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Quality Scrutiny Board Report January 2015

This report contains the findings of the Postgraduate Medical Quality Scrutiny Board which has been developed to enable oversight of the Specialty Schools. Areas of good practice and risk have been identified.

Executive Summary

The Quality Scrutiny Board (QSB) is the mechanism by which Health Education East Midlands (HEEM) focuses on the work of Specialty Schools to 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 and to promote good practice throughout the region.

This is the third year of the Quality Scrutiny Board's cycle and on-going reflection has enabled the Board to develop changes to its processes and procedures. The continued cycle of evolution of the Quality Scrutiny process has led to increased engagement from the Specialty Schools who have found the activity to be thought provoking and non-confrontational.

The members of the Board have been selected to reflect consumers of the outcomes of the training process, namely the trainee doctor and patients. The increase in senior educator input to the Board has supported other members of the Board and enabled a more probing line of questioning during the Quality Scrutiny Board sittings.

The purpose of medical education is to provide high quality patient care, the lay representative on the Board, 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. HEEM, through the use of public and patient involvement at this level of 'quality scrutiny' is endeavouring to link the quality of patient care directly to the delivery of high quality education.

Each Specialty School was asked to complete an Annual Quality Assurance Assessment. The Quality Scrutiny Board requested that these were completed by 10th September 2014. The QSB would like to thank those Schools who provided the documentation on time. Appendix 1 of this document details the timeline against which the reports were received. The Quality Assurance documents were looked at by all members of the Board. Two members of the Board were assigned to each School to look at their documentation in depth and to develop the question set for the individual Quality Scrutiny Board sittings. The question sets developed by Board members were confirmed and challenged at a meeting of the whole Board on 1st October 2014. This year each School was asked to deliver a 15 minute presentation on a topic specific to that School and their Quality Assurance documentation.

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'.

The purpose of the QSB process is that of challenge and support. As a Board we wish to invite the Specialty Schools to share areas of good practice that we have highlighted to them and to work on the areas of risk. The Board recognise that to make this an effective process, support around particular areas of risk is required from HEEM. These areas of risk have already been highlighted to the appropriate personnel within HEEM.



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Chair of Quality Scrutiny Board
Director of Foundation Training for the East Midlands

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Glossary of Terms

Term	Abbreviation	Description
Academies of General Practice		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
Curriculum Study Leave Manager	CSL	Computer software programme for managing Curriculum study Leave for all Trainees.
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.
Health Education East Midlands	HEEM	
Head of School	HoS	Person in charge of a Specialty School (Hospital specialty/Community based specialty)
Learning Development Agreements	LDA	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	
National Training Number	NTN	Recognised training number to allow progression to CCT
Quality Postgraduate Medical Education Directorate	QPED	Management team within HEEM 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.

Good Practice

The following table indicates the areas of good practice that were highlighted through the Quality Scrutiny Board process. There are many areas of good practice within each individual Specialty School and the Board recommends that this good practice is shared between Heads of School to ensure that all trainees and patients benefit from areas of good practice. The details of good practice identified in the table below can be found within the individual School reports in this document.

School	Good Practice
Anaesthesia	Clinical Supervision Feedback model.
Clinical Academic Training	Work with non-clinical and clinical academics within the Universities of Nottingham, Loughborough and Leicester.
Dental	The New Practitioner programme.
	Communication Strategy.
Emergency Medicine	Clinical Supervision within Emergency Medicine departments.
	Consultant job planning with time for training.
Foundation	Work on delivering Broadening the Foundation Programme.
General Practice Academies	Practice process for identifying good practice.
	Recruitment.
Medicine	Stop the clock.
	East Midland's patient safety and improvement Science course.
Obstetrics & Gynaecology	School merger.
	Educational Supervisors attendance at ARCP.
	Annual SPROGs Meeting.
Paediatrics	Post reviews.
	Use of SUIs in education and training.
	Ethos that there was no demarcation between service and training.
Psychiatry	Faculty development day.
	Use of curriculum study leave budget.
Pathology	Development of a multi-professional School.
	The approach to bullying and harassment.
Public Health	ARCP process.
	Trainee engagement.
Radiology	Development of mechanism for identifying trainees in difficulty.
Surgery	The STAR rating system.

Areas of Risk

The Quality Scrutiny Board has identified areas of risk that are common to all Schools. These are as follows:

Serious Untoward Incidents (SUI)

The majority of the Specialty Schools continue to report problems around SUI reporting. There remains poor communication between the Local Education Providers, the Central team within HEEM and the Specialty Schools. A number of Heads of Schools reported incidents where Schools had not been informed regarding SUIs and that trainees had at short notice been asked to attend meetings within a Trust regarding their involvement in a SUI. A number of these meetings had appeared to the trainee to be both undermining and threatening. The QSB has asked that HEEM work with the LEPs through both the LDA and QMV visiting process to improve the current situation. Heads of School are concerned that trainees are not offered appropriate support from the School when SUIs occur, as the schools are not aware of the incidents and that in addition there is no opportunity for the trainee body as a whole to learn from these SUIs.

Bullying and Harassment

A number of Schools reported progress in decreasing the amount of bullying and harassment that trainees experience. This has been highlighted as best practice in a number of Specialty School reports. Heads of School however, report problems of dealing with these issues when it relates to individual trainers. For any action to be taken forward the trainees are required to formalise their complaints in writing as per their employing Trusts policy. A number of Schools have commented that when trainees have put in formal complaints regarding bullying and harassment, there has been a lack of action on the part of the Local Education Provider to resolve these issues. The GMC have published a report from the National Training Survey 2014 on bullying and undermining and they recognise that evidence suggests that there is a reluctance to speak out about bullying and undermining, both from a fear of reprisals and from lack of faith that anything will be done about this problem. The Heads of School request further support from the wider HEEM organisation to support them in dealing more effectively with this problem.

Any Qualified Provider

Schools continue to report concerns regarding the use of Any Qualified Provider (AQP) this has affected the Schools of Radiology and Medicine and has a potential of affecting the School of Pathology.

Recruitment

Recruitment to the training programmes within the East Midlands remains a concern. The Foundation Schools report that there is poor retention of graduates from the two medical schools within the region and that whilst 71% of FY2 trainees move onto Specialty Training only 35% of foundation Trainees choose to remain in the East Midlands. Recruitment remains a problem for the General Practice Academies, Emergency Medicine, Psychiatry, Paediatrics and some medical specialties. Whilst a number of schools have taken positive steps to improve recruitment and retention within the region further work is required by HEEM and its partners within the East Midlands to support recruitment and retention.

Service Reconfiguration

Heads of School continue to report difficulty around service reconfiguration both through commissioning of services and through changes of service models within local education providers. It is recognised by the Heads of School that high quality training provides high quality patient care.

To provide high quality training the Training Programmes need to work proactively with Local Education Providers to deliver training within the changing service environment. The Heads of School require support from HEEM through the LDA and QMV process to ensure that they are part of these discussions.

Locum Senior Medical Staff:

Heads of School have reported concerns regarding the suitability of locum Senior Medical Staff to act as named clinical supervisors for trainees. In addition they report that a number of locum medical staff do not have education and training as part of their contract and that this impacts on the experience that trainees have in specialties and departments who rely heavily on locum senior medical staff. The Heads of School request support from HEEM in resolving this issue.

Action Identified by the QSB for Specialty Schools

The following table indicates the actions identified by the Quality Scrutiny Board for each of the Schools to be undertaken in the next calendar year.

Specialty School	Action
Anaesthesia	1. The development of an action plan for integration of the North and South of the region to be presented to the QSB by April 2015.
	2. Governance arrangements to be developed around the Clinical Supervision Feedback model to be presented to QPED by February 2015.
	3. An action plan for the roll-out of the Clinical Supervision Feedback model across the whole of the School of Anaesthesia to be implemented by January 2015.
Clinical Academic Training	1. The quality framework to be shared with other specialty schools.
	2. A process for identifying and supporting trainees in difficulty to be developed and shared with the QSB by February 2015.
	3. The School to provide the QSB with further information on the Clinical Academic Careers Steering Group by February 15 th 2015.
	4. The School to ensure that they have developed clear written guidance for Specialty Schools to ensure that academic trainees access placements in all Local Education Providers.
	5. The School to work with HEEM to ensure the HEEM website platform can deliver what is required by the School.
Dental	1. The School to work with the General Practice Academies to understand the model of employment of Programme Directors/Tutors to enable them to move forward with appointing a Dental Care Practitioner Tutor.
	2. The Dental School to share their plan for the use of the VLE with the QSB by February 2015.
	3. The Dental School to ensure that it is clear that email addresses entered on the CSL Manager will be used for other communication purposes by the School.
	4. The Dental School to adopt the LTFT policy used by all Specialty Schools within HEEM and that they publicise this on their website.

Specialty School	Action
Emergency Medicine	1. The School to commence exit interviews for those trainees who are leaving specialty to undertake training in a different specialty.
	2. The School to consider urgently how they market the direct route of entry into Emergency Medicine.
	3. The School to work with HEEM to consider how best to redistribute training posts within Emergency Medicine.
General Practice Academies	1. Share their practice around the identification of good placements with the Secondary Care Specialty Schools.
	2. To provide a report to the QSB on the class of 2010 work and develop an action plan once the markers for poor performance have been identified.
	3. Develop an action plan for working with local Sixth Form Colleges in an endeavour to boost recruitment into General Practice.
Medicine	1. The Head of School to follow-up the 'stop the clock' idea to ensure that this is put into action.
	2. The Head of School to share the School's method of improving red flags with all Specialty Schools.
	3. The School to provide a report to the QSB on the effect of the monitoring of Educational Supervisor reports at the ARCP round of 2015 and to provide a report by September 2015.
	4. The School to develop a plan to use all quality data proactively.
Obstetrics & Gynaecology	1. The School to consider the current School Board structure.
	2. Share the concept of a Practice at Workplace Behaviour Lead with other Specialty Schools.
	3. Trainee satisfaction – the school to continue to work with HEEM to resolve the issues at the LEP that has been highlighted.
	4. The School to share their work relating to bullying and harassment with all Specialty Schools.
Paediatrics	1. To share good practice with other Specialty Schools in particular regarding post reviews.
	2. To Share the use of SUIs in education and training.
	3. To share the development of the ethos that there is no demarcation between service and training.

Specialty School	Action
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Psychiatry	1. The model of preparation and support for exams is revisited and an action plan is in place by April 2015.
	2. The model of identifying best placements is shared with other schools.
	3. An action plan to share learning from SUIs is developed within the school and is shared with the QSB by April 2015.
Pathology	1. To disseminate their model of peer teaching to other schools.
	2. To share the positive culture of SUI reporting with other specialty schools.
	3. To update the QSB on progress on red flags at one LEP by 28 th February 2015.
Public Health	1. To disseminate their model of written ARCP feedback to other Specialty Schools.
	2. To clarify the funding stream for the masses in Public Health and ensure that this is recurrent funding.
	3. To work with HEEM to ensure business as usual should Senior Faculty not be appointed to the vacant posts.
Radiology	1. To provide an updated QSB report for 2014.
	2. To provide an update on the SUI reporting as outlined in the QSB report.
	3. To work with other Heads of School regarding bullying and harassment as outlined in the QSB report.
	4. The school to consider how to gather data to show the effects of the use of any qualified provider on training within the School of Radiology.
Surgery	1. There is robust evidence to ensure that all trainees are aware that they need to complete the STAR rating and provide evidence of this for ARCP sign-off.
	2. The School to work with HEEM to enable them to move posts from those areas that consistently underperform in a timely manner.
	3. The School to work with the team in HEEM responsible for CSL to understand and overcome the problems around approval and funding of study leave.
	4. The School to work with the other Specialty Schools to look at best practice for reporting and learning from SUIs.

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

Academies of General Practice

Date of Board Sitting: 3rd December 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr Helen Mead (GP Dean), Dr David Poll (Head of GP Academy South East), Dr Nigel Scarborough (Head of GP Academy North West), Karen Tollman (Quality Manager) and Angela Constable (Educator and School Development Manager) for attending the Board Meeting and engaging fully with the process. The presentation addressed the areas that the Quality Scrutiny Board had identified and these will be discussed in the report.

Process for Identifying Good Practice

The QSB were interested to hear how the General Practice Academies identify those General Practice placements that delivered above average training. The School triangulated evidence from three sources that is; informal ad-hoc feedback; EMOS post exit survey; Tri-Annual Quality Reviews.

The General Practice Academies informed the QSB about their Tri-Annual review process and how data was gathered from the EMOS survey, the Programme Director feedback form, Local Area Teams, the Associate Deans who were geographically based, the Practice self-assessment form based on GMC criteria and peer-to-peer review.

Good Practice is shared across the region through trainers workshops delivered locally and the GP training newsletter which is edited by the Head of School. The GP Academies also hold a series of Postgraduate Educator conferences which are held four times per year.

Class of 2010

The GP Academies are currently undertaking work to understand the barriers that Trainees experience and which ultimately prevent them from succeeding within the Specialty. The GP Academies are keen to understand the markers for poor performance and they are currently undertaking work looking at the Class of 2010 to see if they are better able to identify these markers and provide tailored support at an early point in a trainees programme. The QSB are interested to know what the outcomes of this exercise have been and what plans are being developed to address this problem.

The QSB were interested to hear that the GP Academies have identified two Programme Directors who are looking at trainees who need additional support and that these Programme Directors work with the Local Programme Directors to deliver that support.

Recruitment

The QSB would like to commend the GP Academies for the work they have undertaken to increase the profile of General Practice in the East Midlands and boost recruitment. A number of examples of good practice were given to the QSB these include:

- A change in the way of allocation of programmes to give more trainee choice.
- A different way of advertising rotations to enable rotations to be tailored to the trainees.

- The use of trainees as ambassadors for the programme.
- Changes to the website.
- Working proactively with Medical Schools.
- Consideration of approaching local Sixth Form Colleges to ensure that those considering medicine are already considering General Practice.

The QSB wish to encourage the General Practice Academies to take forward their work with local Sixth Form Colleges as there is evidence that career choices are made either at Sixth Form level or in the early years of medical school.

Curriculum Mapping of Secondary Care Posts for General Practice Trainees

The QSB were concerned that whilst there are good examples of curriculum mapping in a small number of Local Education Providers and that the GP Academies have been able in these instances to work with departments to ensure an appropriate balance of work for GP trainees, this is variable across the region. In addition, it has been noted that there is variable engagement of Secondary Care Clinical Supervisors with GP trainees. The Board remain concerned that Secondary Care trainers and managers in the Local Education Providers do not as yet have a clear understanding of the requirements of the GP curriculum or the level of competence of GP StRs compared with specialty trainees. The QSB are also aware that the GP faculty has not been incorporated effectively into the Secondary Care Quality Management Visiting process. The QSB suggest that HEEM supports the GP Academies in the Quality Management of placements within the Secondary Care environment.

Summary

The QSB commend the General Practice Academies for the work that they have undertaken over the past year. The Academies have identified areas of Best Practice and have carried out a significant amount of work in those areas that they have identified as being of greatest risk. The QSB ask that the school carry out the following actions:

1. Share their practice around the identification of good placements with the Secondary Care Specialty Schools.
2. Provide a report to the QSB on the Class of 2010 work and develop an action plan once the markers for poor performance have been identified.
3. Develop an action plan for working with local Sixth Form colleges in an endeavour to boost recruitment into General Practice.

LNR and Trent Foundation Schools

Date of Board Sitting: 24th November 2014

Report Compiled by Chair of Board: Mr James McLean

The Quality Scrutiny Board (QSB) would like to thank Dr Bridget Langham (Director of Foundation Training for the East Midlands), Dr Nick Spittle (Foundation School Director Trent), Dr Charlie Mackaness (Foundation School Director LNR), Ms Kirsty Neale (Quality Manager), Ms Denise Barber (Development Manager) and Dr Lauren Taylor (Foundation year 1 Trainee) for attending the Board Meeting and engaging fully with the process. The presentation addressed the areas that the Quality Scrutiny Board had previously requested and these will be discussed in the report.

Recruitment and Future Planning

The QSB heard that Foundation Recruitment is a national process with 7114 places available across England. In 2013-2014 recruitment there were 7974 applicants which should guarantee a 100% fill rate. 92% of the applicants are allocated a training place in one of their top five preferences with the top 10% of graduates being allocated their first choice placement. There is a national reserve list, and trainees are allocated to Foundation Schools when those on the primary list are withdrawn due to exam failure and non-graduation. The QSB were told of the extra posts that have been created in the most oversubscribed Foundation Schools of which East Midlands is not one.

The QSB were informed that there is a 7% rate of withdrawal from primary lists with reserve candidates allocated according to their recruitment score.

It is acknowledged that there is a poor retention of graduates from the two medical schools within the region. Some work has been undertaken by Leicester and Nottingham Medical Schools into this area of concern. Conversely this problem is not seen in the Coventry/Warwick area and it would be useful to identify why this is and how they achieve this in comparison to our region. The QSB heard the significant challenges the programme faces in the coming year with a move to broader based community facing clinical placements and the move to not repeating a specialty clinical placement in the programme.

Retention

The QSB were assured that the issue of retention of trainees within the region is a priority for the Foundation training programme. The QSB heard of innovative and excellent posts within the region including clinical academics and leadership posts. The QSB understand that the Foundation School is in the process of evaluating these innovations.

It was noted that the Foundation Taster sessions are not widely popular. A perception of lack of time appears to be the central blocker. It was also heard that the majority of trainees had already chosen a career pathway and did not see this of further benefit. 10 days of taster leave are available to FY2 trainees, but the Schools have negotiated with all LEPs that 5 taster days can be taken in F1. This has been in place for 5 years.

Broadening the Foundation Programme

The QSB were informed of ongoing work looking at Foundation programmes including:

- Looking at programmes and duplication across programmes.
- Need to get F2 programmes sorted out in time for next round. Looking at duplication predominantly in medicine/surgery Then move onto F1 programmes.
- Identify other specialities at F1 to give broader outlook – community placements in all rotations.
- Emergency Med/Anaesthetics/Paediatrics – work with recommendations but the foundation programme have to be careful not to overload specialities.
- There is a recognised risks to rotas – needs to be a carefully planned implementation.
- Recognise that Nurse Practitioners can do much of the work of FP trainees.
- HEEM re-distribution project team – working with stakeholders, good mix of DME/Medical Directors etc. planning for F1 changes in 2016 rotation and recruitment for August 2015.
- Trust to start and identify posts e.g. QMC – Emergency Medicine - can deliver care in another way – nursing staff need buy-in. National programme, discuss with other Schools.

The QSB were informed of the re-distribution of posts project and are confident that the right people are at the table to ensure the foundation voice is heard and included.

These issues offer significant challenges for the continuing foundation programme and require a concerted effort from the healthcare

Serious Untoward Incidents

The QSB were informed of the ongoing progression of the interaction between trusts and the Foundation School with the challenges of over 900 trainees in East Midlands who may have been involved with or exposed to Serious Untoward Incidents (SUIs) which have been discussed with Trust based DMEs. It is acknowledged that the larger Trusts deal with SUIs at Trust level not always involving the Foundation Programme Directors, therefore the foundation programme is often unsighted of the scale of the issue.

Summary

The QSB recognises that the Foundation School Report is both well-articulated and comprehensive and the senior management team should be congratulated for the quality of the report. The QSB has been informed of the significant challenges faced in the East Midlands with recruitment and retention of local graduates and the continuing career pathway for trainee doctors.

The QSB will watch with interest the progress of the planned actions to support the continued development and success of the foundation programme within the East Midlands.

School of Anaesthetics

Date of Board Sitting: 24th November 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr Andy Norris (Head of School), Dr Polly Davies (Quality Lead South), Lynette Bentley (Educator and School Development) and Richard Higgins (Quality Manager) for attending the Board Meeting and engaging fully with the process. The Board would like to thank Dr Norris for his presentation.

Regional School of Anaesthesia

The School of Anaesthesia have recognised that the integration of the previous North and South School have caused a number of issues this includes; different ARCP standards; differing expectation of training standards between North and South; issues around engagement with one Local Education Provider; different application ratios to specialty training between North and South. The School has proposed a number of actions to resolve these issues which includes joint activities, sharing of resources, improved communication and engagement and a development of common standards. It remained unclear to the QSB what plans had been put in place around these identified actions and to what timeline these were being delivered. The QSB therefore ask the School of Anaesthesia to develop a detailed action plan with timeline to resolve these issues and to share this with the QSB by April 2015.

Clinical Supervision Feedback Model

In the 2013 sitting of the QSB the School of Anaesthesia North had presented a clinical supervision feedback model in which the School were able to collate feedback regarding the standards of clinical supervision provided by individual Consultants. A pilot project had been completed and it was understood that this model would be rolled out across the whole of the School of Anaesthesia. The QSB were informed that as yet this has not been rolled out as the data platform requires improvement to aid reporting. It remained unclear to the QSB what governance arrangements were in place regarding this data as it is our belief that the School of Anaesthesia is presently working with personnel in the University of Nottingham to develop this model further. The QSB ask that the School of Anaesthesia urgently develop governance arrangements for this project.

Serious Untoward Incident Reporting

The School continue to report problems around SUI reporting with poor communication between the Trusts and Senior Faculty within the School of Anaesthesia. The Head of School was able to inform us of a number of incidents where the School had not been informed regarding SUIs and that trainees had at short notice been asked to attend meetings within a Trust regarding their involvement in a SUI which had appeared to the trainee to be both undermining and threatening. The School of Anaesthesia is not unique in reporting ongoing problems around SUIs and the QSB ask that HEEM work with the LEPs through both the LDA and QMV Visiting process to improve the current situation. The Head of School highlighted the issue around the nomenclature of SUIs. This appears to be variable between LEPs and they are in some instances called Serious Incidents. The QSB recommend that HEEM work with LEPs to ensure consistent terminology.

Sharing Good Practice

The Quality Scrutiny Board has asked a number of schools to share good practice with other specialty schools, this has included the School of Anaesthesia. The Head of School for Anaesthesia reported that he did not believe this was being actioned and was not aware of good practice in other specialty schools. The QSB asked that HEEM work with the Heads of School to ensure that good practice is shared across schools.

Engagement with LEPs

The Head of School indicated to the QSB that the merger of the North and South school has proved difficult with problems of engagement with one LEP in the South (UHL). The Head of School requests further help from HEEM to improve the situation.

Summary

The School of Anaesthesia has identified to the Board areas of good practice and areas of risk. A number of actions have been identified for the School as follows:

1. The development of an action plan for integration of the North and South of the region to be presented to the QSB by April 2015.
2. Governance arrangements to be developed around the clinical supervision feedback model to be presented to QPED by February 2015.
3. An action plan for the roll-out of the clinical supervision feedback model across the whole of the School of Anaesthesia to be implemented by January 2015.

School of Clinical Academic Training

Date of Board Sitting: 24th November 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr J Barratt (Head of School), Dr R Green (TPD), Dr B Ollivere (TPD), Tom Kurien (previous ACF and now OOPR) University of Nottingham, Trauma and Orthopaedics (School of Surgery), Tim Sloan (completed OOPR and now CL) University of Nottingham, Microbiology (School of Pathology), Rachel Skinner (ACF in Medical Education) University of Leicester, General & Old Age Psychiatry (School of Psychiatry), James Burton (previous CL and now NIHR Clinical Scientist & Honorary Consultant Nephrologist), Kirsty Neale (Quality Manager) and Kate Bell (Educator and School Development Manager) for completing the Annual Quality Assurance Assessment, attending the Board Meeting and engaging fully with the process.

The Quality Scrutiny Board was particularly keen to hear about the following areas in the presentation that is: the trainee perspective of the programme and the fit between the clinical academic school and specialty schools. The Board would like to thank Drs Barratt and Green for including these in the presentation.

The School of Clinical Academic Training is a new school and the Board were impressed on the progress that had been made in the last few months. The overview of the school indicated how they were working in close collaboration with other schools and how academic leads from specialty schools were integral to this new school. It was clear that the school was proactive and was passionate about delivering their vision of excellent clinical academic training within the East Midlands.

Quality Framework

The school were instrumental in developing a quality framework which demonstrated the progress of the school against national benchmarks. The school have identified that the academic ARCP process requires scrutiny and the QSB are confident that this will be completed.

Non-Clinical Academics

The School showcased excellent work with non-clinical and clinical academics within the Universities of Nottingham, Loughborough and Leicester. The East Midlands has a number of universities in Derbyshire, Lincolnshire, Nottinghamshire, Leicestershire and Northamptonshire with a strong non-clinical focus. The School have indicated to the QSB that they engage with these Institutions through the Clinical Academic Careers Steering Group meeting. We ask that the School of Clinical Academic Training provide the QSB with more detailed information regarding the purpose of this group and the institutions that attend this meeting.

Trainees in Difficulty

The QSB recognise that those entering clinical academic training are of a high calibre. We were however concerned that the School does not appear to have any processes in place to recognise

trainees who may be in difficulty. Whilst the QSB acknowledge that this may be a rare event, it is important that should it happen these trainees are appropriately supported.

Clinical Experience

The School of Clinical Academic Training acknowledged that clinical placements centred on Nottingham and Leicester for these trainees undertaking clinical academic training. The QSB understand that the academic components of an individual's training needs to occur at the site of the research that they are undertaking. The Board recognise that the NHIR funding is awarded to the Higher Education Institute, that is the Universities in the main researcher is based. This funding is not awarded to a specific hospital and therefore the clinical component of the Training for these individuals can be undertaken in any of our Local Education Providers within the region. The School have indicated to the QSB that they do not restrict clinical rotations to particular rotations and that the trainees during the clinical component of their training rotate throughout the region. The QSB request the School provides clear guidance to the Specialty Schools on rotating academic trainees to all local education providers in the East Midlands.

Website

The QSB were interested to hear about the plans that the School of Clinical Academic Training has for their area of the website. The Board share the Schools' concerns that the current platform for Health Education East Midlands has limitations that prevent schools from using this media to its full potential. It is important to Health Education East Midlands that there is a single point of entry for any individual who may be interested in learning more about the region. It is therefore crucial that the School works with Health Education East Midlands to enable them to understand and meet the requirements rather than developing a separate website.

Summary

The QSB note that there are a number of areas of good practice within the School of Clinical Academic Training. We are also aware that there are areas of risk which will need support from HEEM. The QSB ask the following actions:

1. The Quality Framework is shared with other specialty schools.
2. A process for identifying and supporting trainees in difficulty is developed and shared with the QSB by February 2015.
3. The School Provide the QSB with further information on the Clinical Academic Careers Steering Group by February 15th 2015
4. The School ensure that they have developed clear written guidance for Specialty Schools to ensure that Academic Trainees access placements in all LEPS.
5. The School work with HEEM to ensure the HEEM website platform can deliver what is required by the School.

School of Dentistry

Date of Board Sitting: 3rd December 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Mr Andrew Dickenson (Dental Dean) Mr John Cottingham (HEEM Regional Adviser), Mr Stephen Dixon (Associate Dental Dean), Ms Alison Smith (Development Manager) and Ms Suzanne Fuller (Quality Manager) for attending the Board Meeting and engaging fully with the process.

Presentation

The presentation given by Mr Dickenson informed the QSB about the structures developed for the Dental School within Health Education East Midlands. The Board were updated regarding national progress on the curriculum for both Foundation and Core training. The School highlighted to the Board that they are a multi-professional School and work with all Practitioners registered with the General Dental Council including hygienists, nurses, therapists and technicians.

Transition

The transition of the Dental School from Health Education Yorkshire and Humber (HEYH) to HEEM has been a positive experience. The QSB recognise the huge amount of work that has been carried out by a group of enthusiastic individuals and they have used local, regional and national networks to facilitate the development of the School. The School has taken the opportunity of embedding itself into the functional structure within Health Education East Midlands. The School has effectively integrated members of the team transferring from HEYH with those new to the Dental Faculty. The QSB wish to commend the School for their success in these early months of their existence.

New Practitioner Programme

The School have developed a New Practitioner Programme for those Dentists in the early years following graduation. The QSB were informed that this is open to those who are less than 30 years of age. The General Practice Academies run a similar scheme, but have recognised that change in demographics have resulted in a greater age spread of those entering GP Practice following the awarding of CCT. The QSB would therefore like to suggest that the Dental School consider using a similar term to the GP Academies and open this to those in their first five years of Dental Practice rather than those under 30 years of age.

Dental Care Practitioner Tutor

The Dental Dean informed the Board that Dentists are required to undertake 250 hours of CPD over a five year period, in addition Dental Care Practitioners are required to undertake 150 hours over a five year period. The Dental School is involved in providing CPD for all Dental registrants in the region. Whilst the delivery of this CPD is not a large financial burden, the team would benefit from a Dental Care Practitioner Tutor. The Dental School is currently grappling with the complexities of employing such a person within the constraints of Health Education East Midlands. The QSB suggest

that the Dental School works with the GP Academies to understand how they employ their Programme Directors, who like the Dental Care Practitioners are self-employed.

Communications Strategy

The QSB were interested to hear about the Communications Strategy within the Dental School. The School has undertaken scoping and training events and has monitored the impact of these events through their Twitter account. In addition the School produces a newsletter which is emailed out to all those whom the School has a current email address. The School recognises that they do not have up-to-date contacts for the Dental Care Practitioners of which they believe there are upwards of 4000 in the Region. The School are looking to overcome this problem by using CSL Manager to gain engagement with the workforce. Their intention is that all training events will be managed through CSL which requires the applicant to provide an up-to-date email address. It is the intention of the School to use these contact details to aid with their communication strategy. The QSB ask that the Dental School ensure that it is clear to those using CSL, that their email address will be used for other communication purposes.

Virtual Learning Environment

The QSB were told that all trainees within a Dental School have a VLE account and that the VLE is available to trainers. The QSB would like to hear more regarding the plan that the School has for use of the VLE.

Less than Full-Time Training (LTFT)

The Dental School indicated that they currently have no trainees in less than full-time training posts and that to date there has been no request from trainees to undertake less than full-time training. The QSB ask the Dental School ensure that they have a less than full-time training policy in place that mirrors that of all Specialty Schools within Health Education East Midlands and that this is published on their area on the website. The QSB recommend that the Dental School talk with the GP Academies regarding employment of less than full-time trainees in practice as the GP Academies have gathered a large amount of experience of less than full-time trainees in the General Practice setting.

Foundation Training

The QSB were interested to hear that all Dental graduates are not required to access Foundation training, and it is only those wishing to work within an NHS setting who require this postgraduate qualification. Whilst we understand that this is National Policy and that it is therefore not something that the Dental School can influence directly, the Board were concerned that this has the potential of developing a two-tier Dental system with those working in private practice potentially having less training compared with those working in NHS Dentistry.

Summary

The QSB commend the Dental School for the progress they have made since their inception within HEEM. The School have undertaken a large amount of work and have already identified areas of best practice. The QSB ask that the School carry out the following actions:

1. The School work with the General Practice Academies to understand the model of employment of Programme Directors/Tutors to enable them to move forward with appointing a Dental Care Practitioner Tutor.
2. That the Dental School share their plan for the use of the VLE with the QSB by February 2015.
3. That the Dental School ensure that it is clear that email addresses entered on the CSL Manager will be used for other communication purposes by the School.
4. The Dental School adopt the LTFT Policy used by all specialty schools within HEEM and that they publicise this on their website.

Post QSB note:

School Handbook provided on 04/01/15 indicating section on training at LTFT training referring to HEEM LTFT policy.

School of Emergency Medicine

Date of Board Sitting: 3rd December 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr Asif Malik (Head of School), Dr Mark Williams (Training Programme Director), Mr Gerard O'Reilly (Educator and School Development Manager) and Mrs Jill Guild (Head of Quality and Regulation) for attending the Board Meeting and engaging fully with the process.

Presentation

The Head of School provided an overview of Clinical Supervision within Emergency Medicine Departments in the East Midlands indicating that there were three different models dependent upon Local Education Provider. At the Queen's Medical Centre there is one Consultant available on weekdays between the hours of 1-5pm who is a trained Educational Supervisor and who can carry out workplace based assessments. It was reported that there was also a Consultant presence on a 24 hour basis in this unit. At the Leicester Royal Infirmary it was also reported that there was shop floor presence of a Consultant who was designated to carry out Educational Supervision at specific times. The third model was undertaken in the remaining units within the East Midlands where the Consultant present in the clinical area undertook both Clinical and Educational supervision. The Consultant presence improved decision making and patient safety and enhanced trainee confidence.

Trainee Feedback

It has been noted that the number of red flags on the GMC survey has declined within Emergency Medicine. The School reported that they believe this was due to improved job planning within the Consultant Body which provided time for training. The School also recognise the input from Health Education East Midlands and that this input had helped to highlight problems within Emergency Departments to the Local Education Providers. The input provided by Health Education East Midlands had also galvanised action within the LEPs.

ARCP Outcome 5

The School of Emergency Medicine acknowledge that a significant portion of trainees within the School received an initial outcome 5 at an ARCP panel. The School commented that it was difficult to get both trainees and trainers to engage in developing a portfolio and providing evidence for the ARCP. The QSB ask that the School scope this problem to determine where the barriers exist and to work with other schools to understand how these schools have resolved the problems.

Redistribution of Posts

It is recognised by the School of Emergency Medicine that Clinical Supervisors cannot be overburdened with trainees and that there is therefore a critical number of trainees that can be supported in any one department. The QSB welcome this insightful attitude to training and ask that HEEM support redistribution of EM trainees within the region.

Training for Educational Supervisors

The QSB commend the training package that is currently being developed by the School of Emergency Medicine for Educational Supervisors which will supplement the HEEM training package.

Recruitment

The School of Emergency Medicine recognise that there remained problems regarding recruitment and that they need to understand the problem more fully. Currently the School do not carry out exit interviews for those who leave Emergency Medicine after the ACCS training programme. The QSB suggest that this is a step that must be undertaken urgently by the School of Emergency Medicine.

The School of Emergency Medicine informed the QSB of DREM which is the Direct Route of entry into Emergency Medicine, currently the School are not marketing this route into their specialty and the QSB ask that the School take urgent consideration as to how best to market this.

Summary

The QSB congratulate the School of Emergency Medicine for the improvement they have made regarding the red flag areas that have been previously highlighted by the GMC survey. The QSB ask that the School carry out the following actions:

1. The School to commence exit interviews for those trainees who are leaving the specialty to undertake training in a different specialty.
2. The School to consider urgently how they market DREM.
3. The School work with HEEM to consider how best to redistribute training posts within Emergency Medicine.

School of Pathology

Date of Board Sitting: 22nd October 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr John Dormer – Lead Clinician for ST1 Histopathology and RCPATH Regional learning Lead training, Alison Smith (Educator and School Development) and Kirsty Neale (Quality Manager) for attending the Board Meeting and engaging fully with the process. The Board would like to thank Dr Dormer for his presentation.

Multi-professional School

The School of Pathology was described to the Board as a genuine multi-professional school which incorporates both medical trainees and those on a training pathway for clinical and bio-medical scientists. All professions are represented on the School Board and the School is proactively considering the challenges of incorporating a number of professional groups into the one School. The School has identified that a number of processes within the Postgraduate Medical Education Directorate in HEEM make this more challenging for them. An example is that of the Quality Lead. The School have advertised on two occasions for a Quality Lead and have been unsuccessful. They recognise that the current job description, which is generic to all Quality Leads throughout the Specialty Schools, is focused towards an applicant with a medical background. Within a multi-professional School this has the potential of disenfranchising a group of trainers who are key to the effective functioning of the School. The QSB will, to support the School, highlight this to the Postgraduate Dean.

Bio- Medical Scientists

The Departments in Derby, Leicester and Kettering have worked in collaboration on a national pilot to develop Bio-medical scientists in Histopathology. This national pilot was developed in 2012 with an initial intake of 10. Nationally there were 5 bio-medical scientists who completed the course of which 3 were from this region. Bio-medical scientists on this course will, over a 3 year period, receive an Advanced Practitioner certificate.

Peer Teaching

The School has used the development of the bio-medical scientists to further its peer teaching between bio-medical scientists and medical trainees. This has been an excellent experience and the QSB would commend the School to share this with other Specialty Schools. This experience has the potential of being translated to other specialties for example Radiology, but may also be considered by Emergency Medicine with the development of Advanced Care Practitioners, Surgery and Medicine with the development of the Physician Assistant.

Workforce Planning and Training Gap Analysis

The QSB commend the School of Pathology for being proactive regarding workforce planning and identifying training gap analysis. The QSB would recommend that the School of Pathology work with

other schools who have not yet embarked on curriculum mapping to enable them to learn from the experience of the School of Pathology.

Bullying and Harassment

The School of Pathology has recognised that there is a potential problem of bullying and harassment within the environment that the trainees are working. The School has been proactive and as a first step has carried out work to determine the current baseline. This baseline has been determined by triangulating evidence from a number of sources and has resulted in the School recognising three separate issues which lead to bullying and harassment. The school has been mature in its approach to dealing with these problems and has worked collaboratively with HEEM, Local Education Providers and Clinical Directorates to manage the problem.

Workload

It has been noted by the School of Pathology that on the GMC National Training Survey there were red flags relating to workload at University Hospitals Leicester (UHL) in Histopathology. The School of Pathology is currently carrying out more work to understand this and the QSB would like an update by 28th February 2015 on progress.

Feedback

The School of Pathology is currently working on gaining feedback from trainees. They have already demonstrated the effectiveness of trainee feedback in the redesign of ST1 training. The QSB commend the school for this approach and ask them to share this with the Heads of Specialty Schools.

Serious Untoward Incidents

The School has developed a culture of reporting of SUIs. Trainees are encouraged to self-report and learn from SUIs. The School however has recognised that it has no agreed process to share SUIs and learning and is currently considering a mechanism of how to do this. The School is keen to reflect on what other schools do and learn from their experience. The QSB commend the School on their attitude to developing a process regarding SUIs.

Summary

The QSB commends the School of Pathology for the amount of progress that they have made in the short time of their existence. The School have identified best practice and have demonstrated how they are able to work in a multi-professional manner. The School have recognised that they are on a steep learning curve but they are able to gain knowledge and experience from other Schools and are keen to work collaboratively with other Schools and learn from them. The QSB ask that the School carry out the following actions:

1. Disseminate their model of peer teaching to other Schools.
2. Share the positive culture of SUI reporting with other Schools.
3. Update the QSB on progress on red flags at UHL by 28th February 2015.

School of Medicine

Date of Board Sitting: 3rd December 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr Jonathan Corne (Head of School), Dr Ruth Green (Quality Lead), Dr Richard Higgins (Quality Manager) and Ms Angela Constable (Educator and School Development Manager) for attending the Board Meeting and engaging fully with the process.

GMC Survey

The QSB noted that there had been an improvement in the red flags previously highlighted in the GMC Survey. This had been achieved within the School using two methods. The first was that of sharing best practice and this was carried out at the TPD meetings. The second was that of ensuring TPDs were accountable for their programmes. All TPDs who had a red rag rating within their specialty have been invited for a one-to-one with the Head of School to discuss their action plan to improve the programme. The QSB look forward to hearing about the success of these interventions.

Stop the Clock

The QSB would like to commend the Head of School for this excellent idea relating to management of trainee absences across all specialties. The QSB were concerned however that this process, whilst having been considered, has not as yet been put in place by HEEM. The QSB ask that the Head of School meets with the Planning Group and ensures that this process is actioned and communicated effectively to all Heads of School including Foundation and General Practice.

Serious Untoward Incidents (SUIs)

The School of Medicine were concerned that the reporting of SUIs was still not working effectively and therefore hampered learning. The School provided one example of an SUI in which a trainee was involved and importantly in which the Educational Supervisor and TPD had been informed at an early stage. The Education Faculty were able to provide support for the trainee and ensure that the individual trainee was able to reflect effectively on the incident.

The School proactively seek best practice at Trusts to promote learning from Serious Untoward Incidents and they cited the example of University Hospitals Leicester who are developing simulation teaching around SUIs. The School of Medicine is working with the Director of Medical Education at UHL to incorporate this into the East Midlands Patient Safety and Improvement Science Course that has been developed by the School.

The School report that there is currently no robust way of identifying and supporting trainees who have been involved in SUIs. In addition, whilst they are able to use retrospective data from the Form R, this information is not available at the time when support and learning is required. The School request further support from HEEM to ensure that all trainees are able to learn from SUIs and that individual trainees can be supported in a timely manner.

ARCPs

The School of Medicine report that they remain concerned about the quality of Educational Supervisor reports. The School is currently looking at the model used by the School of Medicine in Health Education North West. The School indicated to the QSB that they will be introducing this model of assessment of Educational Supervisor reports for the ARCPs to be held in 2015. Each Educational Supervisor will receive feedback on the reports that they have written for trainees. The QSB request that the School provide feedback on the effect of this process to the QSB by September 2015.

Quality Data

It was evident to the QSB that the School of Medicine collect a large amount of quality data and that they currently have longitudinal data on quality indicators. Whilst the School has this data and has summarised this in specialty specific reports for all specialities, there remains data that has not yet been analysed and therefore not used it in an effective way. The QSB ask that the School consider how to use all quality data in a more proactive fashion.

Undermining

The School informed the QSB that trainees have on a number of occasions, reported undermining, bullying and harassment. The trainees when asked to formalise their complaints have not wished to do this and it has therefore been very difficult for the School to support trainees by tackling this type of behaviour. The School require further support from HEEM to develop innovative approaches to eradicating this behaviour.

Summary

The QSB commend the School of Medicine for the progress that they have made over the last year. The School have identified areas of best practice and are aware of areas of risk for which they have action plans. The QSB ask that the School carry out the following actions:

1. The Head of School follows up the stop the clock idea to ensure that this is put into action.
2. The Head of School shares their method of improving red flags with all specialty schools.
3. The School provide a report to the QSB on the effect of the monitoring of Educational Supervisor reports at the ARCP by September 2015.

The School develop a plan to use all quality data proactively.

School of Obstetrics and Gynaecology

Date of Board Sitting: 22nd October 2014

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 Matthew (Quality Lead), Clive Aldridge (Quality Lead), Rob Haughney (TPD South) and Mrs J Guild (Quality Manager) for completing the Annual Quality Assurance Assessment, attending the Board Meeting and engaging fully with the process.

The QSB were interested in hearing in more detail the examples of innovative practice that the School had highlighted in the Annual Quality Assurance Assessment. The panel were also interested to hear the information that the school had gathered in light of poor satisfaction rates for the GMC survey. This was covered comprehensively in the presentation.

School Merger

The School reported that there had been significant benefits gained from the School merger, this included the sharing of good practice across what had been previously the North and South Schools. Examples included the teaching programme, the Educational Supervisor training sessions, the trainee Annual General Meeting, increased trainee representation on the Operational Board in the South, the VLE, Quality Improvement prize and the preparation for Consultant Post sessions. The School has also introduced two regional joint training days which cover topics that are difficult to teach in normal sessions and these have been well received by all trainees.

ARCP

The ARCP process this year has been run jointly across the region. Educational Supervisors have been encouraged to attend the ARCPs and it is felt that this has increased the engagement of the Educational Supervisors and will potentially drive up standards of Educational Supervisor reports. The QSB will be interested to hear whether the School notes a difference in the standard of reports during the next round of ARCPs.

School Structure

The School explained to the QSB that their current structure consists of an over-arching School Board which meets on a yearly basis. There are separate meetings of a North and South 'Board' three times a year and that the Head of School attends each of these meetings. The QSB recognise the geographical difficulties that a merged School presents, however, we as a group were concerned that the current structure has the potential of maintaining the differences between the two geographical areas (North and South). We recognise that teleconferencing facilities have been used very effectively within the teaching programme of Obstetrics and Gynaecology and wonder if this could be used to resolve some of the geographical issues relating to the School Board enabling a more frequent sitting of the School board. QSB would urge the School of Obstetrics and Gynaecology to consider their School Board structure as the current structure may not enable them to gain all the benefits from the merger.

Recruitment and Retention

The School of Obstetrics and Gynaecology have been effective in ensuring recruitment, particularly from Nottingham Medical School. The School say that they have a good interface with Nottingham University and with the Bumps and Bits Committee in the Medical School, however this interface is currently not strong with the University of Leicester. The School is proactive in working with the Royal College of Obstetrics and Gynaecology and has provided a large number of faculty for their National Careers Day. It is the intention of the School not only to promote the Career of Obstetrics and Gynaecology but also the East Midlands. The School are of the opinion that they are able to recruit local graduates because of the positive culture in the departments of Obstetrics and Gynaecology within the training schemes. This ensures that both Medical Students and Foundation Doctors who undertake placements in these areas are positively encouraged to want to stay within the training scheme in this region. In addition, the School has updated its website and is using trainee experience stories on the website to encourage trainees to come to the East Midlands. The School were concerned that this year the application ratio for the East Midlands for ST1 was 1:1 which is the lowest they have experienced. The candidates were, however, of high calibre and were all appointable. Their survey of applicants indicated that the majority applying to the East Midlands were doing so for geographical reasons and wanted to stay within the East Midlands.

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 has been extremely successful.

Trainee Satisfaction

The GMC National Training Survey had highlighted satisfaction rates at one Local Education provider. The School has investigated the reasons for this. The School has been able to identify three issues as follows:

1. Reconfiguration of services. The impact on training had not been taken into consideration when the delivery of maternity services was reconfigured at UHL. This now requires trainees to work over two sites which has had an impact on both service delivery and satisfaction of trainees in their training. It has resulted in trainees finding it more difficult to access training opportunities that they require for their level of training.
2. The specialty of Obstetrics and Gynaecology has seen a large shift in the demographics of their trainee workforce, such that a large proportion are female. This has impacted the specialty, with a number of trainees on maternity leave and now undertaking less than full-time training. The decision to stop Locum Appointments for Training in Obstetrics and Gynaecology on a national basis has impacted on the programme and leaves gaps in the programme when trainees are on maternity leave or choose to train less than full-time. This has had a particular impact on the department at UHL. This has been recognised by the department who have increased their Consultant numbers by appointing Locum consultants on a temporary basis, however it is not clear to the programme whether the Locums have a purely service contract or have time for training allocated in their role.

3. It is recognised that the model of senior working at UHL is now moving towards team working which will aid training and education. The School of Obstetrics and Gynaecology would like support through the LDA to ensure that problems at this unit regarding training and education are resolved.

Bullying and Harassment

The School of Obstetrics and Gynaecology have recognised that there is a national problem with bullying and harassment within the specialty. The School had already undertaken work to decrease bullying and harassment in the workplace and have carried out further innovation to help with this problem. The School have appointed a Workplace Behaviour Lead who was chosen by the trainees. This is a person who the trainees feel able to approach should there be problems with bullying and harassment in the units that they are working. Following appointment, this person has been trained to undertake this role, and has been supported by the School to attend national training for the role. Bullying and harassment is not unique to Obstetrics and Gynaecology and the Quality Scrutiny Board note that a number of Schools are currently struggling with this problem. We would therefore ask that the School share this good practice with all other Specialty Schools.

Summary

The QSB note that there are a number of areas of good practice within the School of Obstetrics and Gynaecology, we are also aware that there are areas of risk of which some need support from HEEM. The QSB would suggest the following actions:

1. The School consider the current School Board structure.
2. Workplace Behaviour Lead – this practice is shared with Specialty Schools.
3. Trainee satisfaction – School continue to work with HEEM to resolve the issues at the LEP that has been highlighted.
4. The School share their work relating to bullying and harassment with all specialty school.

Schools of Paediatrics

Date of Board Sitting: 22nd October 2014

Report Compiled by Chair of QSB: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr W Carroll (Head of School), Louise Wells (Training Programme Director), Sam Deepak (ST1-3), Kate Bell (Educator and School 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 Quality Scrutiny Board were particularly keen to hear about the following areas in the presentation that is: Recruitment and Retention, the ARCP process and Patient Safety and Reduction of Incidents through enhanced education and training. The Board would like to thank Dr Carroll for including these in his presentation.

Schools Merger

The merger of the two Schools of Paediatrics into an East Midlands School of Paediatrics has been seen as a positive step and has resulted in increased standards across the East Midlands with sharing of good practice between what was previously the North and South Schools. As part of the merger there has been a 'whole' School induction this year which was well received by trainees. In addition the simulation training undertaken by Paediatric trainees is shared across the region to ensure full integration within the School. It was noted in 2013 by the QSB that there had been issues relating to engagement of senior faculty in some areas of the South. The Board were informed that the vacant College Tutor role within UHL had now been filled and that there was an increasingly positive attitude within this working environment.

ARCPs

The ARCP process this year has been School wide. The School were confident that all trainees had been assessed to the same standard. 25% of all ARCPs included an external assessor and a clear robust process had been implemented and adhered to. The QSB would recommend that the School of Paediatrics share their process with other Specialty Schools.

Service vs Training

The School of Paediatrics demonstrates the ethos that there is no demarcation between service and training. The School works with both its trainers and trainees to ensure that they understand that every interaction is a learning opportunity. In addition, they have set the standard that all Consultants are educational supervisors and trained to that level. This has ensured both good clinical and educational supervision. As part of the feedback loop they are developing a post review survey which has been driven by trainees to ensure that feedback is given to their Educational Supervisors on their performance in that role.

Recruitment and Retention

The School of Paediatrics has recognised that they have a significant problem around both recruitment and retention of trainees. They have looked at this problem and believe there are four factors that impact on their ability to recruit and retain trainees. These are listed below:

1. Ability to pass the theory and science exam. The School, in response to recognising this problem, have appointed a TPD who is responsible for supporting the School and trainees to improve exam pass rates.
2. Resilience – it is recognised by the School that Paediatrics becomes more stressful as a trainee reaches the senior years. This particularly relates to child protection issues and child death.
3. The School remains a net exporter in the GRID applications during the more senior years of training.
4. Recruitment to programmes in the South. Whilst the School of Paediatrics does fill its posts, those in the South are less likely to fill with first round applicants and fill during the clearing process. It is apparent that a number of these applicants, whilst wishing to undertake Paediatrics as a career, do not wish to be in the East Midlands and apply to move out of the region at the first opportunity. The QSB queried as to why there should be different fill rates between the North and South and the School is of the opinion that this relates to the reputation of the culture for training in one LEP in the South of the region. The School confirmed to the QSB that they have noted a positive shift in this culture and the appointment of a new College Tutor has been cited as an example of this.

Serious Untoward Incidents

The culture within the School of Paediatrics is that of a patient safety culture and they are able to evidence continued learning from SUIs. We recommend they share their mechanisms for doing this with other Schools.

Summary

QSB have highlighted areas of best practice within a School and also note that there are continuing risks around recruitment and retention. We ask that the School shares its good practice with the other Schools, particularly around post-reviews and the use of SUIs in education and training and how they have developed the ethos that there is no demarcation between service and training.

School of Psychiatry

Date of Board Sitting: 24th November 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Dr Sue Elcock (Head of School), Dr Mohammed Abbas (Quality Lead), Richard Higgins (Quality Manager) and Lynette Bentley (Educator and School Development) for attending the Board Meeting and engaging fully with the process. We are sorry to hear that the trainee representative was unable to attend due to an unavoidable travel issue. The presentation addressed the areas that the Quality Scrutiny Board had previously requested and these will be discussed in the report.

Medical Psychotherapy

The QSB were pleased to hear that previous issues relating to Medical Psychotherapy have now been resolved. Through the hard work of the School the Local Education Providers (LEPs) now have an understanding of the need for Medical Psychotherapy staff. The Medical Psychotherapy component of Psychiatric training can now be delivered by the School through the LEPs.

Faculty Development Day

The School of Psychiatry held their first pan-regional trainers development day which was attended by seventy Clinical and Educational Supervisors. The feedback from the day was extremely positive. This year the School are looking at further redesign of the event with the morning event dealing with generic issues and the time in the afternoon being used to look at local faculty development within each of the specialties in psychiatry for example; Old Age Psychiatry, General Adult Psychiatry, Forensic Psychiatry and CAMHS. The Quality Scrutiny Board will be interested to hear about the success of this event.

Royal College of Psychiatry Exams

The School of Psychiatry have recognised that within the region there is a problem in the final exam that is the CASC. The CASC is an oral exam. Trainees in the region have a below average pass rate, (47.6% compared with 56.6% nationally this year). On average trainees in our region do well on the knowledge based written tests although there was a poor success rate on paper 3 this year, the School acknowledged that this is worrying and are looking into the reasons for this. The problems with pass rates in the CASC exam are not new and it is recognised that some trainees in the region may have difficulty with communication.

The QSB would be interested to hear whether the College could provide the School with a more specific breakdown of the CASC exam, to help the School further understand the problem and develop targeted support for trainees in the East Midlands.

Communication skills are provided within the new MRCPsych course and the local trusts, notably Nottingham and Derby also provide their own communications skills programmes. The MRCPsych posts are being re-advertised as a lead and an associate which will lead on further developing the communications skills training provided with a £5000 budget from the CT study leave monies.

The QSB were concerned regarding the support provided in preparing trainees for exams. The model of adult based learning is good but currently relies on signposting, in particular to e-learning and this in itself may not recognise the different learning styles of the adult learner. The QSB would be interested to see an action plan from the School of Psychiatry to address the current poor exam pass rate.

Recruitment

It is recognised that recruitment into the specialty of Psychiatry is particularly difficult. The School of Psychiatry should be commended for the work that they are doing to ensure that trainees are encouraged to choose Psychiatry as their career. The School of Psychiatry are working with the Directors of Medical Education in the LEPs to ensure that medical students, foundation trainees and those on the Broad Based Training path have an excellent experience of Psychiatry and that the 'best' placements are selected for this group of potential Psychiatrists.

In addition the school has developed the CT Fellows, an example being the Darzi leadership posts in the South. These posts are now being replicated and implemented in the North of the School.

Handover

It has been noted during Quality Management visits to Mental Health Trusts that handover has been reported as an issue by trainees. The School has worked with Local Education Providers to improve handover and has been pivotal in encouraging LEPs to share good practice. An example of this is the handover model developed in the Derbyshire Mental Health Trusts which has now been shared and implemented in Lincolnshire and Leicestershire. The QSB would be interested to see audit work on how effective this model of handover is.

Curriculum Study Leave Budget

The School of Psychiatry are using the curriculum study leave budget in an innovative way. The QSB were told of the support for communication training and how money has been set aside to develop this support. The QSB were also informed of an initiative around career development to provide each trainee with access to a sum of money towards the end of their CT training to enable them to explore their career options.

Serious Untoward Incidents

The School of Psychiatry reported that SUI reporting was good in each Trust in that Clinical Supervisors were made aware of minor SUIs and worked with the trainee in question to ensure that these incidents did not happen in the future. More serious incidents were escalated to the DMEs who worked with the trainees involved and their Educational Supervisors. It was acknowledged that this ensured that individual trainees did not repeat 'mistakes', however there was no sharing of learning to all trainees. In addition the school did not know if there was a mechanism to inform either the GP Academies or the Foundation Schools if one of their trainees working in Psychiatry was involved in a SUI. The QSB ask that the School develops action plan as to how learning will be shared with all trainees and in addition how the GP academies and the Foundation Schools can be informed of SUIs.

Regional School of Psychiatry

It was acknowledged that this is the first year of the new School of Psychiatry following the merger of the North and South Schools. There remains a worry that in some areas engagement continues to be a problem. The QSB suggest that if issues of engagement continue the Head of School should seek help from the Senior Educators within HEEM.

Summary

The QSB commend the School of Psychiatry for the progress that they have made over the last year. The School have identified areas of best practice and it is evident that previous areas of risk have been mitigated. The QSB ask that the School carry out the following actions:

1. The model of preparation and support for exams is revisited and an action plan is in place by April 2015.
2. The model of identifying 'best placements' is shared with other Schools.
3. An action plan to share learning from SUIs is developed within the School and is shared with the QSB by April 2015.

School of Public Health

Date of Board Sitting: 24th November 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Catherine Prichard (Interim Training Programme Director), Julie O'Boyle (Quality Lead), Bruce McKenzie (Trainee Rep), Richard Higgins (Quality Manager) and Lynette Bentley (Educator and School Development) for attending the Board Meeting and fully engaging with the process. The Board would like to thank Julie O'Boyle (Quality Lead) for her presentation.

The QSB recognise that this has been a difficult year for the School of Public Health, with the continual changes nationally, regionally and locally. The QSB commend those individuals who have taken on interim roles to maintain the standards of the School of Public Health.

ARCP Process

The School of Public Health had this year introduced a number of changes to their ARCP process to align this with the Gold Guide and the processes that were being undertaken in other specialty schools. This change in process has led to a number of issues which have been identified by the school; lack of clarity regarding documents to be submitted leading to an increase in outcome 5s; decrease feedback to those receiving favourable outcomes. Having undertaken a review of their processes with the Quality Committee, the School Board and the StR Committee new processes have been put in place to ensure that the Annual Review of Competence Progression conforms to the Gold Guide and provides trainees with the support and feedback that they require. The School have put the following in place:

- ARCP documentation is on the VLE (guidance and checklist).
- All ARCP submissions are reviewed by an Independent Assessor who leads the review at the ARCP.
- All StRs are invited to attend to receive personal feedback.
- All StRs receive written feedback.

The QSB recognise that the School of Public Health, with their small number of trainees, is more able to provide face-to-face feedback to all those undergoing the ARCP process, which may not be possible with larger schools. The QSB ask that the School of Public Health share their process for given **written** feedback to all StRs with specialty schools.

Curriculum

The Faculty of Public Health are currently undertaking a curriculum review, which has involved consultation with all stakeholders including the School of Public Health. The School was very positive about the new curriculum which they believe reflects the new working environment for Public Health. The QSB were informed that the curriculum is due to be completed by January 2015 and will at this point be presented to the GMC for ratification. The School of Public Health are of the opinion that they will be in a position to deliver the new curriculum.

Trainee Engagement

The School of Public Health has an active StR committee which is working effectively. It is acknowledged that employment opportunities within Public Health are now varied, and the StRs have developed a programme in which they are able to look at employment opportunities for CCT holders that includes non-traditional openings for Public Health including the acute sector of the NHS and the third sector.

The use of the trainee survey is commended by the QSB as good practice. Results from the survey are collated by the Quality Team and reports are anonymised, responses are then presented to the School of Public Health sub-committee. The sub-committee are able to identify themes from the trainee survey and an example of this was that in previous years trainees had felt that trainers struggled in giving feedback to them. As a result of this the School of Public Health put in place more training for trainers on delivering and feedback and this area has been seen as more positive in this year's trainee survey.

It is recognised by the QSB that trainees in Public Health may come from either a medical or non-medical background. All trainees in Public Health undertake an annual Quality Management Survey. Those trainees who are medical professionals, of which there are six in the region, complete the GMC Survey, non-medical trainees access the survey through the Faculty of Public Health. Health Education East Midlands currently only has access to the GMC Survey results and has no access to the survey results of those who are non-medical professionals. This results in an incomplete picture of Quality Management being provided to HEEM and the School of Public Health. The QSB ask that HEEM works with the School of Public Health to access data that is currently not available to the Quality Management Team.

Masters in Public Health

The School of Public Health had in previous sittings of the QSB highlighted their concern regarding funding for the Masters of Public Health. The Board were today informed that due to the number of recruits entering the programme who have already undertaken an MPH funding for the Masters in Public Health has not presented a concern. The QSB would recommend that the School of Public Health need to ensure that the funding for the Masters in Public Health is transparent and recurrent and that they need to receive written assurance that this is the case

Senior Faculty in the School of Public Health

The QSB recognise that this has been a difficult year for the School of Public Health with the loss of the Head of School, TPD and Quality Lead. Currently the Head of School for Public Health in the West Midlands is acting in this role within the East Midlands and there are interim TPD, interim Deputy Head of School and a newly appointed Quality Lead. The interim posts have been advertised and currently the closing date on the current advert has been extended. The interim arrangements are in place until the end of January and the current holders of these roles have indicated that they would continue in the roles until the end of February 2015 if required. It is not clear to the QSB what plans are in place should HEEM fail to attract individuals to these roles. The QSB recognise that Public Health is a multi-professional specialty with Consultants from both a medical and non-medical background. The Board question whether the current generic job description being used by HEEM is biased towards those with a medical background, as this issue had been raised by the School of Pathology and therefore leads to difficulties attracting non- medical personnel into the roles. The

QSB is concerned that if it is not possible to attract suitable individuals to these roles, then the viability of the School is in question.

Summary

The QSB commends the School of Public Health for the work that they have done over the past year in what have been very difficult circumstances for them. The School have identified best practice around the ARCP process and have demonstrated how they continually review their processes and act on feedback. The school requires support in a number of areas from HEEM including the plans for senior faculty moving forward and around the National Trainee Survey data. The QSB ask that the School carry out the following actions:

1. Disseminate their model of written ARCP feedback to other specialty schools.
2. Clarify the funding stream for the Masters in Public Health and ensure that this is recurrent funding.
3. Work with HEEM to ensure business as usual should senior faculty not be appointed to the vacant positions.

School of Radiology

Date of Board Sitting: 22nd October 2014

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 W Adair (Training Programme Director, South), Sue Ackermann (Educator and School Development Team) and Karen Tollman (Quality Manager) for attending the Board Sitting and engaging with the Board.

The Quality Scrutiny Board have continued to develop their processes and two members of the Board were tasked with looking in detail at the report from each school. All schools were asked to submit their reports by 10th September 2014 to ensure that panel members had adequate time to prepare thoroughly for the QSB preparation day on 1st October 2014. It is at this event that all reports are discussed and the areas for 'scrutiny' are determined. It is apparent to the Board that by 23rd September the full report had not been submitted and therefore Mrs Guild and Dr Patel, the two members assigned to the School of Radiology Report were provided with a draft report. It was recognised at the meeting of 22nd October that this did not provide an accurate reflection of the school, and as a result has reflected on the effectiveness of the Quality Management process with the School of Radiology.

Presentation

The presentation gave an overview of the school and the changes implemented since the last Quality Scrutiny Board which are listed below:

- Robust mechanism for identifying trainees in difficulty has been put in place
- Bullying and intimidation is recorded
- Professionalism training in conjunction with the School of Paediatrics is currently in development and is then awaiting implementation.

The Quality Scrutiny Board were particularly interested in how the school supported and developed trainees, trainers and local faculty and were keen to hear about Less Than Full-Time training (LTFT) and adjustment of rotations and how trainees in difficulty were identified, fed-back to, and how remediated was delivered. The presentation did not cover these areas in-depth and the Board were of the opinion that this was a missed opportunity for the School to share this activity.

Serious Untoward Incidents

The school reported that they have a robust system to identify Serious Untoward Incidents (SUIs) using clinical governance leads within each department that hosts Radiology trainees. We were interested to hear that these clinical governance leads inform the college tutor in each department of the SUIs and that this information is escalated to the Training Programme Director and the School Board. It was reported to the QSB that there had been two SUIs involving radiology trainees in the past year and that the school were confident that their processes captured all SUIs. The QSB and HEEM request further information, to help in their understanding of how the school ensures that all SUIs involving Radiology trainees either as central participants or on the periphery are captured and used effectively as a learning experience. It has previously been reported to the QSB by other

schools that SUI information is difficult to obtain and therefore this process may be of interest to other schools.

Bullying and Harassment

The School of Radiology has been proactive in developing a nurturing environment to support both trainees and trainers in ensuring that bullying and undermining is not seen as a cultural norm. This has involved work with senior trainers and has culminated in a change of process in identifying and working with trainees who have specific difficulties.

One of the discussion points at the QSB was the tension between Radiologists and non-radiology junior medical staff when investigations were being requested. It was recognised that Foundation trainees may be sent on an errand to request an investigation with little relevant information. The QSB strongly recommend that the School of Radiology works with Heads of School from other specialties to ensure that CT and ST trainees recognise the professional knowledge and skills that Radiologists have. Also that Medical Professionals from other specialties recognise and understand the need for appropriate information when requesting investigations and acknowledge that Radiologists have the in-depth knowledge to determine which investigation is appropriate in a particular situation. Part of this understanding should be the consideration of the grade of doctor who may have the correct knowledge to enter into this professional conversation with the Radiologist to ensure the best outcome for the patient.

Innovation

The QSB were interested to hear about the areas of innovation that were highlighted in the presentation, these included links with Malaysia and Singapore. However these areas of innovation have not been included in the draft report and therefore the QSB would like a further update on the areas of innovation that have been developed over the past year to ensure that good practice is shared between Specialty Schools.

Outsourcing

The School of Radiology remains concerned regarding the use of Any Qualified Provider (AQP). In particular it was reported that the on-call work in most district general hospitals was now outsourced, as was the reporting of plain film reporting and simple MRIs. It was explained to the Board that this provides problems not just for the novice Radiology trainee but also presents a problem to the more senior trainees who find it difficult to maintain their skills. The QSB noted that this did not appear to be reflected in the ARCP outcomes and the GMC National Trainee Survey and would therefore suggest to the School of Radiology that they need to consider how they can gather data proactively to demonstrate the impact of the continuing use of Any Qualified Provider.

Summary

The School of Radiology has identified to the Board areas of good practice and risk. As a school and an organisation it is important that we continue to promote excellence amongst both trainees and trainers and therefore the school should continue to liaise with other specialty schools to share and learn from best practice throughout the region. The QSB request the following actions from the School:

1. An updated QSB report for 2014. In the report the section on Innovation is to be updated and describe the areas outlined in the presentation by 1st December 2014 .
2. An update on the SUI reporting as outlined in the report.
3. To work with other Heads of School regarding bullying and harassment as outlined in the report.
4. We recommend that the School considers how to gather data to show the effect of the use of AQP on training.

School of Surgery

Date of Board Sitting: 3rd December 2014

Report Compiled by Chair of Board: Dr B T Langham

The Quality Scrutiny Board (QSB) would like to thank Mr Jon Lund (Head of School), Mr Alastair Simpson, Senior Trainee Representative, Mrs Jill Guild (Head of Quality and Regulation) and Ms Kate Bell (Educator and School Development Manager) for attending the Board Meeting and engaging fully with the process. The presentation addressed the STAR rating system that had been highlighted by the School as an area of best practice in their Annual Quality Assurance assessment.

STAR Rating

The STAR rating system has been introduced by the School of Surgery to gather data about each placement. The rating system is based on six questions which, whilst giving relatively non-specific feedback, has demonstrated positive outcomes. To ensure validity and anonymity of data there is a need to get three sequential sets of feedback for each post and this has been achieved by making completion of this survey mandatory for ARCP. The QSB were informed by the Head of School that trainees have received an email to inform them that this survey is mandatory for ARCP sign off. The QSB ask that the School ensure that they have a robust evidence trail that indicates the need for this survey to be completed for ARCP sign off. The QSB suggest that the School talk with the Foundation School who have developed robust paperwork for this process.

Redistribution of Training Posts

The School has identified training posts which consistently under-perform despite input from the Senior School Faculty. The School recognise that the introduction of the STAR rating system may help improve a small number of these underperforming posts. The School however recognise the need to ensure that all training posts are of a high quality within a time-constrained training programme and that there is a need for poor quality posts to be lost from the programme. The School require timely support from HEEM to enable them to move trainees from these posts.

Bullying and Harassment

The Head of School informed the QSB that there have been instances of bullying and harassment of trainees by trainers. Trainees remain reluctant to formalise their complaints of bullying and harassment. On occasion, when trainees have put in formal complaints regarding bullying and harassment the School reports that there has been a lack of action on the part of the Trusts to resolve these issues. The Head of School requests further support from the wider HEEM organisation to support them in dealing more effectively with this problem.

Serious Untoward Incidents

The Head of School reported to the Board that the Senior Educators within the School of Surgery remain 'blind' to serious untoward incidents that involve trainees within their School. There remains no clear communication between the Local Education Providers and the Educational Supervisors and

Training Programme Directors within the School of Surgery. In addition, the Head of School is of the opinion that teams within Health Education East Midlands are informed of SUIs but do not forward this information to the School of Surgery. The QSB are concerned that learning from SUIs is not as yet embedded within the School of Surgery, due to an inefficient system of reporting. The QSB ask that the School of Surgery work with other specialty schools to understand their system for gathering of SUIs and how these Schools take the learning forward.

Women in Surgery

The School of Surgery proactively promotes Surgery for women, working with the local Medical Schools and also hosting 'female only' events to encourage more women into the specialty. The School is active in debunking the myth regarding women in Surgery and the QSB would like to commend the School for this work.

Curriculum Study Leave

The trainee representative for the School of Surgery reported that the curriculum study leave system appears to be a 'barrier' to the Surgical Trainees in applying for study leave. The Board were provided with examples of use of the system and that trainees after a six month period had not as yet received approval for either the leave or the funding. The QSB request that HEEM investigate these issues and determine whether this is specific to the School of Surgery or is a global problem.

School Merger

The Head of School has reported that the School merger has worked well apart from problems arising within Ophthalmology, in which it was reported that the North and South of the Region were not currently co-operating in sharing resources. The QSB are aware that there is currently a programme review being undertaken by HEEM on the Ophthalmology training.

Summary

The QSB commends the School of Surgery for the progress that they have made of merging the North and South Schools and for their work on the STAR rating system. The QSB ask that the School carry out the following actions:

1. There is robust evidence to ensure that all trainees are aware that they need to complete the STAR rating and provide evidence of this for ARCP sign off.
2. The School work with HEEM to enable them to move posts from those areas that consistently under-perform in a timely manner.
3. The School work with the team in HEEM responsible for CSL to understand and overcome the problems around approval and funding of study leave.
4. The School work with the other specialty schools to look at best practice for reporting and learning from SUIs.

Appendix 1

The table below indicates the date on which the Annual Quality Assurance Assessment was received from each school. All reports were requested to be received **by 10th September 2014**.

School	Date Received
Anaesthesia	Submitted on time.
Clinical Academic Training	Received on 18 th September 2014.
Dental	Submitted on time.
Emergency Medicine	Received on 23 rd September 2014.
LNR & Trent Foundation	Submitted on time.
General Practice Academies	Submitted on time.
Medicine	Received on 15 th September 2014.
Obstetrics & Gynaecology	Received on 19 th September 2014.
Paediatrics	Submitted on time.
Pathology	Received on 16 th September 2014.
Psychiatry	Received on 16 th September 2014.
Public Health	Received on 24 th September 2014.
Radiology	Submitted as draft.
Surgery	Submitted on time.