NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 28 October 2015

Title and Author of Paper:
Medical Education Self-Assessment Report and QIP
Bruce Owen, Lisa Insole, Prathibha Rao, Brian Lunn and Karen Peverell

Paper for Debate, Decision or Information: Information and approval/decision

Key Points to Note:

NTW's self-assessment of postgraduate medical education delivered within the Trust is that we are performing well, achieving all GMC standards of training.

Performance indicators over the last year positive supporting this view.

Main challenges are recruitment, and significant service change.

Undergraduate education dipped in quality in early 2015 in Northumberland and Tyne, following changes has improved again. In Sunderland significant drop in UG feedback following implementation of changes this improved but early data and need to evaluate over longer period.

Number of areas of strength identified in postgraduate education.

Outcome required:
Will ask for comments and approval from board as required in our contract with HENE.

2015 Self-Assessment Report (SAR)

(Reporting period 1 August 2014 to 31 July 2015)

Postgraduate Medical & Dental Education

Organisations details:

Trust's name:	**Northumberland Tyne and Wear NHS Foundation Trust**
Trust Chief Executive's name:	**John Lawlor**
Director of Medical Education's name (or equivalent, please state job title):	**Bruce Owen** **Director of Medical Education**
Report compiled by:	**Bruce Owen, Lisa Insole, Prathibha Rao, Brian Lunn and Karen Peverell**
Report signed off by:	
Approved by the Trust Board; **(date / details)**	
Date signed off:	

The SAR is aligned to the GMC Standards for medical education; http://www.gmc-uk.org/education/index.asp

The SAR should be read alongside;

1. *GMC Standards compliance dashboard (appendix1 to the SAR) which can be found on tab1 of;*
2. *The Quality Improvement Plan (The QIP)*
3. *The collated departmental / unit reporting template*

1. Organisation overview linked to the GMC Standards

(Refer to GMC Standards for medical education)

*This section should be used to document a **high level summary** of the successes your organisation is most proud of achieving during the reporting period and highlight any challenges or important issues you would like HENE to be aware of now. We recommend organisations complete this section following collation and completion of the departmental (unit) reports.*

Successes the organisation is most proud of achieving during the 2014-2015 reporting period:

GMC standard theme 1 – Learning Environment and Culture
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. **S1.2** The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum
Over the past year the trust has continued to undergo considerable service change, during this period we have maintained a high quality of postgraduate training. This is evidenced by our own internal feedback processes, the School of Psychiatry trainee survey and the GMC trainee Survey. In the latter we have continued our trend of increasing the overall satisfaction level for trainees within the trust (84.83, compared to a national average of 81.74). Through working closely with local services and trainees despite there being some reduction in consultant numbers, in areas of change, the levels of clinical supervision have improved (93.4 on GMC survey, national average 89.19). Across the domains assessed in the GMC survey we scored above the national mean in all bar two domains, these being handover where our score has improved from last year and induction where the score has dropped slightly. A benefit of our work within clinical services has been that the profile of medical education has increased within the trust. The department has created a new post, the medical education development lead and the number of teaching fellows has been expanded from one to three. These posts will support innovative developments in medical education, aid delivery of high quality education, and enhance quality assurance. We have developed a new teaching programme since the last report using simulation as a tool, to allow the safe development of skills away from patients. The STEP programme, simulation training in emergency psychiatry, has been piloted and has received positive feedback. We plan to roll this training out for core trainees (CT1/2). (We now have three programmes that use simulation as a tool. The other two are the FACS communication skills module (FACS) and a two day course, preparing senior trainees (ST4-6) for the consultant interview, which incorporates a simulated interview. There is general agreement that New Ways of Working, the European Working Time Directive, changes in on-call rotas and the advent of crisis and liaison psychiatry teams have reduced trainee exposure to emergency psychiatry out of hours. It is estimated that the reduction is of the order of 76% (Mason et al 2006). We have over the last year been developing and implementing a number of strategies to address this. We have piloted a daytime on-call rota South of Tyne, where trainees F2, Core trainees and GP trainees are released from their regular clinical duties for a week to spend a week with the liaison team in Sunderland, seeing self-harm and liaison assessments. Similar schemes are being piloted North of Tyne. In the Sunderland and South Tyneside there is now increased opportunity for consultant supervision on-call following the introduction of extended consultant shifts and this is planned to expand across the trust. We will evaluate our strategy over the coming year, feedback from the GMC survey suggests the initial

measures have been effective with scores on the measure of experience increasing by two points to 84.68 (national mean 82.14). This is however a broad measure and a more specific audit of emergency psychiatry experience will be repeated once all measures are established.

We have developed Reflective Practice Training to improve the understanding and application of skills through self-reflection. This training fits with core training curricular requirements (ILO 19) and has been effective; the quality of reflection was not highlighted as an issue for NTW core psychiatry trainees at the most recent ARCP panel.

We have also developed an on-line training tool to help trainees complete the e-portfolio. It was made available in August 2015.

We are proud to have been able to support a core trainee who was awarded the Laughlin Prize for the best performance in MRCPsych examinations.

GMC standard theme 2 – Educational Governance and Leadership

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

The NTW education governance systems are described under theme 2. Good practice over the past year includes:

- Improved systems to measure the quality of Medical Education delivered.
- Raising the profile of medical education with medical education representation at the Corporate Decision Team ensuring that the needs of trainers and trainees can be considered as services develop.
- Trust development of a new post, Medical Education Development Lead, part of whose role is to work closely with teams undergoing service transformation to ensure the needs of trainees and trainers are being considered.
- Increasing the opportunity for trainees to be involved in service developments and policy review (an example is presented in theme 2).
- Trainee representative inclusion in the educational committee and discussions around development of workforce policies and practices involving trainees
- Recruitment strategy to fill vacant posts including developing a feeder scheme.

GMC standard theme 3 – Supporting Learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Learners receive educational and pastoral support with the processes described under theme 3. Many of the good practice items outlined under theme 1 are relevant here.

In addition, there is a new process for supporting senior trainees in research with a list of research leads and supervisors. For new ST4 starters, the research lead will meet with the trainee to help them to identify an area of interest, and guide them to an appropriate research supervisor. There is now a described process to support senior trainees in research, linked to the ARCP process and ARCP progression.

We have also included new session at induction on research and audit opportunities. We include more information on special interest sessions for senior trainees at induction.

We have set up a Balint group for foundation trainees. This gives trainees a space to reflect and explore psychodynamic processes and provide peer support. This is locally funded by the trust

and is being evaluated.

We have had our first teaching fellow post which was very successful both for the trainee and the department leading to an expansion in this role with three posts being appointed to in 2015

GMC standard theme 4 – Supporting Educators

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.
S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

Educators are selected, supported with induction and training and then appraised to reflect their education and training responsibilities.

- Each educational role is job planned with a trust wide agreement that educational and clinical supervisory roles are supported by 0.5 SPA.
- There is a described local process to support trainers to be appraised in their training role.
- There is a well-attended annual medical education conference.
- The faculty development programme is a successful training programme for trainers, which has been running for several years. We provide attendance and feedback information on these courses under theme 4.
- The medical education department runs a monthly CPD event, with lectures from local and national experts on a wide range of topics (Regional Teaching at the Jubilee Theatre). We have expanded our invitation list to include colleagues from other professions, including for example, the police.
- We have piloted an Evidence Based Medicine workshop. This is a CPD event aimed at senior trainees and consultants to maintain competence in critical appraisal.

GMC standard theme 5 – Developing and implementing curricula and assessments

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (N/A for Postgraduate)
S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Challenges or important issues that HENE should be aware of:

(Please reference to QIP action if applicable)

Remember; a challenge doesn't always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.
Please also include any inspections or findings such as an inadequate rating from the CQC.

GMC standard theme 1 – Learning Environment and Culture
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. **S1.2** The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.
The ongoing significant change in models of service delivery, as well as corporate services changes, present a significant challenge to training. Whilst we are pleased that to date we have been able to ensure training is considered as part of this change and opportunities for improvement identified this has not always been a smooth process and we are aware the ongoing change remains a challenge. The ongoing national psychiatry recruitment difficulties also pose a challenge. This is particularly difficult in the North East and we are alert to the ongoing contract discussions with junior doctors which may further impact on this.
GMC standard theme 2 – Educational Governance and Leadership
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met. **S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training. **S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.
GMC standard theme 3 – Supporting Learners
S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.
GMC standard theme 4 – Supporting Educators
S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities. **S4.2** Educators receive the support, resources and time to meet their education and training responsibilities.
The significant pressures on clinical services, and consultant trainers as well as those managing these services make implementing the agreed 0.5 SPA sessions to support clinical and educational supervisors challenging. This is something that has high level support within the trust and hence we are confident the progress that has been made in this will continue.
GMC standard theme 5 – Developing and implementing curricula and assessments
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (N/A for Postgraduate). **S5.2** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

2. Faculty of Postgraduate Medical and Dental Education

2.1 Faculty roles, organisation and accountability

If there have been any changes to your organisations educational governance structures since the previous SAR please detail this here, otherwise please state 'no changes'.
If there are any vacant roles, or risk to medical education please describe these here, including any plans to mitigate risk.

As part of a corporate review process the medical education team has moved from sitting purely with the medical directorate to sitting across both the medical and workforce directorate. The medical members of the team have remained within the medical directorate whilst the administrative and non-medical members have moved into the workforce team.
This has been done to more closely align the medical education, medical staffing and consultant appraisal and revalidation teams.
Following this change there has been a review of the administrative structure supporting medical education with a new structure being out to consultation, this structure brings increased administrative support to the department with a particular focus on increasing the quality of medical education and supporting positive developments. There is increased managerial support within the new structure and the team benefits from the support of two executive directors.
We have anticipated two potential risks to this change:

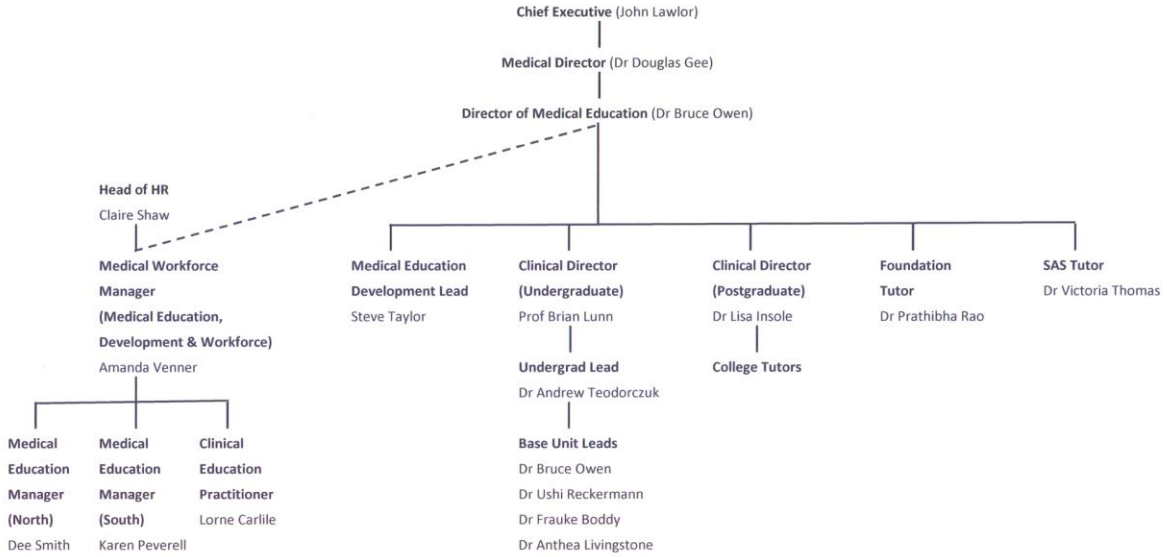
- Having medical and non-medical components of the team in separate directorates risks having a negative impact on communication and divergence of priorities. This risk has been addressed by establishing good systems to support communication within the team and cross directorate appraisals for team members. Further, the team objectives and priority setting for the education team remains with the DME whilst line management support is led from the workforce directorate.
- As noted above the change in structure had the potential risk of creating a divergence of priorities retaining the budgetary responsibility for medical education with the DME has been a further step to ensure this risk does not materialise.

Since the last report there has been:

- a new Clinical Director of Postgraduate Education appointed, Dr Lisa Insole.
- a new SAS tutor appointed Dr Victoria Thomas.
- a new medical workforce manager Amanda Venner.
- a new medical education development lead Steve Taylor.
- Establishment of 3 Teaching fellow posts.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Medical Education Structure



2.2 Faculty development (non-consultant colleagues only)

Please provide answers to the following questions.

Questions	Trust's answer	
Number of SASG doctors within the trust	**26**	
Total SASG funding received	**£28,972**	
Is the SASG funding ring-fenced to support SASG doctors only? (Y/N)	**Yes**	
Please describe the process by which the development needs of SASG doctors within your organisation were individually and collectively identified. Using funding allocated for SASG development; How were priorities decided?	**There is an active SAS forum which allows SAS doctors to meet, discuss their education priorities and development needs. This year the DME attended two of these meetings and works closely with the SAS tutor and SAS doctors to look at needs. It has been through these meetings that the allocation of funds has been agreed.**	
SASG nominated lead within the trust	**Dr Victoria Thomas**	
Please provide a description of how the Trust makes decisions about the allocation of funding (1-5 below)		
	Spending	**Detail**
1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)		**All SAS doctors have individual study leave allowances of up to £1000 per year to support training linked with their PDP. This is in addition to the ring fenced SAS specific events below**
2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)		There are three CPD focussed full day events run each year by the trust for SAS doctors. The topics covered are determined by the doctors and the SAS tutor leads on this. Attendance over the last year has ranged from 17-22 people per meeting and topics covered include DBT and mindfulness, use of peer groups, cognitive assessments and metabolic syndrome.
3. Payment for SAS tutors/leads sessions		Payment for SAS tutor 1 session
4. Administrative costs to support SAS tutors		0.5 WTE administrative band 3 administrative support provided for SAS tutor through medical education team
5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)		

3. Summary (self-assessment) against the GMC standards by theme

Narrative and description of <u>how the standards are being met</u>

Please describe how your organisation meets each standard. Remember; the supporting departmental / unit reporting information does not need to be repeated here. An overall narrative along with some organisational wide and departmental / unit examples may support the standard having been met overall. You may wish to reference to the supporting departmental / unit information.

GMC standard theme 1 – Learning Environment and Culture
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
R1.1 and R1.2 ***The organisation must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or education and training, openly and safely without fear of adverse consequences. Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.***   • In junior doctor induction, there is a talk about the professional roles and responsibilities of the doctor.   • The Trust has a system for reporting incidents and a whistleblowing policy (NTW (HR) 06). Guidance is available in the NTW trust intranet for both processes.   • Higher trainees are encouraged to spend a day with the safety team and to attend a serious untoward incident panel.   • All trainees with any involvement in serious untoward incidences (SUI's), are encouraged and supported to attend the after action review and any incident panel in order to become familiar with this area of clinical governance.   • Reflective practice is promoted throughout the trust and in the last year, following the development of a training session on reflective practice, training was offered to all new core trainees   • Safety issues raised at the school visit have been responded to and signed off.   **R.1.3** ***Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.***   Serious Untoward Incidence (SUI) Process In line with GMC requirements, we have developed a system to identify when trainees are involved in SUI's, review their involvement in the case and provide support as needed. This process ensures that all cases of trainee involvement with an SUI are reviewed by a senior clinician and administrative member of the medical education team. Where the trainee involvement is felt to be significant they are asked to be involved with the subsequent investigation and supported through this by their educational supervisor. This information is sent to HENE.

The trust is currently reviewing the SUI process in line with NHS England recommendations.

R1.4 ***Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong-known as their professional duty of candour and help them to develop the skills to communicate with tact, sensitivity and empathy.***

- To emphasise doctors' responsibilities, all doctors in the trust were provided with information outlining their professional duty of candour in July 2015. We also deliver training on professionalism and transparency in trainee induction

- Developing skills in communication is given high priority within the trust. As well as feedback and guidance through WPBA, trainees are also offered specific training focussed on this:

    1. FACS communication skills programme (formative assessment of communication skills). Target audience, CT1 and CT2 trainees, all core trainees offered this, delivered 12th June 2015.
    2. A number of postgraduate teaching programmes include sessions on communication skills.
    3. Over the last year we have piloted the use of simulation to deliver teaching in managing emergencies in psychiatry, a key part of this is looking at communication with patients and colleagues
    4. We run MOCK CASC preparation courses for trainees

We work closely with colleagues in the trust safety department in order to ensure safety standards are adhered to. We have over the last year measured our practice against safety standards through a trust wide audit looking at safety of interview rooms used by trainees and more recently completed a second audit looking at the safety of 136 suites and rooms used for psychiatric assessments in acute hospital settings. Outcomes from these audits have been presented to the medical education committee and shared with the trust safety team who have supported implementation of change
A number of issues around safety were raised through the school visit, these again have been addressed with the support of the trust safety team.

R1.5, 1.6
Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patients safety and care, and on education and training. Awareness of processes for clinical and educational governance and local protocols for clinical activity.

The college tutor quality assures posts every 6 months to ensure the learning environment and culture in each post is safe for patients and learners as described under theme 2.

R1.7
Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

Our trust is undergoing service transformation which will reduce the number of consultants working in the community. Members of the medical education team meet with the transformation team to ensure that the needs of trainees and medical students are not lost in the process and that the time required to provide teaching and supervision is protected. This is an ongoing

process, which started in Sunderland but is being expanded across the trust and poses a potential risk. The DME has regular meetings with the Medical and Nursing Directors as well as Group Medical Directors ensuring medical education is considered as changes are planned. The newly appointed medical development lead will take an active role in participating in workshops about community service re-design.

The college tutors check that trainees have access to appropriate clinical supervision. One college tutor mentioned an issue with access to clinical supervision for the psychotherapy aspect of one of the posts. The issue was addressed and a new clinical supervisor has been identified.

GMC survey 2015:

- Workload: mean satisfaction for workload, 57.47% (national mean, 47.25%)

There are difficulties recruiting doctors to the North East of England. This has resulted in vacancies and occasional problems filling the on-call rota. This is a challenge but patient care is not compromised.

- The trust will employ locum doctors to fill gaps.
- There is a described process for gaps in the on-call rota when there is an unexpected absence.
- There is a recruitment strategy including recruiting overseas doctors.
- There is a new feeder scheme. This is a joint venture with TEWV
- We are working with partners to encourage HEE to look at ways of supporting recruitment to the North East

R1.8
Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support must be outlined to the learner and supervisor. Foundation doctors must at all times have on-site access to a senior colleague. Medical students on placement must be supervised.
R1.9
Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.

R10.1
Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

The trust has a clinical supervision policy, with an appendix which gives clear advice on clinical supervision for junior doctors, based on GMC guidance. This is available on the intranet. As part of the on call guidance, all senior doctors supervising trainees at the start of each shift make direct contact with the trainee, this is helpful in determining their experience and guiding the level of supervision. In Sunderland and South Tyneside there are now resident consultants as part of the on call team for extended hours.

All higher speciality trainees who may be providing clinical supervision are given training on models of doing this within their induction programme and are also able to attend training provided on the faculty development course.

There is guidance provided for clinical teams outlining the different types of trainees working in the trust and their differing roles ('who's who).

In the faculty development programme there is training on Educational Supervision for Mental Health, and Line Management of Trainees, the details of this are covered under theme 4.

The GMC National Trainee Survey, 2015:

Clinical supervision:

- 93.41% satisfaction (national mean 89.19%), which reflects changes made locally in the clinical supervision policy. Child and adolescent psychiatry was a positive outlier for clinical supervision out of hours.

Educational supervision:

- Grouping by trust/board compared to all UK trainees, 87.55% satisfaction (national mean 89.82%). This was within the IQR but lower than the national mean.
- Looking at post speciality groups, satisfaction with educational supervision was as follows: Child and adolescent (87.96%), forensic (93.75%), general adult (87.5%), medical psychotherapy (75%), old age psychiatry (90.6%), psychiatry of learning disability (85%), rehabilitation medicine-(numbers too small to report). The psychiatry mean is 88.30%.
- Looking at the programme group by trust, comparing to programme groups:
- CPT 85.04%, (national mean 88.67%), child and adolescent 87.5% (national mean 86.54%), general psychiatry 91.67% (national mean 88.03%), old age psychiatry 91.67%, (national mean 86.54%). Numbers were too small to report for forensic, medical psychotherapy, FY1 and 2, psychiatry of LD and rehabilitation medicine.
- We were surprised to see this reduction in educational supervision scores and have attempted to triangulate this with other data. Our internal monitoring suggests all GP and psychiatry trainees are having regular good quality educational supervision, this is supported by the school of psychiatry survey where educational supervision was noted as a real strength in core training and good in higher training. Local data did highlight that a small number of foundational trainees were not having weekly one hour of educational supervision, which is now being addressed.

Since November 2014, NTW has agreed that the role of educational supervision should equate to 0.5 SPA within job planning

There are extended consultant resident working hours in Sunderland (5-9pm weekdays and 9-5 weekends). An audit is currently underway looking at how this has impacted on trainee experience.
Results from the raw data: 20 trainees in total responded, with some of them on the rota prior to the introduction of the ROC (resident on call), and hence able to give pre and post comparisons (a mixture of core, GPVTS and FYs)

- 90% of trainees had been satisfied with access to clinical supervision for new inpatient admissions even prior to the ROC and this number marginally increased
- Although a small increase, some trainees felt able to join crisis team in assessments leading to admission
- Majority continued to not feel that they were ‘part of a team’ when out of hours, although there was some improvement post ROC
- 80% of trainees felt that the ROC was enriching their overall emergency training psychiatry experience.

R 1.11

Doctors in training must only take consent for procedures appropriate for their level of competence. Learners must act in accordance with GMC guidance on consent.

ECT is the only procedure requiring consent. There is an ECT policy which gives clear guidance on consent. There is an ECT rota, so that trainees can obtain experience in this area.

R1.12 *rotas*
Appropriate supervision is available on-call. There are two on-call handbooks for the North and South of Tyne to aid junior doctors on call. Core trainees, GP trainees and F2 doctors work a full shift system. Senior colleagues make contact with them at the start of the shift to ensure they are contactable and ensure they know who to call if required. There are compensatory rest arrangements in place as needed.

GMC survey 2015:
Clinical supervision out of hours, satisfaction 88.67%, (national mean for trainees, 88.44%)

R1.13 *Induction:*
Last year all new trainees attended induction, except for one trainee who was ill but was able to watch the DVD recording of the induction programme. Induction is based on the standardised format followed across the Trust as indicated by the National Patient Safety Agency.

In the GMC survey 2015, 84.85% were satisfied with induction, (national mean, 85.33%). This is in Q1 but is not a below outlier.

Feedback from the school visit on induction stated that trainees felt that they needed more information about safety on-call. In order to respond to this feedback, we arranged two meetings with junior and senior trainees to review induction arrangements across the trust and changes were made from August 2015 based on feedback.
Induction now includes more information on:

- On-call issues
- lone working and safety (all trainees risk assessed to require a lone worker device receive one, Hopewood Park has introduced a pack with a walkie talkie, alarms, fobs etc)
- information about statutory and mandatory training requirements
- information about local teaching programmes
- information about how to clerk a patient and complete the physical health section of the RiO document (computerised patient record)
- Information about research, audit and special interest sessions.

For those who start out of sequence, a video is made of induction and will be given to them. Senior doctor induction will be increased to bi-annual.

Information is given to consultant supervisors to guide them on what information junior doctors require with a sign off sheet to assure that induction and relevant training has been completed within two months of starting. Completion of essential training is monitored by the medical education team and reported to supervisors and through appraisal/ARCP.

R 1.14
Handover
The nature of handover arrangements in psychiatry result in mental health trusts scoring lower than average. In the GMC survey 2015, our score improved to 54.11% (compared to 52% in 2014), however this is lower than the national mean for trainees (69.67%) but remains within the interquartile range.

- Information on handover is included in induction.
- Handover time is built into each rota.
- There is a described system, which is included in the on-call handbooks.

R1.15
Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

In the GMC survey 2015, satisfaction with feedback was 87.56%, (national mean, 77.01%). We were pleased with this improvement as increasing feedback has been a recent focus of a number of elements of our training to trainers including the theme for the trust educational conference in 2014.

There is training on WPBAs through the Faculty Development Programme (see under theme 4). There were no concerns about trainees' access to WPBAs at ARCP panel except for CABDG feedback, which was delayed for a number of trainees. This led to a slight delay in some trainees receiving an outcome one but was rectified.

R 1.16

Protected time for learning

Trainees are required to attend the MRCPsych course and attendance is monitored (minimum 70% attendance is required). Trainees also have protected time for psychotherapy training. There are 8 local postgraduate teaching programmes. There is also an ST trainee forum.

Feedback is sought from college tutors about protected time for learning. In Newcastle some trainees report finding it hard to attend local postgraduate teaching due to other commitments. One of these trainees can access local neuropsychiatry teaching. This typically affects the trainees who are based remotely from where teaching is delivered. These trainees are not prevented from attending. In North Tyneside local postgraduate teaching clashes with foundation teaching. Foundation teaching is prioritised for these trainees. For CAMHs there a full day a month of CAMHs specific teaching. College tutors are asked to locally monitor this.

R 1.17

Organisations must support every learner to be an effective member of the multiprofessional team, promoting collaboration between specialities and professions.

- Trainees work as part of a multiprofessional teams. They are involved in the Care Programme Approach process, MDT meetings and ward MDT. Teams typically include doctors, nurses, social workers, support workers, occupational therapists, and clinical psychologists.

- There is a quarterly Mental Health Specialty Group, which focuses on research in the region. This group gives an opportunity for sharing good research practice and experience and because invitees are not confined to psychiatry will hopefully foster collaboration.

- Neurology colleagues have been invited to attend the Regional Teaching (monthly lecture series). Our colleagues from the police force have also been invited to upcoming relevant regional teaching.

- Multiprofessional training has been identified as an area to develop.

R1.18

Organisations must make sure that assessment is valued and that learners and educators are given adequate time to complete the assessments required by the curriculum

Trainees are asked to score adequate experience based on practical experience and competencies they received in their posts in the GMC survey.

- Adequate experience, 84.68% (national mean, 82.14%).

As part of the Faculty Development Programme we run an Assessment Training Course which is a high level course aimed at those involved in the development of assessments. We also run training on delivering WPBA's.

Reflective practice training, this was a newly developed session aimed at core psychiatry trainees, following the introduction of a new ILO based on reflective practice. Two sessions have now been delivered and this now forms part of the training offered by the trust to core trainees The quality of reflection for CT1 trainees was not highlighted as an issue for NTW trainees at the most recent ARCP panel.

Exposure to emergency psychiatry
It is recognised at a national level that changes to service provision, the advent of liaison and crisis teams, have reduced trainee exposure to emergency psychiatry. A taskforce has been set up by the Royal College to Psychiatrists. We have reflected on the recommendations of the taskforce report.

- An emergency psychiatry audit was conducted in 2014 to assess exposure to emergency psychiatry.
- A survey was sent out prospectively to all 72 trainees covering a 6 week period from 3.11.14 to 15.12.14.
- There were 17 respondents (14 from core psychiatric trainees, 2 from GP trainees and one from a broad based trainee).
- In that period, 35% had no emergency assessments. Of the 65% who had assessments, 59% had at least two assessments (the breakdown was 53% self-harm, 12% liaison and 29% crisis assessments). One person had other assessments, 136, 5(2) and section 2.
- Although the response rate was low, the number of assessments carried out in a 6 weeks period was very low and of concern.

A meeting was held about emergency psychiatry exposure including representatives from trainees. Changes to on-call rotas and daytime working have been made from August 2015. Local solutions have been developed in collaboration with colleagues in each area to ensure workability. For example, South of Tyne, there is a mandated week with the liaison team with the opportunity to see both self-harm assessments and liaison psychiatry assessments under the supervision of the liaison consultant. Exposure to emergency psychiatry will be monitored.

R1.19
***Organisations must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support*.**

- Trainees are using the e-portfolio and there were no concerns about this at ARCP panel.
- An on-line training tool has been developed to help trainees complete the e-portfolio. It was an iterative process with changes made to the training based on feedback from a trainee. This went live in August 2015.
- Feedback is sought in the college tutor reports on access to library and IT facilities. This was not raised as a concern.

R1.20
Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.
Psychiatry curriculum does not have technology enhanced learning opportunities. We support access for GP trainees. Simulation based training has been developed.

STEPS (Simulation Training in Emergency Psychiatry)
Simulation based training has been recommended by the Emergency Psychiatry Task Force.

- 2 day course with 4 trainees in each group and 2 groups running simultaneously.
- There is funding to repeat this training for the next two years.
- The course is targeted at CT1 and CT2 trainees.

- The training includes 6 scenarios on emergency psychiatry with others watching via a video link.

Following a successful pilot this is now being implemented as part of the training offered to core trainees. There will be ongoing evaluation, the feedback from the pilot was positive (nb- only 4 trainees in pilot)

We also run a course, '**preparing ST 4-6 for consultant posts'**. The last session was on 3rd to 4th of November 2014.

- This is a two day course
- The training covers a simulated interview, and presentations on promoting resilience, chairing an effective meeting, getting involved in research, leadership using the Myers Briggs Type Indicator, leadership styles for the modern NHS, and teaching knowhow.
- There were 30 attendees from around the country.
- There were a total of 717 ratings over the 8 sessions.
- 52% rated the training as excellent, 41% above average, 7% average and less than 1% below average.

Health education North East has asked the organiser to consider aspects of the programme for wider sharing including chairing an effective meeting, which could be used as part of HENE wide training.

Feedback on the FACS programme (simulation based training in communication) has been presented elsewhere.

R1.21
Organisations must make sure learners are able to meet with their educational supervisor as frequently as described by the curriculum.
Access to educational supervision is monitored through the college tutor and the department of medical education.

R1.22
Organisations must support trainers, supervisors and learners to undertake activity that drives improvement in education and training to the benefit of the wider health service.

We deliver a faculty development programme (theme 4), we encourage supervisors and appropriately staged trainees to link with Newcastle University School of Medical Education staff development programme. We jointly ran a undergraduate education conference for trainers with the University

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

All trainees working in the trust have a named clinical supervisor. The educational agreement drawn up between supervisor and trainee is designed to help the trainee to meet the learning outcomes required by the curriculum and Good Medical Practice. Training posts are approved and have job descriptions mapped onto the appropriate curricula. All foundation, core and GP trainees also have an educational supervisor who meets with trainees regularly to support their training, help them reflect on feedback and prepare them for ARCP's. For higher speciality trainees the clinical supervisors also take the role of educational supervisors in line with School of Psychiatry guidance. The trust job plans and provides training for both these roles as well as supports appraisal in these roles. This training covers both educational and clinical supervision as well as line management responsibilities ensuring training occurs in a safe clinical environment. Progression is mapped through the ARCP process. The trust works alongside the school of psychiatry and TEWV looking at tracking higher trainees through training and into consultant posts through the joint workforce group.

For core trainees we formally track progression through training, including exam progression. We are evaluating whether this can be predicted from other information (interview scores, feedback from earlier assessments) in order to establish if additional support can be provided for trainees at higher risk of delayed progression.

ARCP data for core trainees July 2015:
ARCP outcome 1 or 6: 20
ARCP outcome 2: 4
ARCP outcome 3: 2
ARCP outcome 5: 1.
There is one trainee who is out of programme. Nationally we are aware that one in five trainees do not progress to higher training; no trainee got an outcome 4 in this round

One of the trainees won the Laughlin Prize in psychiatry in the MRCPsych examination.
We do not currently formally track progression for GP, foundation or higher trainees.
(R2.5)

The organisational culture values education but transformation of services could be a potential threat and we will be attending transformation workshops in order to assure that the needs of medical students and trainees are not lost in this process.

GMC standard theme 2 – Educational Governance and Leadership
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
NTW has an established educational governance system. Key elements of this include: • Defined roles and responsibilities for trainers at all levels • Defined process to quality manage individual training posts and feed this back to trainers. This process involves regular review of training posts (foundation 2 yearly, core speciality and GP 3 yearly) looking at feedback from trainees through end of post survey and mid and end of post interviews with the college tutor. This review done jointly with college tutors, trainers and trainee representatives. The trust established a similar process for higher training posts over the last year, this includes broader feedback across all posts rather than individual feedback. • Processes in place to collect, review and respond to other quality metrics including annual review of GMC trainee survey (summary produced and shared with trainers, trainees and school as well as executive team including CEO), review of school of psychiatry survey (again widely shared including with senior management), feedback from trust induction and training events delivered by the trust. • Variety of live opportunities for trainees to raise concerns about training (meetings with clinical and educational supervisor, college tutor, education committee and through written feedback) and system in place to address this established with joint involvement with trust and school. • Regular (3 times per year) report to trust board from DME providing update and feedback about quality of medical education delivered by the trust • Approved job descriptions for training posts reviewed regularly as part of the quality management process ensuring these mapped onto appropriate curricula • Collaborative and open approach to quality visits from external bodies including HENE and school of Psychiatry, sharing findings and any changes implemented following these with all parties with an interest including trainees, trainers and trust management • We measure the quality of our educational programmes and present data on this

throughout the report.
(R2.1, 2.2, 2.4, 2.6, 2.7, 2.8 & 2.9)

In order to ensure educational resources are allocated and used for training there is a separate doctors in training budget with the budget holder being the DME. There is additionally trust agreement that all trainers have dedicated time (0.5 SPA) for educational supervision.
(R2.10)

With changes in corporate structures over the last year the profile of medical education has increased within the trust. There is medical education representation at the Corporate Decision Team ensuring that the needs of trainers and trainees can be considered as services develop. The trust have recently created and appointed to a band 8 post (18 months initially) part of the role of which is to work closely with teams undergoing service transformation to ensure the needs of trainees and trainers are being considered.

Over the last year the trust has been working to increase the opportunity for trainees to be involved in service developments and policy review. A particularly successful example of this has been the establishment of a working group with trainees and service managers looking at how the trust can improve its monitoring and management of the physical health needs of patients with mental health problems. Trainee representatives are included in the educational committee and discussions around development of workforce policies and practices involving trainees
(R2.3)

All trainees working in the trust have a named clinical supervisor who provides at least one hour of educational supervision each week and at the start of each post they and their supervisor complete an educational agreement. Training posts are approved and have job descriptions mapped onto the appropriate curricula. All foundation, core and GP trainees also have an educational supervisor who meets with trainees regularly to support their training, help them reflect on feedback and prepare them for ARCP's. For higher speciality trainees the clinical supervisors also take the role of educational supervisors in line with School of Psychiatry guidance. The trust job plans and provides training for both these roles as well as supports appraisal in these roles. This training covers both educational and clinical supervision as well as line management responsibilities ensuring training occurs in a safe clinical environment.
(R 2.11, 2.14 & 2.15). We present data on ARCP progression in theme 1.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

Recruitment in managed by the School of Psychiatry with support of the LET in a process largely centrally managed by the Royal College of Psychiatrists. The trust supports this process through supporting trainers in being involved in recruitment.
The trust supports all trainee requests to work less than full time when this supported by HENE/LET and similarly trainees with additional health needs. As well as making any recommended adjustments this includes the employment of additional locum staff to ensure there is not undue clinical demand.
Allocation of individual training posts is led by training programme directors, in the cases of core psychiatry training posts there is input from the trust ensuring all relevant information to inform this decision is available. There is a transparent process that is described and available on the trust website for trainees to see.
The trust as a host of trainees complies with employment law, Equality Act and Human Rights Act monitored through our medical staffing department which following recent organisational changes is working increasingly closely with the medical education teams.
The principles of professionalism are key to core trust values and this is emphasised through a training session on professionalism delivered at induction.
(R2.19 & 2.20).

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

All trainees have their progression regularly reviewed with their clinical and educational supervisors and annually as part of their ARCP. The trust ensures trainers have the time and training to provide this assessment and feedback. Opportunity for getting feedback and having WPBA's is monitored for each post as part of the quality management process described above.

The trust has a specific policy to support trainees with performance concerns, this is done in a supportive way with input from the trust, HENE and LET involved as needed. This is designed to specifically look at both learning needs for trainees, health concerns where present and patient safety. In all cases that are complex or impact on patient safety there is Director level involvement from the medical education team.

The trust also has an establish system for reviewing trainee involvement in SUI's, with dedicated medical and administrative input to ensure cases are thoroughly reviewed and any actions followed through and this information shared with HENE.
(R 2.12, 2.16 & 2.17)

GMC standard theme 3 – Supporting Learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

R 3.1 ***Learners must be supported to meet professional standards as set out in Good Medical Practice and must have a clear way to raise ethical concerns***

Trainees are encouraged to raise concerns with clinical or educational supervisors, college tutors or with the medical education department. They can also raise concerns through the incident reporting system.

The Trust provided training on changes to the Mental Health Act code of practice and interaction with the Mental Capacity Act. There was an additional teaching session at the Regional Teaching at the Jubilee Theatre.

R3.2 ***Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support.***

All trainees working in the trust have access to significant support provided through the LET and HENE including occupational health and the trainee support service. The trust provides training for supervisors including guidance about support for trainees and this is also covered in trainee induction. Trainees have access to a range of different supports in addition to their clinical and educational supervisor they can be supported from a college tutor, TPD or members of the trust education team. We have linked up a number of trainees with buddies to provide peer support, this is an opt in system taken up mainly by trainees new to the UK.

R3.3
Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem

Our own trust quality management processes have not identified problems with undermining or bullying. In the last year we had one incident where a core psychiatry trainee expressed concerns about the level of support they were receiving. This was investigated with the DME and Clinical Director for PG education. Whilst this investigation was going on the training post was left vacant, this issue is now resolved following meetings with the trainer.

There were no individual incidents identified in the GMC trainee survey and the combined data from the GMC survey identified that in no areas were we a red outlier, however we did have two pink flags for undermining and bullying for general adult and old age psychiatry. We as an initial step have revisited this through discussions with college tutors, and reviewed end of post feedback, neither of which identify this as a problem. We have also triangulated this information with other information. As noted above our internal monitoring has not identified any problems with this issue. Overall the trust score in the new GMC question relating to supportive environment was 79.16 (compared to national mean 76.14). We have also looked at the two programmes with pink flags, neither of these were red or pink outliers in the supportive environment question. We have also looked at broader trust friends and families surveys from medical staff which again do not raise concern about the working environment. The TPDs and college tutors have been made aware of this finding which is due to be discussed in the trust education committee and we have added an action into our QIP relating to this.

3.4 3.5

Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts. The needs of disabled learners must be considered.

- Questions on health and reasonable adjustments are included in the college tutor reports. There was no feedback reporting concerns in this area.

- Reasonable adjustments are made for those with illness or disability. For example, South of Tyne, there was a LAS trainee with special needs-extensive risk assessments and analyses were done to support the trainee to continue to train and work in appropriate environment. Furthermore adjustments were made to support foundation and core doctors who required adjustments for health reasons within the reporting period. Adjustments can include exemption from on-call rotas, adjustments to the workplace (equipment) or day time working patterns.

- Trainees can access health and well-being initiatives.

R3.6

Foundation training.

F1 trainees: access to shadowing prior to starting posts:

- Sunderland 4 full days and one hour competence assessment.
- South Tyneside 2 full and 2 half days
- NUTH 2 full days and Northumbria provide one day shadowing

We are liaising with acute trust to develop and standardise this

<u>Survey monkey feedback for foundation training.</u>

There were 15 responses (8 F1 and 7 F2) out of 19 trainees
End of placement feedback July 2015.
Responses were measured on a likert scale (1 unsatisfactory and 5 excellent).

The detail of this survey information has been reported to the foundation school. The overall satisfaction average score was 4.8 out of 5, areas of particular strength were knowledge of curriculum, safety and clinical supervision. The main area for improvement was induction which has now been changed.

R 3.7

***Learners must receive timely and accurate information about their curriculum, assessment and clinical placements*.**

- At Induction, we have produced a training grid, which helps trainees to identify their educational needs and requirements to facilitate movement between different stages of

education and training.

- Information about placements is sent out as soon as we receive information. There was a delay in sending out information this year as the core training job interviews were delayed.
- There are job descriptions on the trust intranet about individual posts, these are mapped onto the curriculum for core and BBT posts, and for a number of GP and foundation posts.
- We have produced a 'who's who' document which gives information about the grades and expected competencies of doctors in training-this is available on the intranet.

R3.8

Doctors in training must have information about academic opportunities and if they have appropriate skills, be guided to pursue an academic career.

- It was recognised that improving information in this area was a need, and data from the school survey supports this.
- An induction session for higher trainees is now offered jointly by one of the University Academic Psychiatrists and Trust Lead for research to make information available about research and audit opportunities.
- Information about research is being highlighted at local teaching programmes.
- A list of research leads and supervisors has been developed and has been made available for ST4 trainees.
- There is an ACF programme in place
- The trust is establishing a formal collaboration with Newcastle University and NUTH aiming to allow easier joint work between the organisation and provide clinicians support in research.
- We have an identified trainer able to provide an academic foundation post and would support this as should there be further foundation post expansion to meet targets.

R 3.9 (Relates to medical students-not covered in this section).

R3.10

Doctors in training must have access to systems and information to support less than full time training.

Doctors are supported in less than full time training. From August 2014 to February 2015, there were 9 trainees who worked less than full time. From February 2015 to August 2015, there were 3 less than full time trainees.

R3.12 ***Study leave***

There is a study leave policy and a described process.

- There is guidance on study leave including mandatory requirements, courses and conferences, private study leave, and examination leave.
- The study leave allowance is 30 days per year.
- There is an allocated budget of £650 for core trainees per annum, £950 for higher trainees per annum. There is separate guidance for GP trainees.

College tutors ask about study leave and no concerns were raised in this area, the school survey suggests this is an area where the trust performs well. 2 foundation year doctors reported difficulties in planning and booking study leave or annual leave in the reporting period. There was a core trainee who was unable to get a full quota of annual leave-this was moved into the next job. There were staffing issues, which were at the heart of these problems. Staffing issues are being addressed through our recruitment strategy and willingness to employ locum doctors.

R3.13
Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training, and be encouraged to act on it.

Learners receive feedback in WPBA and 360 feedback. There are opportunities for feedback in clinical and educational supervision. We were pleased to see our feedback score increase to 87.56 in the GMC trainees survey (national average 77.01)

We introduced local awards last year for trainees recognising outstanding performance in core, foundation and higher training. These awards were awarded at the trust education conference.

R3.14 R3.15
Learners whose progress, performance, health or conduct gives rise to concerns must be supported to overcome these concerns, or if needed, given advice on alternative career options. Learners must not progress if they fail to meet required learning outcomes or approved postgraduate curricula.

- NTW has a guide for educational supervisors on dealing with doctors with performance concerns ('Dealing with Performance Concerns with Doctors in Training, a guide for educational supervisors').
- There is also a trust policy, 'Handling Concerns about Doctors'.
- The Medical Education department in association with HENE supports clinical and educational supervisors, and college tutors if they have concerns about doctors in training.
- Trainees are subject to the ARCP process and will not progress of they do not meet required learning outcomes.

GMC standard theme 4 – Supporting Educators
S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.
Within NTW there are clearly defined educational roles with trainers appointed to these based on their experience. In 2014/15 we had our first Teaching Fellow post which was highly successful and has been able to support a number of developments in education. The success of this has led to us expanding this initiative and we advertised and appointed to three Teaching Fellow posts in 2015. Over the last year we have developed and introduced an enhanced consultant induction programme aimed at supporting new consultants in their role. Part of this includes all new consultants meeting with the DME in order to discuss trust medical education roles broadly as well as any specific roles. We deliver an established **Faculty Development Programme**, the courses have Northern Faculty of Medical Education approval: • Educational supervision • Line management of trainees • Work placed based assessment training • Assessment training (feedback given elsewhere) • Applying coaching and mentoring within educational supervision. **Educational supervision for mental health 12/9/2014**: **15 attendees** There was feedback from 9 delegates. 100% said the objectives were met 89% rated the session between a 4-5 with 5 being highest rating.

The learning objectives were as follows:

- To reflect on own approach to supervision
- To understand and describe the process of effective supervision
- To build on the understanding of supervision in relation to the RCPsych curriculum
- To have an opportunity to develop an individual learning plan.

Line Management of trainees: 12/9/2014
13 attendees.
There was feedback from 10 delegates. All rated the session as either relevant or very relevant.

The learning outcomes were to be familiar with:

- Policies and procedures relating to leave arrangements
- Policies and procedures relating sickness leave including emergency cover
- Be aware of responsibilities as an educational supervisor in relation to clinical supervision
- Be aware of responsibility in supporting doctors in difficulty and the systems that are in place
- Be aware on lone working

Work Based Assessment Course, 20/3/15
12 attendees
100% said that the objectives were met.
All responders said that the course was either relevant or highly relevant

Applying Coaching & Mentoring within Supervision, 7/10/2014
6 attendees
100% said objectives were met

We have also run a successful, well attended **Trust Education Conference in April 2015** which as well as providing trainers with an update on relevant developments in medical education provided workshops on:

- Making the most of Case Based Discussions.
- Supporting your trainee in being involved in research.
- Supporting your trainee in developing skills in teaching.
- There were 100 attendees.
- 44/100 responded to the survey monkey.
- 100% of responders rated the conference good/very good/excellent with over 80% rating it as either very good/excellent.

We provide a monthly CPD event for trainers and trainees to enable them to keep up to date with CPD: **Regional Teaching at the Jubilee Theatre:**

- There are 9, 2 hour events a year.
- The mean attendance over the past year was 53 delegates per event.
- A survey monkey results 28/4/2015.
- 42 respondents and 100% rated the event as excellent or good.
- The results of the survey were presented at the Medical Staff Committee meeting. Many of those who cannot attend regularly cite travel and parking as issues and changes will be made to the timing of the event to improve access. We will explore recording the teaching using ‘recap’ technology so those who cannot attend can still hear the lectures and use this for CPD.

We also run as part of the faculty development programme an audit course aimed to help trainers support trainees in completing audits. This is something we are promoting following feedback from the school survey.

We piloted a workshop to enable trainers to keep up to date with **Evidence Based Medicine and critical appraisal.** The first workshop ran on the 16th of June 2015.

The workshop was targeted at consultants and ST trainee doctors who have limited CPD exposure to Evidence Based Medicine updates. The workshop was evaluated to assess delivery and usefulness with all 16 attendees completing feedback. rating scores were high across all domains raining from 17-19 out of a possible 20.

We are planning to run the event again next year, increasing the number of facilitators to aid learning so that facilitators can attend other workshops. Some feedback suggested that there was too much information provided and we are planning to run the event over two days next year.

We have also run drop in sessions on different sites across the trust where members of the trust education team are available to discuss any issues relating to training and address any concerns.

We run a bi-monthly education committee attended by trainers from each locality, members of the medical education development and workforce team as well as trainees and representatives from the school of psychiatry. This allows not only sharing of good practice but also supports trainers in delivering a consistent approach to training across the trust.

(R4.1, 4.2, 4.3, 4.4 and 4.5)

We have over the last year described and established a local process to support trainers to be appraised in their training role. This process outlines the four specific training roles outlined by the GMC and how evidence can be mapped to GMC standards. Trainers and appraisers are provided with a guide describing the evidence that can be presented and we support this through both providing appropriate CPD and feedback on training roles.
Both trainers and appraisers have been informed of this through both written communication, guidance sheets, small group update sessions and a talk at the trust education conference.
The trust appraisal online tool SARD has been adapted to support this, with the guidance embedded into the system.
A system to support monitoring of trainer appraisal in their education role has been established so this can be monitored centrally through the education team and reported back to the GMC via HENE

(R4.6)

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

Each educational role is job planned with a trust wide agreement that educational and clinical supervisory roles are supported by 0.5 SPA. There are also locality based college tutors, a Foundation Tutor, SAS tutor and a Clinical Directors for postgraduate and undergraduate education who are all appointed through interview and supported in their roles. There remain some college tutor posts without centrally funded time although all are job planned; all other posts have dedicated centrally funded time and administrative support.

The faculty development programme is described elsewhere.

GMC standard theme 5 – Developing and Implementing Curricula and Assessments
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (N/A for Postgraduate) **S5.2** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.
Trainees receiving training within the trust are all delivered an induction which includes induction into educational opportunities and expectations as well as clinical ones. We work closely with the schools of psychiatry, medicine and primary care to ensure posts can deliver the curriculum and the necessary experience. We work closely with trainers to ensure there is an appropriate balance between training and service needs, and all trainees have weekly timetabled educational supervision, and good access to clinical supervision. Trainers are able to attend both local postgraduate teaching programmes as well as their programme central teaching (MRCPsych/GP/Foundation). As noted above in the report GMC survey, school survey and ARCP outcome data supports that this is done well. The nature of both psychiatry and rehabilitation medicine means that trainees are given opportunity to work in teams and we ensure trainees have adequate time in each post to achieve this, ensuring all trainees have at lead four months WTE in their post. (R 5.9) Supervisors all have appropriate training in both assessment and appraisal so they can deliver the college described assessments. Along with the school of psychiatry we have recently started providing direct feedback to trainers about the quality of their assessments in supervisor reports. This along with requiring them to attend ARCP panels as part of their trainer appraisal will we hope increase the quality of assessments. (R5.10 & 5.11)

Good Practice items

Also supporting the standards, please list any good practice items that you would like to highlight as an exception over and above the supporting departmental / unit information. These may include trust wide initiatives as well as departmental / unit examples. When considering items to list here, please consider the GMC definition of good practice;
You don't need to duplicate items from the successes section of the SAR.

*"...*areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances".

GMC standard theme 1 – Learning Environment and Culture	
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**
Serious Untoward Incidence (SUI) Process In line with GMC requirements, we have developed a system to identify when trainees are involved in SUI's, review their involvement in the case and provide support as needed. This process ensures that all cases of trainee involvement with an SUI are reviewed by a senior clinician and administrative member of the medical education team. Where the trainee involvement is felt to be significant they are asked to be involved with the subsequent investigation and supported through this by their educational supervisor. Emma Paisley/Lisa Insole at the Medical Education department St Nicholas Hospital Emma.paisley@ntw.nhs.uk Lisa.insole@ntw.nhs.uk	This process supports trainees through a potentially stressful process, fosters learning and familiarises trainees with governance processes. This is in line with NHS England recommendations.
Development of Feeder scheme Dr Bruce Owen Bruce.owen@ntw.nhs.uk	The development of a feeder scheme run jointly between NTW and TEWV is an innovative idea aimed to address recruitment problems in psychiatry and the NE. This has received positive feedback from the college who are exploring expanding this nationally.
S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**
An on-line training tool has been developed to help	Trainees asked for more training in this

trainees complete the e-portfolio. It was an iterative process with changes made to the training based on feedback from a trainee. Contact: Dee Smith, medical education department, St Nicholas Hospital. Dee.smith@ntw.nhs.uk	area. On on-line tool is the most helpful way of providing this training. The tool was developed by a trainee and had input from other trainees.
Reflective Practice Training Contact: Dr Bruce Owen, medical education department Bruce.owen@ntw.nhs.uk	This training was developed by a teaching fellow and addresses ILO 19 in the core psychiatry curriculum. The development of reflective practice is seen as a core skill.
STEP, simulation training in emergency psychiatry Dr Jo Parry and Dr Bruce Owen joanne.parry@nhs.net bruce.owen@ntw.nhs.uk Emergency psychiatry strategy Contact: Dr Lisa Insole Lisa.insole@ntw.nhs.uk	Reduced exposure to emergency psychiatry has been identified in on-call rotas through audit. Both simulation based training and the emergency psychiatry strategy seek to increase trainee exposure and training in emergency psychiatry with real and simulated learning experiences complimenting one another.
Extended consultant working hours South of Tyne Contact Dr Prathibha Rao Prathibha.rao@ntw.nhs.uk	80% of trainees felt that the Resident on call was enriching their overall emergency training psychiatry experience.

GMC standard theme 2 – Educational Governance and Leadership	
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**
Quality management system for training posts now been expanded to include core, GP, Foundation and higher training posts Contact Dr Bruce Owen and Emma Paisley bruce.owen@ntw.nhs.uk Emma.paisley@ntw.nhs.uk	This system both allows posts to be quality managed and provides the feedback for trainers to support both their appraisal and improving their post. The approach used for higher trainers should allow an opportunity to share good practice.

Involvement of trainees in developing services. Contact Dr Bruce Owen and Russell Patton bruce.owen@ntw.nhs.uk	The involvement of trainees directly in work developing processes and guidance for clinical services has been beneficial for trainees in gaining skills in a variety of areas including leadership. This has also allowed services changes to be informed by front line clinicians.
S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**

GMC standard theme 3 – Supporting Learners	
S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**
There is a new process for supporting senior trainees in research with a list of research leads and supervisors. Dr Lisa Insole Lisa.insole@ntw.nhs.uk	This should provide a clearer route into research, with clear supervision and governance arrangements, linked to ARCP progression.
The trust offers special interest sessions in education and management to help trainee develop skills in this area. Dr Bruce Owen Bruce.owen@ntw.nhs.uk	The trust provides the opportunities for higher trainees with an interest in management, research or education, to further this through special interest programmes linking in with senior specialists in these areas.
Balint group for Foundation Trainees Dr Prathibha Rao Prathibha.rao@ntw.nhs.uk	This gives trainees a space to reflect and explore psychodynamic processes and provide peer support. This is locally funded by the trust and is being evaluated.
Training mentioned under theme 1 would also be relevant here.	

GMC standard theme 4 – Supporting Educators	
S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**
There is a local process to support trainers to be appraised in their training role. Contact: Dr Bruce Owen and Karen Peverell Bruce.owen@ntw.nhs.uk Karen.peverell@ntw.nhs.uk	This gives formal guidance on the type of evidence required in appraisal and provides further recognition of a consultant's educational role. Adaptation of SARD supports this process
Evidence Based Medicine Workshop Contact: Dr Lisa Insole Lisa.insole@ntw.nhs.uk	This is an innovative workshop to help keep trainers up to date with critical appraisal and evidence based medicine.
Regional Teaching at the Jubilee Theatre Contact: Dr Lisa Insole Lisa.insole@ntw.nhs.uk	Monthly free CPD event open to anyone in the trust with an interest in the topic. Invites are extended to other professionals as relevant which enhances multiprofessional teaching
The trust annual education conference. Dr Bruce Owen and Dee Smith Bruce.owen@ntw.nhs.uk Dee.smith@ntw.nhs.uk	Whilst an ongoing event this remains an area of good practice, of particular note is that over 100 trainers attended this year, well over half of all trainers in the trust.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.
Each educational role is job planned with a trust wide agreement that educational and clinical supervisory roles are supported by 0.5 SPA. Having allocated SPA time to support an educational role demonstrates the value of this aspect of the consultant post and the need for this time to be protected. Contact: Dr Bruce Owen Bruce.owen@ntw.nhs.uk Expanding the number of posts in the medical education department including: Teaching fellow posts (expanded to three posts) and a medical education development lead New appointments will allow for more input into the development of innovative teaching programmes Contact: Dr Bruce Owen Bruce.owen@ntw.nhs.uk

GMC standard theme 5 – Developing and Implementing Curricula and Assessments	
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (N/A for Postgraduate) **S5.2** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.	
Description of good practice (and a named contact for further information)	**Description of why this is considered to be good practice**

4. <u>Specialties not meeting a standard</u> (narrative to support the Standards Compliance Dashboard)

Appendix 1 to the SAR and tab 1 on the QIP

From the Standards compliance dashboard (tab 1 on the QIP), Please list any specialties which are not fully meeting a standard. Please list the specialty and the standard along with any further detail or background that will help describe the current situation including why the standard has been rated as not being met.

Specialties listed here should also be added to the QIP.

GMC standard theme 1 – Learning Environment and Culture
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
All areas meet the standard.
S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.
All areas meet the standard.

GMC standard theme 2 – Educational Governance and Leadership
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
All specialties meet the standard. The systems for reviewing the quality of individual posts are embedded in core and GP posts and continue to be developed in higher training and foundation posts. At this point, the TPD for neuro-rehabilitation medicine leads on quality managing the posts in neuro-rehabilitation. She is supported in this through the School of Medicine, the Trust and the Medical Education Committee. We would like to extend the systems we have established to monitor the psychiatry posts to encompass the neuro-rehabilitation posts.
S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
While communication is recently improved and now good with VTS scheme doctors coming to the trust, and generally good within psychiatry, there remains room for further improvement in communication regarding foundation doctors and their previous performance issues, hence for this area we are rating foundation training as partially met, all other areas full met the standard.
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.
Fully met.

GMC standard theme 3 – Supporting Learners
S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.
We are aware that across the board, the increased service demand South of Tyne, due to gaps in the rota from February to July 2015, made it more difficult for trainees to have the right balance between service delivery and training as well as work life balance. We met with trainees to look at how they could be supported with this. One change from this was we offered increased rates of financial remuneration for trainees who opted to pick up extra shifts, there was flexibility around carrying over study leave and annual leave. The situation has not arisen since. We are also aware that there is a need to develop the opportunities for emergency psychiatry experience in core training and have a strategy to achieve this. The recruitment problems in core training whilst something we also have a strategy to manage can also at times impact on

trainees in the training programme. As both these areas important we are currently rating this theme as partially met for core psychiatry, fully met for other specialities Finally as both general psychiatry and old age psychiatry were pink outliers in the undermining and bullying question, despite our triangulation not identifying other signs of concern we have rated both these as being partially met under bullying and undermining in our dashboard.

GMC standard theme 4 – Supporting Educators
S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.
Standards met

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.
Standards met

GMC standard theme 5 – Developing and Implementing Curricula and Assessments
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates. (N/A for Postgraduate) **S5.2** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.
Standards met

5. Additional Information/Questions

5.1 Academic Trainees

Please describe how the LEP supports academic trainees, clearly highlighting any challenges or good practice items

The trust supports four ACF trainees currently. Over the last year there have been difficulties for core trainees in ACF posts to balance the clinical and research demands. Following meetings with trainees we have been trialing an approach of chunking research time into blocks which appears to be working well. This places demand on clinical services but we have attempted to use locums to adjust for this.

5.2 Undergraduate

Please provide narrative and evidence of how the following are being met. Please also highlight any issues or concerns, including any areas which are not being met.

(additional prompts have been added under each heading)

GMC standard theme 1 – Learning Environment and Culture
▪ Students were provided with sufficient opportunities to meet learning outcomes ▪ Students received sufficient feedback to track and direct their learning ▪ Students were satisfied with the overall organisation of the placement ▪ Students were satisfied with the overall quality of the Stage ▪ Clinical teachers were punctual and reliable in their attendance. (Due regard will be given to mitigating circumstances of urgent clinical need) ▪ The overall quality of the teaching was of a consistently high standard

The data available to us to analyse this is not readily unpacked to give clear, unequivocal answers to the questions posed here. This is because the feedback from students does not match the questions here precisely and also because the students provide data for the Base Unit rather than the trust. This works for Acute trusts but for Mental Health is more complex as in all Base Units in which we provide educational opportunities we share this with other Trusts. This is most pronounced in Wear where teaching is shared with TEWV. For the rotations other than Mental Health the ability to separate NTW data is even poorer as the Acute Trusts provide the majority of teaching (CiDR and Child Health). The leads for these rotations do not sit in NTW.

The data we do have is marked out of 5. Scores correspond to the following statements:

3. Neither agree nor disagree,
4. Agree,
5. Strongly Agree

Scores above 4.0 can therefore be interpreted as clearly representing satisfaction and above 3.0 qualified satisfaction;

In academic year 2014-15 scores for questions most closely aligned to those posed here were:

Questions for Mental Health	**N'bria**	**Tyne**	**Wear**
In general the clinical teaching delivered was appropriate to my learning needs	4.00	3.80	3.56
In general staff teaching me were engaged and enthusiastic	4.05	3.82	3.87
Overall my experience within the Base Unit was a good one	4.64	4.02	4.51
Overall I am satisfied with the quality of Stage 3	4.57	3.98	4.47

The data from academic year 2013-14 had been better in Tyne and Northumbria but in response to free text comments from students, changes were made to their teaching in 2014-15. The students from this cohort stated that they would prefer a model closer to that used previously and so we are reviewing how teaching is delivered and a reversion to a model similar to previously used has already been implemented for Stage 5 in academic year 2015-16. Following the early cohorts poor feedback in 2015 a number of changes were made mid rotation and there were significant improvements in the feedback in the last three cohorts in Tyne and Northumbria.

We recognised particular problems in Wear in the early rotations in 2014-15, which appeared to be a consequence of service reconfiguration and a move to a new hospital site. Increased resource, appointment of a new lead and increased administrative input all served to improve feedback by later rotations. Further work is being done to improve things for this academic year.

We have been concerned about the drop in undergraduate feedback and taken a number of steps to improve this including the appointment of three teaching fellows to support undergraduate teaching in each area of the trust and working with medical and service managers as well as directly with wards to raise the profile of

undergraduate teaching.

GMC standard theme 2 – Educational Governance and Leadership

- Trust systems are in place to detect and investigate patient harm involving or as a result of student activity
- Trust systems are in place to ensure informed consent is taken in areas where patients may encounter students
- Clinicians / teachers are appraised against their teaching

NTW has robust procedures in place to identify and respond to patient harm from or as a result of student activity. As well as identifying harm we seek to understand the views of student involvement from their feedback. We also monitor all incidents where students might be harmed or distressed by their experiences on attachment.
Consent is sought in community, out-patient and ward environments before students meet patients. Consent is verbal and patients are informed that they can withdraw consent at any point without having to give a reason and that this will have no impact on their care or how they are treated.

All medical staff identifying teaching as part of their duties are appraised against this outcome via appraisal (consultants and career grade staff) or ARCP (training grade staff).

GMC standard theme 3 – Supporting Learners

- Appropriate guidance and support was available outside of formal teaching
- Students were satisfied with the overall quality of the facilities for students.
- Teaching took place in appropriate settings and surroundings
- Good quality learning resources were available to support learning
- Access to IT facilities was adequate
- The programme of study outlined for the course was delivered

As in Theme one it is difficult to disentangle the data for these points, with all the same caveats. The most closely matching data are listed below.

Questions for Mental Health	N'bria	Tyne	Wear
I have found it easy to access the LSE and other teaching resources on the internet from the hospitals listed below.	3.16	3.00	3.55
Where appropriate I have had access to Trust online systems e.g. PACS / electronic patient data	3.78	3.76	4.16
Student facilities provided at the hospital were fit for purpose and met my needs.	3.64	3.67	3.94

It is likely that the poor satisfactions scores relate to the need for more up to date browsers on Trust machines and that some learning resources (non-university) as blocked due to firewall restrictions on social media channels. The Trust is currently rolling out software upgrades across all clinical sites. Competition for access to machines is high with the patient record being electronic and nursing staff often locking the machines so they don't have to log-off and the go through a lengthy re-boot.
We have recognised the need for improved facilities for students and secured funding and have developed a new education centre in the South of the Trust which has dedicated student space including IT access which we expect to improve students' experience. This should be in use by the end of the ESR 2015. In Tyne and Northumberland we are exploring with the estates team ways of improving facilities and have an objective of achieving this over the next year with the goal of developing a similar resource to the one established in the south of the trust.

GMC standard theme 4 – Supporting Educators
▪ Clinicians / teachers have time in job plans for teaching including educational supervision.
Those staff with lead roles in teaching have PA time specified in their job plans. Clinical teachers will include teaching in their job plans under SPAs. Support is provided for trainers through training. Over the last year in addition to the trust education conference which had undergraduate workshops we also delivered, with the support of the university an afternoon teaching programme focussing on undergraduate education
GMC standard theme 5 – Developing and implementing curricula and assessments
▪ The Trust has processes to ensure those undertaking summative assessments are appropriately trained ▪ The Trust has a system in place to provide educational supervision ▪ The Trust has an executive or non-executive director at board level responsible for supporting training programmes
High stakes summative assessments are run by local acute trusts. Those taking part from NTW are required to have attended appropriate training and kept up to date online or by classroom attendance. We also run in house training and provide higher level training as part of our CPD programme. An annual NTW undergraduate education conference has run over the past two years and includes speakers from around the region and from the University. This is aimed at CPD for teachers and examiners. Lower stakes summative assessments are organised at local rotation level and the organisers only recruit those who have completed training. Dr Douglas Gee sits on the trust Board.