

# HEALTH EDUCATION NORTH WEST

## ANNUAL ASSESSMENT VISIT

### PUBLIC HEALTH

9<sup>th</sup> October 2013

#### VISITORS:-

Postgraduate Dean:

Professor David Graham

Associate Director of Postgraduate GP Education:

Dr Richard Stokell

Lay Member:

Mr Phil Rule

# Annual Assessment Visit (AAV)

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## Purpose:

The purpose of the AAV is primarily to review the quality of training and is a Health Education England (HEE) and key part of Quality Management processes which are to satisfy the requirements of the regulator, the GMC.

The AAV has several other functions. It provides an opportunity for the Deanery and its staff to meet directly with trainees. The visitors also meet with Educational Leads, Educational Supervisors and trainers. It also provides an opportunity to highlight areas of notable practice and to identify any areas that require further work or development by the Local Education Provider.

While the AAV considers views, information and evidence on the day of the visit, the process also includes evidence from the previous AAV visit report, Care Quality Commission (CQC) reports, Monitor Risk Ratings, the GMC National and Local Trainee Surveys together with a trainee, pre-visit questionnaire.

At the conclusion of the visit the visitors also meet with the Senior Management Team including the Board Member responsible for Education.

Issues relating to Education & Training are reviewed and discussed leading to the formulation of an Action Plan to ensure any problems are addressed. At the same time, if any potential or actual patient or trainee safety issues emerge relating to the AAV process they will be dealt with appropriately.

Whilst the visit process is about the development and management of education and training, it relates directly to the development of the service and ultimately to the delivery of safe, high quality patient care.

*David Graham*

Professor David R Graham  
Postgraduate Dean

## **Introduction**

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The visitors had the opportunity of meeting the Head of School, training programme directors, and a wide group of educational supervisors and a large group of trainees. There were presentations by Richard Jarvis, Head of School, Hannah Chellaswamy, Training Programme Director and the Registrars, who presented an update which included pre-visit survey findings, the results of a focus group discussion and details of the School's successes over the past 12 months.

These presentations are appended. Satisfaction with Public Health training runs at 97.5% and all the information we received tended to support this view and identify similar areas for future development. (RS)

## **Outcomes of the Visit – 09/10/13**

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### **Mandatory Recommendations**

The issues highlighted with regards to employment matters must be resolved. These have the potential to have an adverse effect on training. The School of Public Health, the Deanery and trainees must work closely with the Lead Employer to develop services.

### **Advisory Recommendations**

1. The School should carry out the proposed census and have a clear record of trainees, their training location, educational supervisors and their levels of training, and readily accessible contact details.
2. Admin support for the School needs to be more efficient with enhanced advice and support from the Executive team and TPDs.
3. Placements and the mix of placements within programmes should be kept under review to ensure appropriate training for individual trainees.
4. The learning opportunities within Public Health England should be reviewed in order to maximise learning opportunity.
5. The development of educational supervisors should be maintained, taking the quality of educational supervision to the next level.
6. The proposal of inter-zonal transfers should be explored and considered.



# **Progress to Deal with Recommendations of Last Visit – 26/04/12**

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## **Mandatory**

It was agreed that in the face of the new arrangements a Transition group should be established to ensure that training and education remains of high quality under the new arrangement and report on a regular basis to the School Board and the Postgraduate Dean.

## **Update Sept 2013**

An online transition group has been established formally in September/ October 2013, following debate and discussion amongst School leaders and stakeholders. An action plan has been prepared and will be taken to the School Board in October. Some actions have already been started, such as those relating to communication with Local Authorities.

The transition group is composed of Training Programme Directors, Head of School, two Directors of Public Health, Specialty Registrars, and others. The group will ensure a safe transition for the School to new educational and health organisations.

## **Advisory**

1. It was agreed that a whole School event be held later in the year, with a particular emphasis on the on-going development of education and training, particularly in the light of the new arrangements. The whole School event should include both a high level strategic component and consideration of more operational matters.

A planning group will be established to design and deliver a whole school event that will include vision and strategy as well as tactical and operational matters. Target date for the event is early 2013.

## **Update Sept 2013**

The whole school event was held on 26 March 2013, and evaluated successfully. It is intended for this to be repeated annually

2. The Training the Trainers initiative should continue to be developed.

Educator development events will be proposed to the budget holder for March 2013. We will deliver two days of educator development similar to the successful 2012 days, plus one focused on a specific training topic.

Training the trainers has continued to progress. Although there have been meetings between the Deanery and the Lead Employer, this continues to be a

source of dissatisfaction and will become a mandatory recommendation this year. (RS)

### **Update Sept 2013**

Two events were held in March 2013.

3. The Deanery will continue to work closely with the Lead Employer to ensure the resolution of some operational matters relating to HR issues and communication. In addition, the administrative support provided by the Deanery will be reviewed to ensure appropriate and efficient support for trainees, for example, relating to Study Leave and the organisation of courses.

Deanery, Lead Employer and Specialty Registrar representatives meet and communicate via email. An admin support review by the Deanery will be sought.

### **Update Sept 2013**

Two meetings between the School and the lead employer have been held. One was directed at improving sickness reporting and access to the lead employer HWWB service. Issues with Clinical lecturer posts remain unresolved.

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## Specialty

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### **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.

### **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** – Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.

**Standard 3** – Trainers must be involved in, and contribute to, the learning culture in which patient care occurs.

**Standard 4** – Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.

**Standard 5** – Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.



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## SpRs/ST3+

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See presentation from the Registrars.

The Registrars recognised the improvements to their training which have results from their own group which meets bimonthly. In addition to this, there is a Quality Group. Contributions from the Registrars have been recognised at ARCP in terms of Leadership Skills Development.

Key successes are listed in their presentation and there is much to celebrate.

The main issue raised at the visit concerned problems with the Single Lead Employer. Trainees reported problems with contracts/pay/sick leave which were difficult to resolve by contacting the SLE themselves and often required the support of the Deanery to gain a satisfactory outcome. It was recognised that the presence of both medical and non-medical trainees and a larger number of less than full time trainees and trainees having periods Out of Programme might make management more difficult but the current arrangements were compared unfavourably with previous arrangements. Trainees also commented on a lack of policies and poor information on the website.

Communication with the Deanery was also flagged up as an area causing some frustration. Some trainees felt correspondence was slow. This mainly centred on outcomes of ARCPs where formative comments were slow to be sent out when they were valued for PDP planning.

Educational Supervision was rated as satisfactory or above by all trainees in the survey but it was felt that more consistency was needed in this. There was variation in expectation and assessments between Educational Supervisors but also trainees felt that the level of challenge of the work in placements should be more closely aligned to the trainee's previous experience. Understanding of the curriculum and e-portfolio among Educational Supervisors was also felt to be quite variable. In addition to this, it was felt that where Educational Supervisors had carefully prepared the learning environment in new placements by, for example, briefing ancillary staff about the skills, experience and needs of the Public Health trainees, this significantly enhanced the placement.

Inter-zonal transfers were also discussed. Some trainees felt that long commutes had impacted on their learning and wished to explore this possibility. The application process for training and placement of trainees has changed in recent years and the senior trainees recognised that this would also influence setting up any inter-zonal transfer process. (RS)

### Issues identified (tick if applicable) – refer to Summary Findings

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Safety                           | <input type="checkbox"/> Equality, Diversity and Opportunity   |
| <input type="checkbox"/> Quality Assurance, Review and Evaluation | <input type="checkbox"/> Recruitment Selection and Appointment |
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# Summary Findings under GMC Domains

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## Domain 1: Patient Safety

**Standard 1** – The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care.

**Standard 2** – There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

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No issues identified.

## Domain 2: Quality Management, Review and Evaluation

**Standard 1** – Specialty including GP training must be quality managed, reviewed and evaluated.

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The Quality Group formed by Registrars from across the 3 training zones is actively involved in developing the training scheme and identifying issues which require additional support. They organised the first School of Public Health event in 2013 and a further event is planned for 2014. They support induction and communicate closely with the Head of School and Training Programme Directors.

Training the Trainers has continued in Public Health and further development of Educational Supervisors is planned. (RS)

## Domain 3: Equality, Diversity and Opportunity

**Standard 1** – Specialty including GP training must be fair and based on principles of equality.

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Educational Supervisors are all trained in Equality and Diversity. Flexible working is relatively easily organised and widely taken up by Public Health trainees. (RS)

## Domain 4: Recruitment, Selection and Appointment

**Standard 1** – Processes for recruitment, selection and appointment must be open, fair and effective.

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This is a national process. Head of School presentation provides details of the numbers of trainees being recruited. (RS)



## Domain 7: Management of Education and Training

**Standard 1** – Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

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Clear processes are evident at all stages of training. The Head of School, Training Programme Directors and the Registrars all provided evidence of good practice in their presentations.

### ***Notable Practice:***

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1. The School should be enormously proud of its achievements, in particular its outcomes. Despite the re-organisation, trainees completing the scheme are obtaining consultant posts and there has been a very high success rate in examinations; in one particular part this was at 100%. Trainees and trainers are to be congratulated.
2. The trainee network is an exemplar of excellent practice, with trainees taking responsibility to develop their training programme. This has included the e-based network for a positive attitude to giving feedback, and support for colleagues, particularly through the transition. The trainee network, and in particular the leadership team, is to be congratulated.
3. The Whole School Event: This was of benefit to trainees and trainers and to the development of the School.
4. The Transition: The Public Health Service has undergone significant re-organisation and, given the circumstances; it is gratifying to see that high quality training has been maintained and continues to develop.

## Domain 8: Educational Resources and Capacity

**Standard 1** – The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

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Educational Supervisors are trained to provide high quality supervision. The trainees commented that expectations and standards were somewhat variable and that improvements could be made by tailoring training to match the experience of the trainees in post. There was also variation in knowledge and skills in using e-portfolio.

ARCP were felt to be well run with helpful advice which feeds in to PDPs.

Support to trainees is well organised in Public Health. Induction arrangements are highly rated, careers advice is readily available and revisited during training and ARCP arrangements are also highly rated, with outcomes feeding into PDPs in a positive way. Trainer development is through Training the Trainers programme which is on-going. This process is supported by local meeting and support through TPDs. Leadership in education by the StR group is of great importance and is a notable practice. An audit of training locations has been undertaken following changes resulting from the Health and Social Act 2012 but further work updating e-mail addresses, contact details of all the Educational Supervisors is needed.

In Public Health, Educational Supervisors significantly outnumber trainees and there are no capacity issues overall.

Much of the support to trainees taking exams and moving through training comes from the trainee group who have developed a 16 week course to support progress to part A exams and a course with mock interviews for part B. (RS)

## **Domain 9: Educational Outcomes**

**Standard 1** – The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

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Success in part A, part B exams and in gaining consultant posts after training is outlined in the attached reports and demonstrates significant improvement. (RS)

## **Accommodation & Facilities**

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No significant issues identified.

## Summary

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**Was it necessary to complete a Patient Safety Action Card for this AAV?**

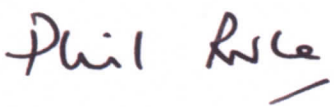
Y ☐ N ☒

**If there are mandatory recommendations do any require consideration by the Postgraduate Dean for a follow up or triggered visit prior to the next scheduled AAV?**

Y ☐ N ☒

Signed: .....  ..... Date: ..... 6.12.13, .....  
Postgraduate Dean

Signed: .....  ..... Date: ..... 14.11.13 .....  
Associate Director Postgraduate  
GP Education

Signed: ...  ..... Date: 8<sup>th</sup> November 2013  
Lay Member