSB would like to thank Mr Kunkler for his very informative presentation.

School of Histopathology:

In the previous report the QSB had felt that the School Histopathology was not sustainable in the current form. The Board were pleased to hear that plans are now in place to develop a School of Pathology incorporating Histopathology, Microbiology, Virology, and Chemical Pathology. The Board were informed that an advertisement for the Head of School of Pathology was due to be placed in the near future. QSB request a report by the end of June 2014 on progress.

Educator roles in the School:

The School remain concerned that there is limited interest amongst the consultant body to step forward and take up an educator role; there are two Training Programme Directors (TPDs) in Histopathology, one having been in post for nine years. QSB request a report by the end of June 2014 as to how the School are going to address these issues and what support they would like from HEEM.

Transfer of Information:

The School report that they have had a number of trainees in the past who have experienced difficulty in their training. Trainees have required a lot of educator input and this may be the reason that Consultants are now not keen to come forward to take up Educator roles. The School would welcome support from HEEM in ensuring progress on the project that the GMC are currently undertaking regarding transfer of information between foundation training and specialty training. QSB request that the Schools of Foundation and Histopathology work together to understand transfer of information re trainees in difficulty and report on progress by September 2014

Specialty Exams:

The QSB noted that the exam pass rate was only 25 per cent. This is acknowledged by the School; the QSB were informed by

Mr Kunkler that this is normal for the Specialty. It is recognised by the School that the issue in this exam relates to the cytology component. The School confirmed that they are concentrating their exam teaching on cytology and are signposting trainees to relevant courses. The School are attempting to gather appropriate cytology slide sets to share with trainees but do not currently use the virtual learning environment (VLE) as there is no one with either the time or the expertise to develop this. The QSB are of the opinion that this will be an ideal blended learning tool for the School of Histopathology to use, particularly to host cytology slide sets. QSB request a report on progress by the end of June 2014

Academic Clinical Lecturer:

The School reported that there is now an Academic Clinical Lecturer in Histopathology and the QSB would suggest that this person could, as part of their remit, facilitate the development of the VLE for the School of Histopathology. QSB request a report on progress by the end June 2014.

Bullying and Harassment:

A programme review in 2012 had indicated a concern with bullying and harassment in the Specialty. The HoS has worked with the Quality and Regulation Team to identify the grade of personnel responsible for the bullying and harassment and will use this information to support the School to eliminate the issue.

It was reported to the QSB that bullying and harassment appears to be endemic within the culture in Histopathology, and appears to be carried out by both consultant staff and technicians. The QSB are aware of work that had been carried out by the School of Obstetrics and Gynaecology (North) and suggest that best practice is shared between the two Schools. QSB request a report on progress by the end of 2014.

Service reconfiguration:

The MPath project may significantly affect the training programme within Histopathology and the QSB ask that HEEM support the new School in ensuring that they are involved in discussions regarding service reconfiguration. This will enable the School to proactively respond to service change to ensure that the training they provide delivers the approved curriculum. QSB request that any concerns are reported to HEEM by the end of June 2014.

In summary, QSB would like to commend the School of Histopathology for the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.

Schools of Medicine (North and South)

Date of Board sitting: 13th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr J Barrett, Head of School South (HoS), Dr J Corne, Head of School (North), Dr R Green (Quality Lead South), Mr G O'Reilly (Educator and School Development), Mrs J Guild (Head of Quality and Regulation) and Dr R Higgins (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process. The QSB would like to thank Dr Barrett and Dr Corne for the joint presentation.

Educational Quality Framework:

The QSB were interested to hear about the Educational Quality Framework that is being developed and piloted in the School of Medicine (South). The QSB ask that they have an update on this project at the end of April 2014 which covers the following area:

- Effectiveness

- Sustainability

- Plans for roll out throughout medicine in the East Midlands

Patient Safety Course and Simulation Training:

The patient safety training initiative was considered by the Board to be good practice and we would like more information on this. In particular the group wish to understand how the outcomes are measured and how successful the multidisciplinary element has been in practice.

Health Education East Midlands (HEEM) are keen that patient safety initiatives include all healthcare professionals, to ensure that the culture throughout our organisations recognises the part all individuals play in delivering quality improvement. We would also be interested in the plans that the Schools of Medicine have to make this training sustainable within current resources available to the organisation.

Serious Untoward Incidents:

Both Schools reported difficulties in being notified about Serious Untoward Incidents (SUIs). There is currently no robust system to ensure that Educational Supervisors,

Training Programme Directors and Heads of School are notified of SUIs involving trainees.

The consequence of this is that it is difficult for the trainees to be properly supported and for remediation to occur. The QSB are concerned that inappropriate ARCP outcome (satisfactory progress) may be awarded to a trainee as the training programme is unaware of concerns involving patient safety.

Trainees have, and continue to be suspended by the employing Trust without any member of the Educational Faculty being informed. The Schools require support from HEEM to work with the Local Education Providers in developing a robust system. This work should be across all Specialty Schools including General Practice and Foundation.

'Trainees have, and continue to be suspended by the employing Trust without any member of the Educational Faculty being informed.'

Recruitment:

The QSB were interested to hear that recruitment into the Schools had been more successful in the past year with a 100% fill rate, excluding Healthcare of the Elderly.

We would be interested to hear how this has been achieved and how the Schools can share this practice with other Specialty Schools. We would also suggest that the Schools work with HEEM to 'sell what we have'.

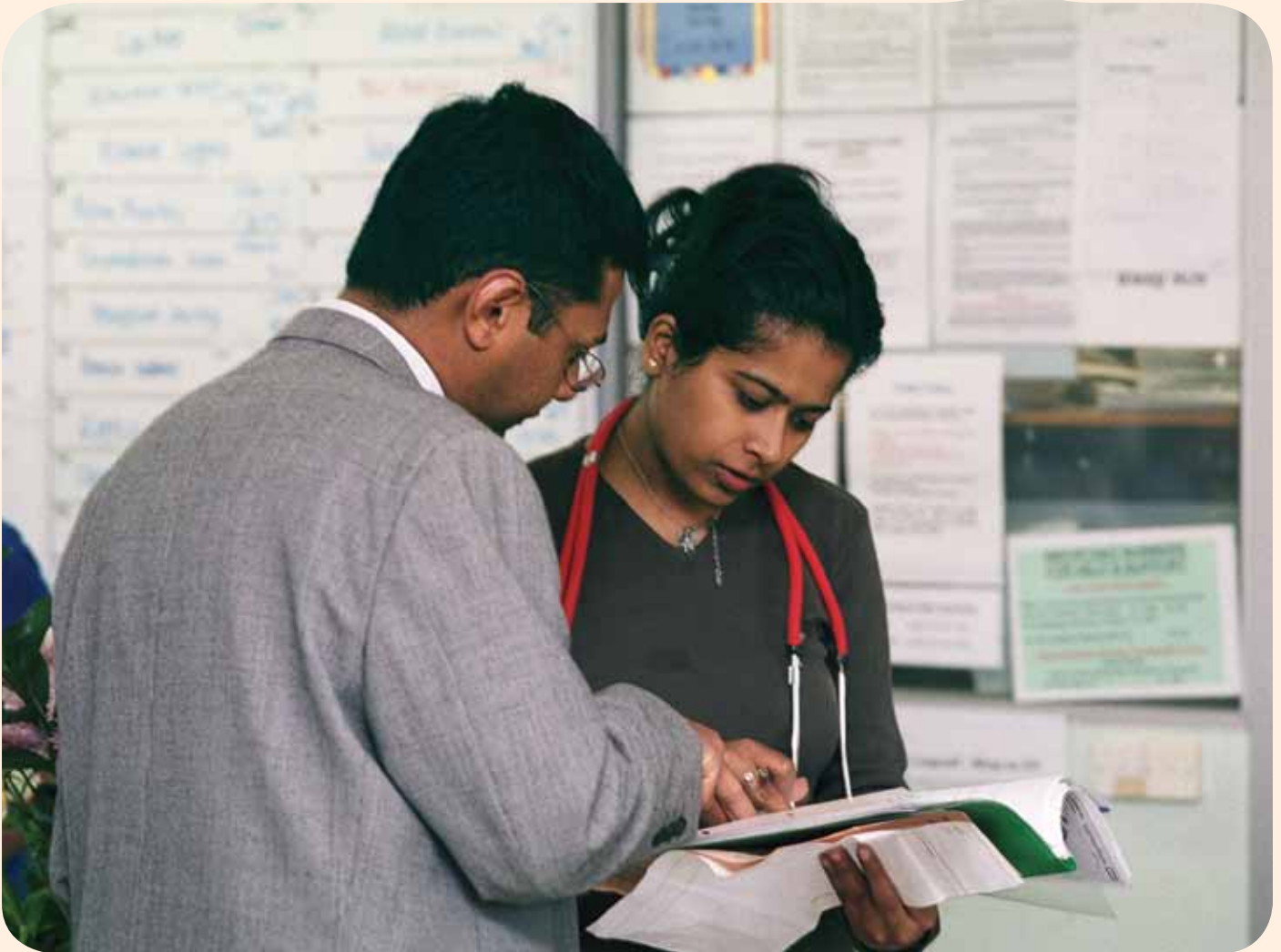
Exit Survey:

The QSB suggest that the Schools exit survey at the point of Certificate of Completion of Training is best practice and wish this to be shared across all Specialty Schools. This will enable HEEM to hold data that details success in training.

GMC Annual Trainee Survey:

The Head of School (South) queried the usefulness of the GMC survey data in small specialties. It was reported that data was not available for sites with less than three trainees and that aggregate data for the School, across all LEPs was not available.

The Quality Team have confirmed that aggregate data is available and we ask that the Quality Leads for the Schools work with the Quality Team to access and interrogate the data.



Academic Training:

The QSB were interested to hear about the large number of academic trainees within the School of Medicine (South) and the variety of academic programmes available. The QSB would like the School to consider the following:

- What is the return on investment to the patient?
- What evidence is there that the academic trainees remain in the region once their training is completed?
- How are the needs of the non-academic trainees balanced against those of the academic trainees?
- How is the academic programme supported throughout the LEPS?

The QSB ask that the School of Medicine (South) provide clarification on the above points by the end of March 2014.

In summary, QSB would like to commend the Schools of Medicine and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.

'The Schools require support from HEEM to work with the Local Education Providers in developing a robust system.'

School of Obstetrics and Gynaecology (North)

Date of Board sitting: 30th October 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Miss S Ward (Head of School), Miss D Mathew (Quality Lead), Mr G O'Reilly, (Education and School Development Manager) and Mr Simon Mallinson (Quality Manager), for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process.

National Meeting:

The Quality Scrutiny Board would like to congratulate the School on the annual SPROGs meeting. This national meeting has been arranged by local trainees with the support of the School and the programme looks to be both interesting and exciting.

Simulation Training:

The QSB were also interested in hearing about the M.O.S.T simulation project and would like to know how the School could be supported in making this a sustainable educational tool and how this practice could be shared effectively with other Specialty Schools.

In particular the multi-professional nature of the training was highlighted as a model to take forward within Health Education East Midlands.

Innovation:

The School has proactively worked with trainees in dealing with inappropriate use of social media and an effective presentation on the subject is being developed by trainees and delivered at their annual general meeting. This has been developed and led by the trainees that were using social inappropriately.

The QSB would like the School to work with HEEM to develop a module for the Virtual Learning Environment on this subject, as we recognise that this problem goes across all levels of medical and non-medical healthcare professionals. The QSB request that a plan, regarding this topic, is shared with the Quality and Regulation department by the end of March 2014.

Equal Opportunities:

The QSB would like to learn more about allocation to programme. We would be interested to understand how this is transparent and fair to all trainees and Local Education Providers.

The Board heard about the scoring system and that top scorers were given a preferential choice and we require more clarity as to how this supports trainees with differing educational needs.

Less than Full time training:

The School are proactive in the way that they deal with less than full time training, and the QSB ask that the School share this best practice with all Specialty Schools, but in particular, other craft specialty for example, the School of Surgery.

Shortage of Ultrasonographers:

Ultrasonography competencies are a requirement of completion of ST3 training. The School has encountered an increasing problem with accessing this training with a potential risk to awarding ARCP outcome 1 at the end of ST3.

The School report that there is a shortage of ultrasonographers and that they are currently using the majority of the study leave budget available to the School to buy ultrasonographer time from the Local Education Providers. The School require support from HEEM to ensure that this information is available when the workforce plan is developed.

Educational Supervision:

The School reported progress on Educational Supervisor training, in particular ensuring that all Educational Supervisors understand the 2013 curriculum. The School are working towards ensuring that all Educational Supervisors are appropriately trained and competent in their role.

Bullying and Harassment:

The School continues to work on the problem of bullying and harassment. A particular challenge is how to support trainers who are accused of bullying and harassment when they raise difficult issues with trainees, for example that they have not reached the required level of competence.

The School requires help from the Postgraduate Medical team to ensure that trainers are appropriately supported. The QSB suggest that HEEM look at this issue across all Specialty Schools and develop a support network for trainers who find themselves in this position.

In summary, QSB would like to commend the School of Obstetrics and Gynaecology North and the work they have undertaken in supporting and delivering education to their trainees. The QSB request clarification on the issues highlighted and will ask that HEEM support the School with these issues.

Post Meeting Note:

The Head of School has provided further clarification as to the selection process for rotational posts.

School of Obstetrics and Gynaecology (South)

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

The Quality Scrutiny Board (QSB) would like to thank Mr Clive Aldrich who is the unified single School Quality Lead, Mr Gerard O'Reilly (Development Manager) and Mr Simon Mallinson (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process. The QSB would like to thank Mr Clive Aldrich for the presentation.

The School in its presentation identified a number of key points and these are summarised below. The Annual Quality Assurance Assessment was clear and welcomed: as with the School's presentation, it addressed the concerns set out by the QSB in last year's report.

Items identified for action in the 2012 School Report

List of Educational Supervisors:

The list of Educational Supervisors is held both locally and centrally. The new joint School has developed a strategy for further training of Educational Supervisors. Both Schools have had courses and in future they will be combined.

End of Placement Survey in South:

A new questionnaire has been used, but replies from 'Leavers' have unfortunately been poor. 'TEF Forms' (Trainee Evaluation Form) will be used in 2014 prior to the Summer ARCPs and an assessment will be made of their utility.

ARCPs:

A plan to standardise the process is complete and includes benchmarking standards against best practice in Health Education East Midlands (HEEM). The first round of combined ARCPs will be delivered in January 2014.

Regional Teaching:

For this academic year has been incorporated into the National Training Day for all Schools in the UK which this year is being delivered in the East Midlands for UK LETBs by the HEEM (Health Education East Midlands) School. The School recognises that for 2015, a substantive plan addressing the coming years must be developed in 2014.

Service Reconfiguration:

This has been particularly a problem in Leicestershire. Individual 'Job Plans' are being written for trainees to address this concern. Trainees continue to identify travel across long distances in the East Midlands as an issue when placements are assessed.

LATs:

The School remains EWTD compliant, despite the loss of LAT grade trainees. Trust Grade and Research Fellows are being put in place by Trusts because they are under pressure to comply, including intense financial pressure. Matters have eased partly as a result of some Consultant appointments.

Recognition of Trainees in Difficulty:

There is good support for all the varieties of difficulty, including the appointment of locums when necessary.

Key areas of recent and current activity:

The School presented information describing recent and current activity. Items for action by the School over the next 12 months are set out under each heading.

- The School is keen to ensure that posts remain EWTD compliant whilst providing appropriate training. The School would support the movement of posts and, if necessary, trainees in order to maintain the optimum training environment.
- The School has undertaken excellent and courageous work to address reports of undermining behaviour that has impacted in a variety of ways on trainees and trainers. The QSB Board welcomed the open and generous approach the School has to disseminating the generic knowledge and skills it has developed over recent months. This would include information that would inform HEEM's knowledge of the detail of the interactions that there are in the workplace between professional and other staff groups.

'Trust Grade and Research Fellows are being put in place by Trusts because they are under pressure to comply, including intense financial pressure.'

School of Obstetrics and Gynaecology (South)

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

The School described three strands to a successful approach to this matter to the QSB Board:

1. Disseminating the results of discussions is a key component for resolution.
2. Taking time to accurately describe alleged behaviours with clarity and taking time to describe environments that can encourage these behaviours. Recognising all those involved, for example, other professions as well as senior trainees intimidating more junior trainees.
3. Empowering trainees to describe to their colleagues how they feel during uncomfortable interactions.

The QSB recommends that the School uses the Heads of School Forum to disseminate this work.

- The School continues to accommodate less than full time (LTFT) trainees in an innovative fashion. The QSB would suggest that this work is shared with other Heads of Schools through the Heads of School forum.
- Engagement with ARCP Outcomes. A robust system of assessment, appraisal and reminder paperwork is improving the performance of the trainees and the performance of the trainers in the ARCP process. The School has a project to send Consultants to sit with the Curriculum Team at the RCO&G, which will inform the School. Taken together with a single ARCP process and the unification of the School, the QSB feels this is an important initiative for the newly combined School. The QSB therefore asks the School to bring a report on the successes and challenges of combining the ARCP process to the 2014 QSB.
- An effective teaching programme is being fostered through increased organisation for central and for peripheral teaching - the latter is increasing. This has included prospective liaison with each Trust Directorate to assist with the release of trainees to arrive at training opportunities in a timely fashion. The School reported that it will be investigating whether or not using other days of the week as an alternative to traditionally using only Fridays is both feasible as well as likely to improve attendance rates. The Board heard that video conferencing with trainees is being developed and information on the effectiveness of this would be of use to all schools through the Heads of Schools forum.

Concluding remarks:

The QSB congratulates the School on its achievements at a challenging time in its development. Of the requests made of the School in this Report, the most important is the dissemination of the School's knowledge and skills in the management of challenging behaviour.



'Taken together with a single ARCP process and the unification of the School, the QSB feels this is an important initiative for the newly combined School.'

Schools of Paediatrics (North and South)

Date of Board sitting: 13th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr C Smith, Head of School (HoS), Dr H Bilolikar (Quality Lead South), and Dr R Higgins (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process.

The QSB would like to thank Dr Smith for his informative presentation. The QSB members welcomed the submission of a joint Assurance document; this aided direct comparison of the two Schools, and was informative.

Areas highlighted by the Schools as Good Practice:

The QSB were interested to learn about the areas that have been highlighted as good practice. In particular they would like to commend the middle grade preparation course, which was described as a course for ST3 trainees about to become middle grade doctors. The QSB believe that this practice should be shared with other Heads of School and adapted for use in other specialties.

It is evident to the QSB that the Schools of Paediatric have considered carefully how to use their top sliced monies to ensure benefit to the trainees and patients, whilst obtaining value for money. The Schools described how other Healthcare Professionals are involved in training; however they acknowledged that the Healthcare professionals may not be conversant with the curriculum. The QSB would suggest that the School take action on this point and request an action plan by the end of March 2014.

Recruitment:

It is recognised by the Schools that recruitment to the Specialty remains a challenge. The competition ratio is 1.5:1 in the North School and 0.5:1 in the South School. The QSB also noted the difference in demographics between the North and South School with 80 per cent of trainees in the North being female, which mirror the demographics of paediatric trainees nationally. The South School had a 50:50 split of male to female trainees. It was also noted that whilst the North School reported one trainee leaving the programme in 2012/13 before completing training, the South School reported 13 trainees leaving their programme before completing training.

The programme is an eight year run through programme, with a requirement to successfully complete the MRCPCH exam before a trainee can move from ST3 to ST4. The data presented

by the Schools indicated a difference in the pass rates of the Royal College exams between the two Schools, with the higher pass rate in the North than the South. The QSB recommend that the Schools review the differences in recruitment, leaving the programme before completion of training and differential pass rates as a matter of urgency and provide an interim report to the QSB by the end of March 2014.

Educator vacancies:

It was noted that there are College Tutor vacancies at the University Hospital Leicester sites. The QSB ask that the Schools look urgently at educator recruitment in the South and consider whether this has impacted on recruitment, exam pass rate and trainees leaving the programme before completion.



Occupational Health Report:

The School has suggested that the LETB designate a lead service for Occupational Health and that it works with each School to provide an annual report containing data on sickness profiles (e.g. the number of trainees referred, nature of referral etc.). These reports can then be compared across Schools and we can develop intelligence about both the individuals in each Specialty and the burden of the Specialty.

Schools of Paediatrics (North and South)

Date of Board sitting: 13th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Trainee's voice:

It is apparent to the QSB that the trainee's voice is well represented within two Schools. The QSB ask that the Schools prepare a plan to ensure that the trainee's voice continues to be represented during the School's merger and once you are one School for the East Midlands.

Workforce planning:

As previously noted, Paediatrics does not appear to currently be a popular choice of Speciality and paediatric consultant posts in acute hospital do not appear attractive choices either. The School would welcome support from HEEM to aid paediatric workforce planning, and to target improvement in job planning. The School, during their presentation, provided aggregate data on the GMC trainee's survey results which indicated that the East Midlands was in the top 25 per cent of Schools of Paediatrics for satisfaction with paediatric training. The QSB ask that the Schools work with HEEM to develop data that demonstrates quality of training within the East Midlands

and which may be used as a lever for rebasing of per capita funding.

Liaison with the General Practice Academies:

The 2012 QSB report it was noted that the Specialty of Paediatrics hosted a significant number of general practice trainees. This appears to cause a number of problems to the Specialty of paediatrics. It was recommended by the board that the Schools of Paediatrics and the Academies of General Practice work together to gain a mutual understanding of the needs and concerns of each other. The QSB ask that this work needs to be carried out urgently to ensure a benefit for both trainee and patient.

In summary, QSB would like to commend the Schools of Paediatrics and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.



Schools of Psychiatry (Joint)

Date of Board sitting: 27th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr S Elcock, Head of School (HoS), Dr Mohammed Abbas (Quality Lead South), Dr Adwaita Ghosh (Quality Lead North), Dr R Higgins (Quality Manager) and Mrs L Bentley (Educator and School Development) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process.

The QSB would like to thank Dr Elcock for her excellent presentation and the team for the detail they provided in answer to the questions from the Board.

Leadership:

The QSB would like to commend the school on their leadership and the proactive way in which meetings are undertaken with all the Directors of Medical Education and Medical Directors in the Mental Health Trusts that host the Schools trainees.

The QSB recognise that the School is in a unique position in that their training sites only host psychiatry trainees, and that the School has taken full advantage of this.

Work with the third sector:

The School has worked successfully with a large third sector provider of psychiatric services to develop training (Darzi) posts. These have involved trainees spending a two year period equally split between the third sector and the NHS. The QSB suggest the School shares this practice with all Specialty Schools. We request an update by the end of March 2014

'The QSB were interested to hear about the process of sharing good practice and how this is being rolled out across the East Midlands. In particular we were interested in hearing about the e-portfolio prize and the themed annual prize giving.'

Psychotherapy competencies:

The QSB commend the work that the School has carried out to ensure that all trainees can gain their psychotherapy competencies. The HoS explained to the QSB that having recognised the issue, they completed a scoping exercise, developed standards and worked with the LEPs to deliver the solution.

Serious Untoward Incidents (SUIs):

The School acknowledge that this remains an area of practice that continues to challenge them. At present the definition of SUIs does not easily translate into psychiatry practice.

A definition for SUIs in psychiatry is urgently required. Following this piece of work, the School would welcome support from HEEM to ensure that SUIs are appropriately filtered and reported to them. The QSB recommend that the School considers how they could share learning from SUIs.

Sharing Good Practice:

The QSB were interested to hear about the process of sharing good practice and how this is being rolled out across the East Midlands. In particular we were interested in hearing about the e-portfolio prize and the themed annual prize giving.

The QSB would also commend the proactivity around the national trainee survey as evidence of good practice and the Summer School in conjunction with the East of England and St Andrews. We recommend that the School shares all of these activities with the other Specialty Schools. We request an update by the end of March 2014.

Access to Mandatory training:

The QSB were informed by the HoS that attendance at Regional/Specialty teaching was perceived as difficult by some trainees in 2012 as evidenced by the end of placement survey.

The Board were concerned to hear that the reasons for this had not as yet been elicited and that the intention was to alter the question in next years' survey to drill down on this topic. The QSB recommend that the School carry out an urgent review of attendance at teaching and work with the LEPs to ensure that all trainees are able to attend. We request an update by the end of March 2014

In summary, QSB would like to commend the School of Psychiatry (joint) and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.

School of Public Health

Date of Board sitting: 4th December 2013

Report compiled by Dr Charles Cooper, Associate Postgraduate Dean

The Quality Scrutiny Board (QSB) would like to thank Mrs Maureen Whittaker (School Quality Lead), Mrs Lynette Bentley (Development Manager) and Dr Richard Higgins (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process. The QSB would like to thank Mrs Maureen Whittaker for the presentation.

A number of key points were identified by the School in its presentation and these are summarised below. The Annual Quality Assurance Assessment was clear and welcomed: as with the Schools presentation, it addressed the concerns set out by the QSB in last year's report.

The QSB would like to congratulate the School on the following achievements:

The items from last year's QSB have been addressed as follows:

The Virtual Learning Environment policy project is complete and a statistics module is ready for launch on the VLE. A facilitated "peer to peer" process is delivering innovative trainee support.

- A Task and Finish group is considering alternative approaches to gaining the curriculum competencies that are currently delivered by the Masters in Public Health (MPH).
- The School is implementing a number of standard quality measures that help describe the success of the School. Examples are exam and ARCP outcomes, the themes arising from rotation and exit questionnaires the StR Survey. To date, there has been a demonstrable increase in satisfaction with Educational Supervision, academic standards and feedback about the quality of Human Resources services. The School is currently looking at the ARCP process following trainee feedback.
- HEEM continues to attract national support to lead Public Health recruitment for the UK and will itself be including six posts for an August 2014 start.
- PHORCaST, the Public Health Online Resource for Careers,

Skills and Training (www.phorcast.co.uk), continues to be led by the School on behalf of HEEM for the UK. The QSB wishes to commend this resource.

The QSB wishes to commend the School for identifying the following challenges.

- The Head of School has had long-term sick leave. The QSB recognises that a significant proportion of the demands of running a successful School are independent of the number of trainees (School of Public Health is small): this creates a fixed overhead that is not easy to meet in a smaller School, even when all its Officers are available. The QSB wishes to recognise the commitment of all those involved in ensuring a safe and effective environment for trainees, patients and the public.
- The majority of PH training is now delivered in local authorities where an understanding of the requirements of the delivery of safe and effective public health training is still developing. The School believes there are as many new opportunities for training outside of the traditional setting. The QSB agreed that local implementation of the National Curriculum Review is a central component of success. The School should be aware of the avenues of support that they can access within HEEM.
- Capacity for training. The specialist workforce, in particular the medical workforce, has been reduced due to the change in public health provision in the UK. The QSB Board would encourage the School to share the generic lessons arising from its successes in dealing with significant organisational change and its developing skills-base in this arena with HEEM's other Schools: this would be best achieved through discussion with the HEEM's Chair of Schools.

'The QSB finds itself reluctantly needing to draw attention to potential structural concerns in the School at such a difficult time.'

The QSB supported the presentation of a number of 'Items for Action'

- The Programmes Team is about to implement the new arrangement for GMC Training Placements. The School reassured the Board that the Programmes Team is aware of the current posts and who is in them. The School to feedback any concerns about this process to the Manager of the Programme and Recruitment Team.

- The QSB was informed that the Training Network Co-ordinator role could be further developed. We will be interested to hear how this could be developed and how other management training roles could be developed. Update required to the Chair of Schools by July 2014.
- The School reported that the impact of the “Deanery of Choice” continues to hamper delivery of the School’s objectives.
- The School’s innovative work developing modules to deliver that part of the curriculum that is both mandatory and a subsection of the traditional MPH must now be completed in a timely manner. The School is asked to ensure that HEEM is

kept informed of progress with this project. The QSB agrees with the School is that the outcome of this work is the delivery of a complete and cost-effective training programme for new starters in August 2014.

Concluding Remarks:

The QSB congratulates the School on its achievements at a challenging time in its development due to national changes in the provision of public health. Despite an unavoidably reduced leadership capacity, key items for development over the last 12 months been addressed and a number of exciting opportunities are in development.



School of Radiology

Date of Board sitting: 27th November 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr A Rajesh, Head of School (HoS), Dr F Dickenson (Training Programme Director) Dr R O'Neill (Training Programme Director) Mrs K Tollman (Quality Manager) and Mrs S Ackermann (Educator and School Development) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process.

GMC survey:

The QSB were interested to hear how the School of Radiology had interrogated the GMC survey and drilled down to understand their 'red flag areas'. The School have been proactive in addressing the issues raised by the survey. The QSB recommend that the School share this work with all Specialty Schools to enable this practice to be undertaken by others.

Single School working:

The QSB request further clarification from the School on how they effectively work together across the East Midlands, in particular how they have overcome the perceived divide between the North and the South and how they have amalgamated all their processes and policies to ensure equity of training opportunities across the patch. The Board believe that this clarification will support other Schools during the coming mergers. We request an update by the end of February 2014.

'The School reports significant levels of bullying and intimidation from management to the trainee body. The QSB recommend that the School gather robust data on this topic and that HEEM support the School in dealing with this problem in the LEPs.'

Feedback and identifying trainees in difficulty:

The Training Programme Directors informed the Board that the training programmes in the north and south of the region are

relatively small and compact with the majority of trainees being based at either Nottingham University Hospitals or University Hospitals Leicester.

This means that trainers know all the trainees and issues are identified and fed back to the TPDs. Whilst this system is working well in Radiology the QSB recommend that the School looks urgently at how to formalise this process, as the current informal process does put individual trainers in the School at risk. We request an update by the end of March 2014.

Bullying and Intimidation:

The GMC National Trainee survey highlighted that the trainees were experiencing bullying and intimidation. The School were able to identify specific isolated incidents which have been dealt with. However, the School have highlighted a major problem with the interaction between management and trainees out of hours.

The School reports significant levels of bullying and intimidation from management to the trainee body. The QSB recommend that the School gather robust data on this topic and that HEEM support the School in dealing with this problem in the LEPs.

Recognition of Radiologists as Experts:

The School reported that as a group they are perceived as technicians rather than experts in their field who have the knowledge to provide advice and achieve the best for patients. This results in difficult relations between the Radiologists and other medical professionals. The School would welcome support from the other Specialty Schools and HEEM to ensure that perceptions are altered.

Any Qualified Provider (AQP):

The Head of School reported increasing problems with providing training material for those trainees at the start of their Specialty training. The increasing use of AQP has resulted in routine work which was ideal for this group of trainees being transferred out of training sites. The School of Radiology has reported that training is not part of the commissioning of these services and training opportunities are lost. The School of Radiology require support from HEEM to ensure that AQPs are commissioned to provide training.

In summary, QSB would like to commend the School of Radiology and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.

School of Surgery (North)

Date of Board sitting: 27th November 2013

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), Mr K Rigg (Quality Lead) for completing the Annual Quality Assurance Assessment, attending the Board meeting and engaging fully with the process.

Star Ratings:

The School are currently piloting a star rating system of placements. The QSB recognise that this could be an example of good practice, in particular being a transparent means of identifying quality placements. The QSB ask that the School of Surgery clarify this process to the Board; consider how they can provide this data to the Foundation Schools Academies of General Practice; and use the data to inform the new quality management visiting process (end of March 2014).

School Merger:

The QSB recognise that the School is positive about the merger of North and South. Whilst the School acknowledges a number of challenges, they are of the opinion that it will give the educator faculty a greater opportunity to tailor training to the trainees needs.

Major Trauma Centre:

The development of the Major Trauma Centre at the Queens Medical Centre site in Nottingham continues to challenge the School of Surgery. The HoS reports an imbalance between emergency and elective surgery with a negative impact on trainee logbook experience.

The School are working with the Local Education Provider to resolve this issue, but acknowledge that, with the reduction in National Trainee Numbers, they are looking at the quality of training at all sites and will move trainees from unsatisfactory training locations.

Bullying and Harassment:

The HoS reported incidents of bullying and harassment that had proved difficult to resolve. The QSB ask that the School provide them with more information on this problem and clarify how Health Education East Midlands may support the School in dealing with this. We request an update by the end of February 2014.

Recognising trainees in Difficulty:

The QSB had noted from the Annual Quality Assurance Document that the School of Surgery appeared to recognise trainees in difficulty at a late stage in their career (ST6-7).

The HoS acknowledged that this was the case and that this related to the difficulties identified. The problem that trainees experience usually relates to multi-tasking and multi prioritising.

The School are of the opinion that identification could be helped by a better Form R, closer communication with LEPs and improved career pathways and counselling. The QSB would be interested in understanding the Schools vision to achieve this - We request an update by the end February 2014.

Educational Supervisor:

The School report continuing difficulty with Educational Supervision. This is a problem in those LEPs who do not remunerate educational supervisors for this role beyond a standard PA allowance that all Consultants in the Trust receive. The QSB ask that HEEM support all Schools in ensuring that LEPs recognise the important role that Educational Supervisors carry out in the education of trainees.

'The development of the Major Trauma Centre at the Queens Medical Centre site in Nottingham continues to challenge the School of Surgery.'

Website and VLE:

The QSB noted that the School do not use the website and VLE effectively. The School gave an example of the 'N bone' and 'School of Surgery' websites that have been developed in isolation to the HEEM website and VLE. The QSB suggest that good practice models in other Schools need to be looked at and that the School must be the driver to establish their section of the website and VLE. As a minimum the current N bone and School of Surgery sites could be hyperlinked from the VLE.

The School in HEEM:

The School of Surgery is an integral part of HEEM as are all the Specialty Schools and the QSB recommends that they work with the other Schools and the teams within HEEM to resolve a number of issues that they have highlighted.

In summary, QSB would like to commend the School of Surgery (North) and the work they have undertaken in supporting and delivering education to their trainees. The QSB requests action on the issues highlighted and will ask that the HEEM support the School with these issues.

School of Surgery (South)

Date of Board sitting: 30th October 2013

Report compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board would like to thank Mr M. McCarthy, Head of School (HoS) and Miss A Kerr, (Quality Lead) for attending the Board meeting and engaging fully with the process

The report from the previous year had highlighted a number of areas of concern, these are listed below:

- Quality Lead vacancy
- Engagement of Training Programme Directors (TPDs) in the business of the School
- Educational supervision training
- Virtual learning environment and the website
- Simulation training strategy
- Recognition of trainees in difficulty
- Credit based scoring system for placement choices



Quality Lead:

The Quality Scrutiny Board were pleased to note that the Quality Lead vacancy had been filled by Miss Kerr and that it was reported that all Training Programme Directors were now fully engaged with the business of the School. The School also reported increased utilisation of the virtual learning environment and cited Trauma and Orthopaedic as being proactive in the use of this learning tool.

Equal Opportunities:

The Quality Scrutiny Board was interested to hear that the credit based scoring system was now only used by Trauma and Orthopaedics.

The Board would like further clarity on the use of this system. In particular, we would like to know how those trainees who may have differing educational need are allocated to posts that provide them with appropriate support. We are also interested in how the School ensure that all Local Education Providers are allocated trainees in a transparent process.

Simulation Training:

The use of simulation training was raised by the School. The Quality Scrutiny Board were unclear as to whether any progress had been made in the past year on a simulation strategy and ask that the new School formed from the joining of the Schools of Surgery North and South develop a simulation strategy over the coming year.

Clinical Supervision:

The quality of clinical supervision was raised by the Head of School who expressed concerns about its effectiveness on two sites. The Quality Scrutiny Board would like the new School of Surgery to consider how they can feed this type of information back to the Quality and Regulation department as part of the newly developed quality improvement framework and the quality management of visits process.

Trainees in Difficulty:

The Quality Scrutiny Board heard about an informal process for recognising trainees in difficulty. We were not assured that the process happened in a consistent, robust, reliable and timely fashion.

We recommend that the School seek out good practice from other Specialty Schools, in particular, the School of Obstetrics and Gynaecology North or the Academies of General Practice. The QSB recognise and acknowledge the difficulties the School has experienced in their communication with the Trainee Support Service and of them perceiving that they are outside of the 'circle the trust'.

Serious Untoward Incidents (SUIs):

The School in their Annual Quality Assurance Assessment provided details of a number of serious untoward incidents. The Quality Scrutiny Board wish to know how these incidents are proactively being used as an educational tool and what feedback mechanisms are in place to ensure that trainees have learnt from the incidents. The Quality Scrutiny Board request that they receive feedback on progress by the end of March 2014.

In summary, QSB would like to commend the School of Surgery South for all the work that they have undertaken in resolving a number of issues highlighted in the previous report. The QSB request clarification on issues highlighted and will ask that HEEM support the School with a number of these issues.



Post Report Note

Clarification received from School

Equal Opportunities

Clarification was about the Trauma and Orthopaedic (T&O) credit scoring system, the response from Bhaskar Bhowal (T+O TPD) is: 'Equal opportunities – the credits system is a fair and transparent process fully endorsed by our STC which has members from all LEP. I thought that Core Training was using it as well? The system has now been adopted by T&O in the Northern deanery as well. Trainees who have specific educational needs are removed from this system and placed in posts that they need.'

This is a very open and transparent process that has support of all the T+O trainers in the South, one of the potential issues for the future is what happens to this process with the School merger. This is going to be discussed between myself, Jon Lund and the two TPD's in T+O.

Trainees in difficulty

All trainees use their clinical, educational supervisors and TPD's for support when they are having problems, in conjunction with TSS. We will liaise with Sue Ward with regards to how the School of Obstetrics and Gynaecology deal with this issue.

SUI's

We are awaiting a response from the LETB for clarification and further information on the SUI's listed. All SUI's within surgery involving trainees, are discussed at local Mortality and Morbidity meetings. If there are specific issues regarding the performance of individual trainees then the specific Educational Supervisor and the TPD are notified.

'All trainees use their clinical, educational supervisors and TPD's for support when they are having problems in conjunction with TSS.'

Remembering Dr Corinne Camilleri-Ferrante

Since the publication of the Quality Scrutiny Report our Head of School for Public Health, Dr Corinne Camilleri-Ferrante, has sadly passed away.

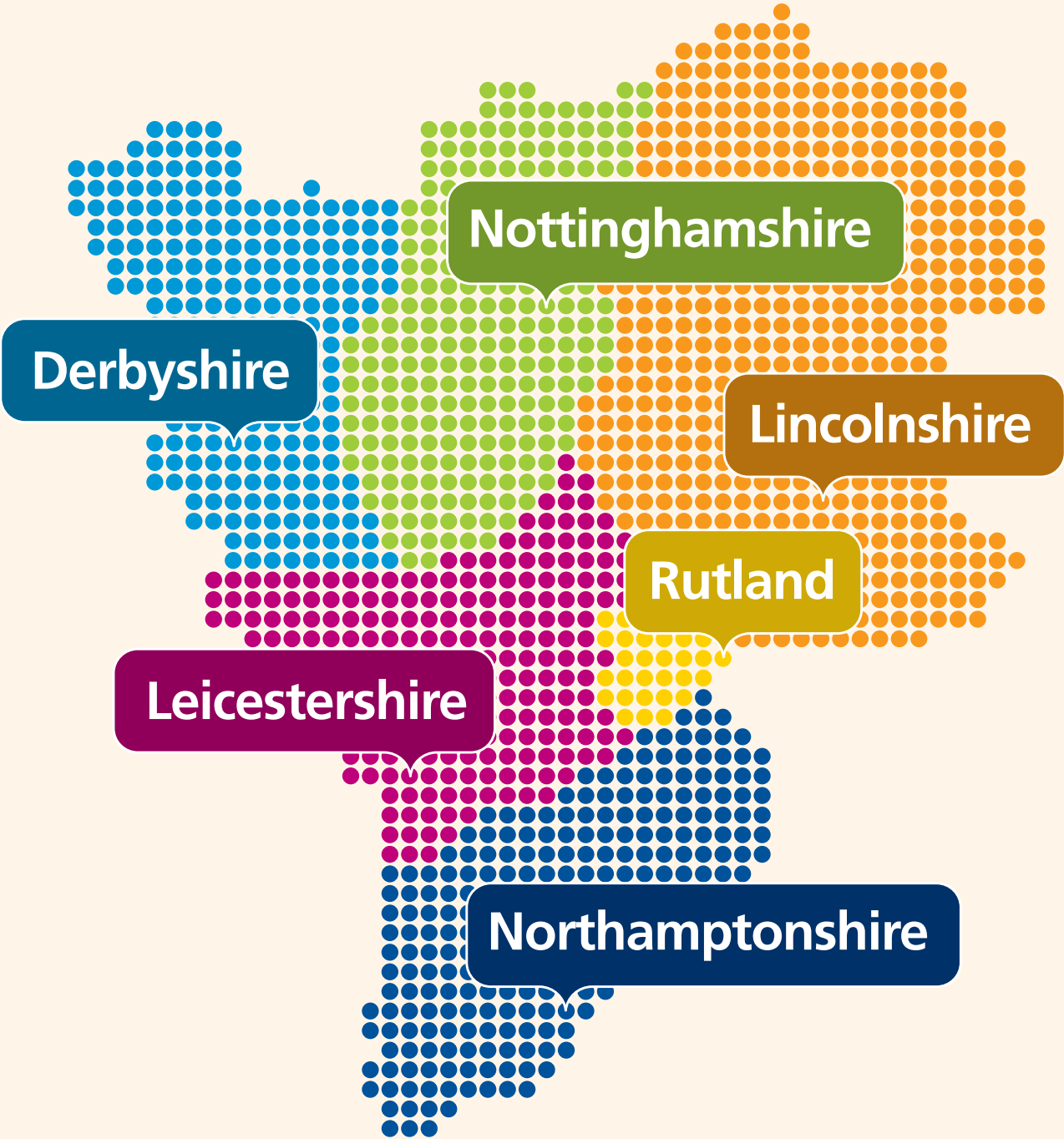
Corinne has been our Head of School for Public Health for many years. She was passionate about education and training and worked tirelessly to get the best quality training for our public health trainees, plus she was an advocate for increasing all trainees' understanding of the wider public health issues. She has made a major contribution to Public Health both in the East Midlands and nationally.

Corinne has been an experienced supportive colleague and good friend to very many people in the LETB, and her personal commitment to the development and support of our public health trainees, will mean she will be greatly missed by very many of us.



***Our grateful thanks
to everyone who has
contributed to this report.***

Health Education East Midlands Approach to Quality



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