**PUBLIC HEALTH**

**MERSEY DEANERY**

**ANNUAL ASSESSMENT VISIT QUESTIONNAIRE**

**Zonal Training Programme Director**

**ZONE: Cheshire & Merseyside DATE OF VISIT: 9 October 2013**

**RESPONDENT: Hannah Chellaswamy, Training Programme Director, in consultation with Head of School and TPD, Greater Manchester**

**This questionnaire relates to the GMC’s Generic Standards for Training as revised in September 2009. (Website:** [**www.GMC.org.uk**](http://www.pmetb.org.uk)**) Programme Directors are asked to use the GMC’s document in conjunction with this questionnaire and comment as appropriate.**

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|  | **DEANERY** |
| **Domain 1 – PATIENT SAFETY****Standard 1 –** *The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe public health.***Standard 2 –** *There must be clear procedures to address immediately any concerns about patient safety arising from training.*Areas to be considered include supervision (including supervisor’s competencies and job plans) consent, working patterns and handover.HPA – (may be relevant)**COMMENTS: I have not been made aware of any concerns regarding working hours or supervision and believe the latter to be of high quality and consistent.** **Educational supervisors are appointed through a formal process and are held to account by Directors of Public Health in individual locations as part of the appraisal process. Educational supervisors are expected to keep up their skills by participating in Educator Development programmes, ideally once a year and, at least, once in three years. An audit was conducted of compliance with this standard at the end of last year and all those whose CPD was out of date were reminded of this requirement. During transition to local authorities and Public Health England, it is estimated by workforce development teams that between 5 and 15% of the specialist workforce was lost due to retirement and redundancy or redeployed. At the same time a wide variety of new positions were recruited to and some have since become educational supervisors. This does not appear to have had a major impact upon the number of educational supervisors, but there has clearly been a loss of those with the greatest experience. The school of public health is attempting to address organisational memory and succession planning.** **Health protection is the only branch with an element of direct patient care. Patient safety, as an area of concern, is rare as there are enough safeguards procedures and protocols in place. The quality of advice provided to commissioning organisations has the potential to impact on patient care, and public health interventions are capable of having unintended or negative effects as well as positive ones.**  |  |
| **Domain 2 – QUALITY MANAGEMENT, REVIEW AND EVALUATION****Standard –** *Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which deans are responsible.*This is largely aimed at Deaneries but Trusts must consider the compliance with EWTD, and Quality Control of posts and programmes in relation to training, assessment and curricula.**The school has not been made aware of any breach of EWTD. The vast majority of public health training grade full-time contracts is for 36 to 40 hours. Quality assurance is complicated by the fact that there are several locations in which training is carried out and, since the Health & Social Care Act 2012, the locations are largely non-NHS; even some NHS organisations, having been newly established (eg: PHE Centres), have not yet developed a track record. The three TPDs are in close contact with the Lead Trainer in each location and continue to support them. I am also in close contact with the Directors of Public Health. On the rare occasion when there have been issues, the trainees have felt confident to raise the matter with the TPDs.** **The school is following a deanery-led initiative to improve quality and assurance. This will consider outcomes including:** * **recruitment and the positive predictive value of selection and assessment tests it uses**
* **progress through training including exam passes and ARCP outcomes**
* **accreditation and performance of educational supervisors**
* **assurance of process**

**Registrars’ Quality Group:** **The Quality Group consists of registrars from across all three Training Zones and all stages of the training programme. The current group is co-chaired by an ST2 from C&M and an ST4 from C&L, with five further members, including the current chair of the wider Registrar Group. The remit of the Quality Group is to discuss, review and progress issues and ideas relating to improvement of the quality of training. The Quality Group was notably responsible for the co-ordination of the first School of Public Health Annual Event in 2013, with the next event currently being planned for March 2014. The current work plan also includes supporting the AAV, updating and developing guides for both new registrars and those completing training, and supporting induction and the development of the Buddying scheme.** |  |
| **Domain 3 – EQUALITY, DIVERSITY AND OPPORTUNITY****Standard –** *Postgraduate training must be fair and based on principles of equality.*This is also aimed at Deaneries but Trusts must consider Equal Opportunities legislation, information about posts and programmes and availability of equality data. Opportunities for flexible working, adjustments for any trainees who would otherwise face barriers to undertake the training.**COMMENTS:****As part of the accreditation of Educational Supervisors, they have to have undergone mandatory training on Equality Diversity, either the one provided by the Deanery or as part of the core set within individual organisations. Every trainer should have a good knowledge of equality legislation.** **Unlike hospital-based specialty, flexible working is more easily achieved in public health and we do have several registrars on flexible hours, either to achieve work life balance or to pursue additional options (eg academic component).**  |  |
| **Domain 4 – RECRUITMENT, SELECTION AND APPOINTMENT****Standard –** *Processes for recruitment, selection and appointment must be open, fair and effective.*This domain is the responsibility of the Deanery.**Public Health is part of a national selection process, operated through the Deaneries. This system appears to be working well and high calibre applicants continue to be selected.** |  |
| **Domain 5 – DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT****Standard 1 –** *The requirements set out in the approved curriculum must be delivered and assessed.***Standard 2 –** *The approved assessment system must be fit for purpose.*Trusts must consider the availability and appropriateness of practical experience, the compliance with ***Good Public Health Practice***, ability of trainees to attend training and other learning opportunities, and the provision of appropriate feedback on performance.**COMMENTS: As part of the Educator Development programme, educational supervisors are trained in providing high quality supervision and feedback on performance and how to comply with the requirements of ‘Good Public Health Practice’.** **The website is in the process of being updated to include support materials, including criteria on becoming an educational supervisor, how to access the necessary courses to achieve and maintain educator skills and competencies. There will also be advice common educator tools such as assessments, coaching and writing high quality supervisor reports** **ARCPs are run in accordance with the Gold guide. All trainees with CCT dates after summer 2014 have now transferred to the new curriculum and use the e-portfolio system. Most ARCPs take place in June, with a few in March and September, to match anniversary dates. There is a two stage process; the first is a document check where quantity and quality of evidence submitted is assessed and, where possible, a decision on progression is made. For those where documentation is inadequate or where an adverse outcome is expected, the second stage involves a face-to-face interview after which the final decision on progression is made. Panel members (in particular lay members) and StRs both report the value of educational advice and pastoral support from the ARCP panels and this is given where appropriate. It has been suggested the school runs face to face ARCPs for all trainees and the feasibility of this will be explored in the light of likely time and resource demand.** |  |
| **Domain 6 – SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY****Standard 1 –** *Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.***Standard 2 –** *Support, training and effective supervision must be provided for foundation doctors.*The key issues here are induction, educational planning, educational supervision, learning agreements, logbooks and portfolios, feedback on performance, career advice and support, working patterns and intensity, skills acquisition, bullying, audit, occupational health provision, time for education, multi-professional learning, confidential counselling services, study leave arrangements and academic training opportunities as appropriate..**Training locations are required to indicate numbers of Consultants who are trained as trainers.****COMMENTS:****Following the HSC Act 2012 and as a prelude to the transition to the new system, an audit of old and emerging locations was undertaken and the finding are available.****Induction: The programme has been audited over several years and we now have a well-established and well-evaluated programme of induction.** **Occupational health continues to be available via the Lead Employer (Whiston Hospital) and we are also following the Sickness absence and other HR policies, although these need to be embedded further. One pertinent issue is that local authority HR systems do not connect to the NHS systems but there hasn’t been any major issues identified as a result of this gap.****Careers Guidance****Trainees are encouraged to plan their career and prospective placements and are provided with an opportunity to reflect on this when they are issued with the annual rotation form at the beginning of each year.****Information and advice for prospective StRs is given by the Faculty of Public Health through the annual Mersey Deanery careers fair and on an individual basis by the Head of School. Trainees are encouraged to provide career guidance to people enquiring about entry to the speciality, and the StR group has nominated 2 people at varying points in training to undertake this.** **Training the Trainer courses go through the importance of effective educational supervision. Zonal meetings, organised by the TPDs, assist in relaying good practice for training and provide a support network for trainers.** **This was picked up as a key theme at the Annual School event this year and likely to be incorporated into future events.** **Standard 3 –** *Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.*Learning must be placed in the context of Clinical Governance and Patient Safety. Trainers must understand and use in-work assessment tools and review trainee progress giving appropriate feedback. They must deal appropriately with trainees whose progress gives cause for concern.**COMMENTS:****The ARCP process requires an organisation-specific performance assessment to form part of the overall assessment (Form 4 of the Consultant appraisal data set). All educational supervisors have had training in undertaking assessment as part of their own preparation for revalidation and as part of their role as managers and supervisors of staff.** **There is guidance on the Deanery web site on how to prepare a good Educational Supervisor report.****Standard 4 –** *Trainers must be involved in and contribute to the learning culture in which public health is practised.*Issues are the integration of service and education and the liaison between trainers.**COMMENTS:****Public health is good at undertaking shared learning and teaching and many educational supervisors participate in and contribute to collective learning. Some assist in exam preparation, some having formal teaching commitments.** **StR leadership in organising training support (eg exam preparation) and contributing to the work of the school is quite exceptional****Standard 5 –** *Trainers must be supported in their role by a lead trainer in each location and training programme director in each zone and have a suitable job plan and appropriate workload and time to develop trainees.*Issues include support and resources for trainers.**COMMENTS:****Each location has a named lead trainer who has one PA a week in the job plan assigned to this role and is held to account and performance managed by the Director of Public Health. The TPD is in close contact with each lead trainer to support and advice on emerging issues.** **The system of having a lead trainer, supported by three TPDs and the Head of School appears to be working well.** **New public health training locations in local authorities have been asked to provide high level (chief executive) commitment to the ongoing provision of training****Standard 6 –** *Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.***COMMENTS: Apart from a handful due a CCT in the next 6 months, all the registrars use the 2010 curriculum and e-portfolio. This does pose a challenge for some of the established supervisors who are better acquainted with the old ‘paper’ process. However, the new intakes of registrars become adept very quickly and manage to help their trainers.** **Educational Supervisors understand their role by attending Training the Trainer. They are provided with support and advice from the zonal training co-ordinators via emails, direct telephone conversations, 121 location meetings and lead educational supervisors’ meetings. In addition, they are directed to the Mersey Deanery and FPH websites for training information.****The three phases of the training programme helps with pacing the training and the examination schedule works well for most, apart from a few who need to have more than two attempts.**  |  |
| **DOMAIN 7 – MANAGEMENT OF EDUCATION AND TRAINING****Standard –** *Education and training must be planned and maintained through a transparent process which shows who is responsible at each stage.*Issues include clear descriptions of responsibilities, robust processes for specialty registrars, Directors at Board level with responsibilities for education and training, and clear roles and responsibilities for educationalists.**COMMENTS:****The division of work between Head of School, Training Programme Directors, Lead Trainers and individual educational and academic supervisors seems to be working well with each understanding their roles and responsibilities and, more importantly, understanding when and how to escalate issues or seek assistance.** **There is a plan to from an executive group of the school board.**  |  |
| **DOMAIN 8 – EDUCATIONAL RESOURCES AND CAPACITY****Standard –** *The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.*The issues are training capacity, facilities including libraries and specialty specific resources and equipment.**COMMENTS:****The school has an establishment of approximately 50 StRs. This varies throughout the year as there is a single entry point and multiple exit points. There are approximately 60 educational supervisors and it is natural for small numbers to be recruited each year and for a similarly small number to become training inactive. The school has approximately 100 training slots in specific locations meaning there is a high degree of flexibility around selection of rotations to meet individual educational needs****The specialist Training the Trainer courses are highly valued by educational supervisors. The service delivery model for clinical specialities within acute trusts does not always fit the needs of Public Health education and training objectives. It is intended to run further courses in spring 2014 and on an annual basis thereafter.** **Access to educational facilities and infrastructure has not been affected by the changes in the NHS, although local authorities do not have library facilities on site. Registrars continue to be able to have access to all NHS resources and academic resources.** **Following transition to local authorities and Public Health England, there is a need to undertake a census of training locations and educational supervisors to ensure they continue to meet quality standards****Since 2013, the Deanery has funded a clinical lecture post in Manchester University. A high quality candidate has now been appointed. Agreement was reached to fund a second post but this has been subject to cost efficiency savings and its status is currently unclear.**  |  |
| **DOMAIN 9 – OUTCOMES****Standard –** *The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.*Trainees must have access to outcomes of assessments and examinations for each programme.**COMMENTS:****Trainees do have access to outcomes of assessment and this is a transparent process between educational supervisors and trainers. The e-portfolio also assists this. In addition, Liverpool University produce a mid-year progress report for HOS and TPDs for ST1s on the MPH course. This helps identify those trainees encountering difficulties so that more support could be put in place by their learning network. Aggregated results of Faculty and university examinations are received by the school board and, after personal identification is removed, are shared with the StR body to inform their leadership of exam preparation programmes.** |  |
| **Signed:** **Date:** |  |

September 2013