Severn Deanery

NHS
South West

Educational Development

Training Needs Analysis Project

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Training Needs Analysis project

This report is designed to summarise the findings from the recent Training Needs Analysis work conducted in the Severn Deanery (April – July 2009).

The aim of the Training Needs Analysis is to identify the development and educational needs of the senior members of the Severn Deanery Faculty (this excludes Educational and Clinical Supervisors who are covered by a separate initiative from the Deanery) and propose a range of training and other activities to meet these.

Background

At present Faculty development in the Severn Deanery is concentrated on three main activities:

1. Induction for new Heads of Schools and Training Programme Directors

2. 'In-house' events including a series of master classes which commenced Autumn 2008, occupational briefing workshops and specific development for Educational Supervisors both 'in-house' and externally supplied

3. Attendance at external training events including the suite of postgraduate programmes delivered by the University of Bristol Medical Education Unit (Training and Learning for Healthcare Professionals -Certificate, Diploma and MSc Levels) and other conferences (AMEE and ASME)

The Faculty of the Severn Deanery includes Directors of Medical Education (DMEs) in NHS Trusts, Heads of Schools, Foundation Programme Directors in Trusts, Training Programme Directors, Educational Supervisors, Royal College representatives (they deliver training in conjunction with the Deanery), and Speciality Training Advisors. It is the intention to take account of all these positions in the Training Needs Analysis.

The Training Needs Analysis aims to inform developments in the following areas:

1. Identification of where clear standards are required across the range of educational activities that the Deanery orchestrates

2. Scoping out the current and future operational requirements of Deanery roles

3. Integrating into development plans important new developments in medical education such as using electronic teaching methods and materials, and leadership and managerial skills

4. Finding out the specific development initiatives that Faculty members would appreciate

5. Suggestions for a career development structure and related activities for educators in the Deanery

Investigations last year into the development needs of the Deanery Faculty indicated little systematic training needs analysis with regards to job roles and post holders. The Educationalist and Medical Advisor discussed this with the Directors of Medical Education, Heads of School and the Deanery Executive Team and it was agreed that a thorough Training Needs Analysis should be undertaken. It is against this background that the Training Needs Analysis has been conducted.

How we gathered our evidence

In order to carry out the Training Needs Analysis a team including external training consultants was set up to gather information from all the Deanery Faculty, to systematically analyse this against role, Deanery and educational requirements and create a report outlining the findings and detailing recommendations for developmental activities.

The project team included:

> Geoffrey Wright, Associate Dean – Project Executive
> Alan Cook, Educationalist and Medical Adviser – Project Leader
> Sarah Hands, Educational Adviser & GP Educator – Project Adviser
> Anne Spracklen, Medical Education Manager – Project Manager
> Carol Barnes, External Project Education and Training Consultant
> Caroline Taplin – External Project Education and Training Consultant
> Naomi Jefferies - External Project Education and Training Consultant
> Jaime Johnson – External Research Analyst

The data and findings in this report have come from three main sources.

1. Information on current arrangements and requirements for training and development in Severn Deanery was gathered from discussions with the project team and Severn Deanery documentation including:
   - RITA/ARCP processes
   - Recruitment processes
   - Policy for handling Doctors in Difficulty
   - Educational Supervision role requirements
   - Business Case for Faculty development initiative

2. All Faculty members were provided the opportunity to attend an interview, a sample of 30% volunteered to be interviewed; three independent consultants[1] conducted 40 interviews between the 11th March and 16th June 2009.

Interviewees Deanery role

- Dean/ Deputy/ Assocaite Dean
- Director of Medical Education
- Deputy/ Head of School
- School of Primary Care Associate Director
- Deputy/ Foundation Programme Director
- Training Programme Director
- College Tutor
- Other

Figure 1

Interviewees primary role
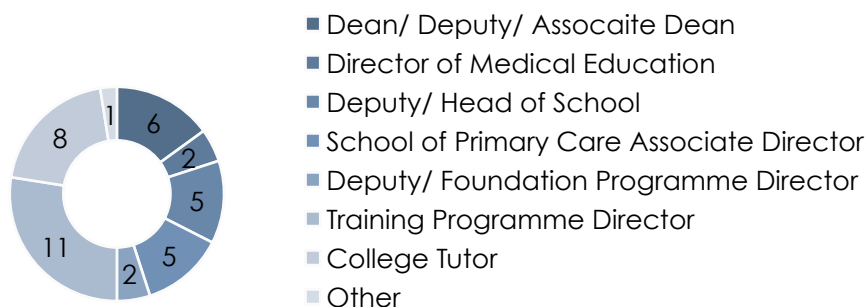
Interviewees primary role	
General Practitioner	7
Physician	14
Surgeon	9
Other	10

Table 1

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[1] Carol Barnes, Naomi Jefferies and Caroline Taplin

3. All Faculty members were also provided the opportunity to put forward their views in the Training Needs Analysis survey (133 invitations were emailed to the Faculty). The anonymous survey, was completed by 70 respondents, between 26th of May and 12th June 2009, with the following characteristics:

- 53% of those invited to complete the survey returned a response

Respondents role within the Deanery

(respondents were able to select more than one role):

Associate Dean	12
Director of Medical Education	4
Deputy/ Head of School	10
Deputy/ Foundation Programme Director	8
Deputy/ Training Programme Director	25
College Tutor	9
Other/ Not stated	12

Table 2

- Other / Not stated included: *RSA, recently stood down after 8 years as CT/DME, Deans Advisory panel member, Business manager, see top of form! [i think i'm still surgical tutor but don't really know.]*. Seven respondents chose not to state their role within the Deanery.

Respondents primary role

- Educationalist
- General Practitioner
- Manager
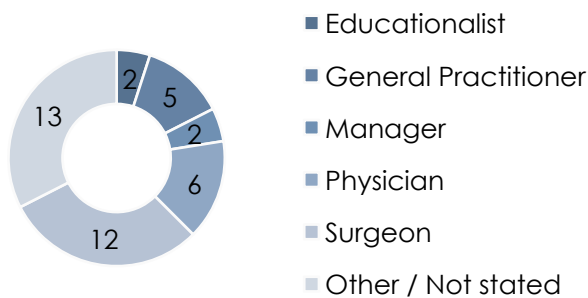- Physician
- Surgeon
- Other / Not stated

Figure 2

- Other / Not stated included: three radiologists, a psychiatrist, a dermatologist and an anaesthetist. Seven respondents chose not to state their primary role.

Methodology

The interviews were conducted face-to-face and over the telephone using a standard interview structure[2] developed and agreed by all project team members. After the first sample of the interviews had been conducted the project team reviewed the interview structure to ensure that the appropriate data was being captured. Each interviewer wrote up the notes from their interview and provided a copy to the project leader and research analyst. All interview notes were anonymous; details of the interviewees' role were retained in order to review any themes particular to certain groups.

The research analyst reviewed the interview notes and ran an initial content analysis on a sample of 10 of the interview notes. Output from the content analysis was used to form a summary table of structured themes displayed together with quotations that illustrate each theme. The analysis was based on interpretive phenomenological analysis, as it lends itself to the study of output from semi-structured interviews. Each interview was broken down into manageable themes and coded, for the purpose of integrating them into meaningful clusters, within and across interviews and informing the final report.

Once the interview notes had been coded, the key themes were analysed and where appropriate frequency counts are highlighted in this report. Relevant comments have been drawn from the interviews, where appropriate, to illustrate and support the themes discussed in this report.

The Training Needs Analysis survey was designed[3] to provide quantitative information to support the output from the interviews and to look at other issues in further detail. Respondents were asked to provide some details of their role so that responses could be grouped in order to review any themes particular to certain groups.

The output from the survey is reported using frequency counts (illustrated as percentages in the graphs in this report)[4] or averages. The questionnaire also provided respondents with the opportunity to provide free text comments to describe their experiences. The anonymous comments are provided verbatim[5] at the end of this report, themes in the comments, and where appropriate individual comments, are referred to in this report.

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[2] For a copy of the interview structure, please see appendix a
[3] For a copy of the Training Needs Analysis survey, please see appendix b
[4] Please note, where the items in a response scale do not total 100% this is due to rounding
[5] Training Needs Analysis survey free text comments, please see appendix c

Our findings

The findings discussed in this section cover the themes highlighted in the Training Needs Analysis interviews and the sections covered in the Training Needs Analysis survey.

Training Needs Analysis interviews

The items discussed during the interviews are as follows:

Role and context   Leadership skills
Workload   Recruitment and assessment
Educational skills   Challenging and needy trainees
The Deanery   IT skills
Management skills   Probity, ethics and medical error.

Role and context

Looking at individual's role a quarter of those interviewed highlighted issues with regards to the clarity of their role. These fell into two distinct groups:
1. those that felt whilst some of their role was clear other boundaries were more fluid
2. and those that would have liked an induction to their role.

> *'This would be a good time to clarify exactly what the boundaries of this role are in terms of who and what this role is accountable for'*

> *'Key areas of a Dean are not defined. As part of succession planning / induction it would be good to have guidance along the lines of 'how to be a Dean'*

> *'I did search for help around what I should be doing in the job and how to do it. In the end I bought the Royal College Core Training CD – so I could know what I should be doing. It cost me £100. The Deanery said the Trust should pay for this and the Trust said the Deanery should pay so it has cost me £100 as I ended up having to fund it myself. It shouldn't be like this…I think if the Deanery organised a structured training day to tell a new person about their responsibilities, how to deal with these, who to go to for what issues and how support will be given, and when meetings will happen throughout the year…this will be more efficient and stop you going round in circles'*

> *'Having no induction training when I started the role. I didn't know what I didn't know or who to go to in order to find out what I didn't know'*

Interviewees were self-motivated; over half of the group were motivated by the opportunity to develop others (or further Medical Education) and just under a quarter enjoy the 'challenge and freedom the role presents'.

> *'Protecting the public, selecting and training good doctors that I can send my mum to is what motivates me!'*

> *'I am genuinely interested in teaching and like to see the chaps come in and move on'*

Others found the opportunities to network and 'being connected with others who are like me' motivating.

> *'It is motivating to keep in touch with other cardiothoracic surgeons through the education work I do. It is great to get out of the Trust and meet colleagues. I wouldn't do this if I was not a programme director'*

The majority found that support from others was helpful in performing their roles. Over half of those interviewed felt that Deanery's supportive culture was helpful and found the Deanery 'accessible' and just over a third found support from their colleagues or peers useful. With others finding support from mentors/coaches and their Trust/SHA useful.

> *'Good relationships with Deanery, members are supportive and I am able to discuss difficult things with colleagues'*

'Fantastic culture at Gloucester for Education and Educational Leadership. The Trust recognises this compared to others. 'We're lucky. It's not a tick box exercise.'

A number of interviewees felt that the administrative support staff at the Deanery were 'very good'.

'...have an excellent admin support person at the Deanery [name] who enables me to be organised. Without her we would not be in a pleasant place. Due to Deanery reorganisation we are losing her and I am not sure how we will be affected as with her we will lose a huge amount of knowledge about our specialty'

Just under a quarter felt that the provision of admin support would make a real difference to them.

'What would make a big difference is the addition of Admin support for the Heads of School. This lack of support is a real inhibitor to what can be done'

'...need more admin support at Academy in Swindon, support is not dynamic, trying to do too much'

'Lack of admin support (this is why I don't get formal feedback as much as I should)'

Nearly a quarter, felt that their specific skills in areas such as 'administration and organisational skills gained with experience of working as a clinician' or 'mentoring and coaching abilities obtained through academic study and practical work' helped them perform in their roles for the Deanery.

Workload

Just under two thirds of those interviewed highlighted issues with regards to workload and having the time to perform their Deanery role. Many stating that the lack of allotted time hindered their performance in the role and caused difficulties when managing the Deanery workload.

'Being unable to say no and then feeling upset with myself when I can't deliver...Being unable to say 'no' in the Deanery role because a lot of the demands on my time are key parts of the role e.g. interviewing and ARCPs. Saying no would mean I have to resign'

'Time is the main hindrance - a lot taken up by recruitment and assessment so little time left for real development and moving things forward'

'Just not enough hours in the week! Am worried that I'm short changing Educational Advisor role'

The workload conflict between 'educational and departmental commitments' concerned many, and this tension was also replicated in learning and development activities undertaken by the interviewees.

'Service provision in Opthalmology is good, but pressure on waiting times. When covering clinics there is the tension of time for teaching and service delivery'

'This is not because of inaccessibility of information, but due to lack of time and the need to stay up to date with my clinical speciality. My day job has to be my priority'

A theme mentioned throughout was that the job plans did not allocate enough time for clinical and Deanery work and staying up to date in both of these areas.

'This is at the expense of my clinical work as at the moment I don't have properly allocated sessions for my educational work as part of my job plan, so if I take part in training I have to see patients and do my clinical work in the evenings'

'Lack of time is a major hindrance, clinical work dominates and there is more clinical work than is actually shown in the job-plan. The Deanery work takes much longer than the allocated time I have for it… There is no allocated/protected time for education work so it is difficult to create time in one's work programme'

Educational skills

When talking about their learning styles a quarter indicated that their learning was 'opportunistic' and that they learned best 'experientially' and this is borne out by the way they developed their educational skills.

'I learn best by repetition – and using all 3 mechanisms – auditory, visual and actual 'doing'. If you 'lecture' me I don't learn as well. I learn by working with patients. Any training in this form would be good'

'I need interaction and seeing. I learn best by learning the basics in the classroom setting, applying them in practice in the work environment and feedback from a mentor/facilitator with whom I can discuss what did and didn't work'

The majority of those had developed their current educational skills through their own educational experience and later through skills developed at work.

'Mentoring and coaching abilities - obtained through academic study and practical work with counselling/coaching colleague'

'I have been a trainee myself and draw on that experience. There were lots of things that were not very good about my training and I can see where improvements are needed'

Just under a quarter had undertaken a formal educational qualification (Certificate/Diploma/Masters in Medical Education); a small proportion felt that educational skills and learning were not appropriate for their role.

'I don't think you need a teaching qualification to do my role as I am not lecturing but arranging the education programmes and doing educational supervision'

Interviewees currently inform their educational skills by a number of different means. The most popular include: interactive discussions and Deanery meetings (28%), Master Classes (25%), books/journals (23%) or attendance at national meetings or conferences (20%).

About half of those interviewed working outside of the Bristol and Gloucester area, felt that they were unable to 'get away from work to attend courses' and this was exacerbated by the time needed to travel to training and other Deanery events in Bristol; a number of interviewees requested that training be delivered locally.

'I have not attended any master classes as they are run in Bristol and that means 2 hours travelling for me each way. I can't take a full day out of surgery to do this.'

'Being unable to get away from work to attend courses. The ideal site for me would be Exeter but college courses are in London and training programme director meeting in Bristol and London. If I attend the course I end up doing my clinical and paper work in the evenings and so do get very tired'

'The Deanery is very Bristol centric; it is a very 'different' culture. Travel for Bristol puts me off doing any Deanery training. You have to leave 3.5 hours for travel to and from the Deanery and finding parking…Locally based training would be better and ensure more people would come to the training.'

Over a third had 'no particular strategies' for reviewing their work but 'took a reflective approach' - reflecting on their performance in their educational role on their own (or in some cases with a supportive colleague).

' I have learnt to be reflective. I evaluate outcomes of my work and reflect upon my performance and seek feedback from others'

'…Intermittent and often informal. By being around and approachable I can get a sense of how things are going'

The Deanery

Just over a third felt there was a lack of clarity around who to go to for what in the Deanery; suggestions were to include this information in the induction, on wall charts and on the website.

> *'A clear organisational chart is needed…More Deanery awareness in light of developed infrastructure would be good to have clarity about who does what and where you may get help for particular issues'*

> *'I don't always know who to go to for what in the Deanery especially as there have been a lot of staff changes. My key difficulty is knowing who to go to for a specific job. I would either like a map to be able to put on my wall that I could look at, identify an issue and identify who to go to, or an on line menu of contacts (that would be accessed via a password) – a sort of user friendly directory'*

Interviewees also expressed an interest in understanding the context in which the Deanery works.

> *'Need to build awareness of how the Deanery interacts with the different bodies across the NHS'*

> *'In order to be a good leader you have to be aware of what is going on higher up, you need to be kept in the loop. There is lots of terminology e.g. ARCP that you would have no clue about unless you understood the changes being made at a higher level. What would help in this role is accessible, bite size education in the form of e-mails'*

Just under half encountered politics, bureaucracy or a tension between the Trust/SHA and Deanery, which hindered the delivery of their work for the Deanery. Issues ranged from (changing) national politics, corruption and positional power to the lack of recognition and support for education roles as well as issues with budgets.

> *'The politics, nonsense with SHAs and their political hindrance'*

> *'…title power; there are blocking people out there in the SHA'*

> *'Office is not a good place to be… they don't like the Deanery and are not supportive of me'*

> *'… inherent tension with the Director of Medical Education, who is responsible for the Trust, much more about service delivery.'*

> *'The Deanery said the Trust should pay for this and the Trust said the Deanery should pay so it has cost me £100 as I ended up having to fund it myself. It shouldn't be like this'*

> *'There is no local recognition of the education work I do. The Trust are very poor at this. Other Trusts do recognise education work but not here'*

> *'Unable to access Deanery money held by the Trust…My message to the Deanery would be don't devolve the money to the Trust as their aim is to stop you spending money. I want to spend the money allocated and spend 1 hour every week trying to access it'*

Over half requested more support for their development from the Deanery in terms of formal feedback on their performance and many would like a mentor (buddy/coach) who is an educationalist to help them develop further.

> *'Personally would like a mentor… could probably do more [for needy trainees] through offering mentoring generally'*

> *'…don't think a course will do it - maybe shadowing, mentoring - pleased to be in same department as [name] - bit like an apprenticeship'*

> *'It would be useful to have more senior advice about training processes. I don't know what I don't know so am open from more updating…six months into the role of Programme Director it would be useful to have a formal sit down with someone to get some feedback about how they are doing and the opportunity to grill someone who is in the know if there are any issues'*

'I would be intrigued to have some input in 'improving education'. I want to know what I don't know and am always keen to learn about new ways of doing things'

'I would welcome more early, informal feedback from the Deanery'

'I don't have any feedback from the Deanery – I don't think they know what teaching we do. We should have a standard evaluation form from the Deanery that goes back to the Deanery to collate so the Deanery have an idea what the consultants training is like and can give us some specific feedback'

'360 feedback about my education performance would be helpful. 360 information can hurt but it makes you change the way you behave'

'I have had no feedback from the Deanery. I don't know if I am doing a good job. All I know is my post and my duties. If I have to train a trainee I wouldn't do it like the Deanery are training me. I would give them feedback and set goals. I think some feedback from the Deanery would be valuable, maybe some 360 degrees feedback. I want to improve but need to know how I am doing'

' I don't get any formal feedback on my work. My trainees tell me what they like about my teaching and availability, but otherwise I don't know whether I am doing a good job'

'The college offer regular updates and an educationalist from the college to sit in on your education sessions and give feedback. I have nothing like this from the Deanery. Peer observation is something doctors aren't comfy with, but the Deanery and medical school should do this. I would welcome peer observation of my teaching of trainees by an expert educationalist-Deanery member followed by honest, structured feedback'

'No one knows whether I am doing a good job, it is all very unstructured. I evaluate my work very informally by personal reflection and thinking I am dong a bad job because I don't have the time I need to see all the trainees. It would be a huge drive if the Deanery ran a 360 degrees feedback information collecting exercise. I think this is important and would be very sensible. It may mean that I would cease to be college tutor as it would become clear that I don't have adequate time to do my job properly, or it would give me formal evidence to negotiate protected time to see trainees, with the target focussed Trust'

Management skills

About a quarter of the interviewees raised issues with people management that hindered their performance in their role for the Deanery:

> *'Catching up with clinical tutors I find a challenge as they are all so busy'*
>
> *'Consultant colleagues who don't realise how much time I am putting into the education and training work. They are self focussed and won't recognise that providing training is part of their contracts.'*
>
> *'Some input into how to make trainees more responsible and to understand that they get paid quite darn well in terms of their contribution to the work done – would be good. Trainees think they have a divine right to be paid and trained with little reciprocal effort. You ask them to do something at 4pm and they say, "It's a bit too late"'*
>
> *'Managing other consultants is a tricky area – some are good teachers and some are not'*

And just under a quarter highlighted delegation or negotiation and influencing skills as an area that they would like to develop.

> *'Key skills for this role lie in Influencing. I would like to see refresher modules on Influencing skills'*
>
> *'…understanding how to make things happen'*
>
> *'I don't delegate as much as I should do. I know this is a weakness but I need to be sure things are done properly and am not always sure who to delegate to, to ensure this happens'*
>
> *'…skills in being able to say no. Being able to do what Mike Greco from CFEP describes as 'valuing yourself and being able to say no''*
>
> *'More needs to be done in terms of developing negotiating skills for job planning. To start off we need to do internal appraisals for Deanery staff. By getting the job plans right we will be able to build influencing skills to lead change'*

Just under two thirds felt they needed to develop their budget and financial management skills; with many rating there performance as 5 or below (out of 10), there was general confusion about the 'level of responsibility' here and many wanting reassurance that they were 'doing everything right'.

> *'Need to build on budgeting and how money flows'*
>
> *'Bidding and Finance management very much needed. More information on where, when, what is ring-fenced, additional posts for Deanery, streams of funding and bits around the mainstream would help'*
>
> *'Main area of management where need more input is finance. Would like master class on this to ensure doing everything right'*
>
> *'Would like budget and financial management training. Have no clue in this area. Can't understand the budget – nor can MD or husband who is an accountant. Would like workshop going over main budget principles and the 1:1 session with someone who understands the budget who can help me make sense of the paper in front of me'*

Leadership skills

General themes from leadership were that interviewees felt they were self aware, and many felt that they took a 'structured' and 'organised' approach to their role.

> *'I am very self aware. I think I am inspiring and democratic in the way I lead but can make decisions and be assertive when I need to'*
>
> *'My leadership strengths are in identifying what needs to be done and systematically working through it. I can provide clarity and purpose'*

From the interviews it seems that few were familiar with the NHS leadership framework and there was a feeling that interviewees 'would like to adapt a more proactive approach rather than a feeling reactive; just dealing with the day to day matters of the patch'. A third felt that they needed to develop their leadership skills, generally.

> *'In terms of senior staff, i.e. DME's, leading effectively, the human dimensions of change management need to be incorporated into development'*
>
> *'My main development needs are sharpening leadership skills such as mentoring, educating re. leadership, applying and reflecting upon new concept'*
>
> *'Identifying those skills that gives one that competitive edge, that something a little better'*
>
> *'Consolidate clinical leadership skills. You don't know what you don't know. Through attending master classes run by national experts, you can ask specific questions and glean key points to take back to work that will influence your leadership approach'*
>
> *'I would like some leadership training input but am sceptical. I don't know how you could teach a feeble person to be a leader, you can't turn them into napoleon'*
>
> *'I would be interested to have a master class or course on NHS leadership skills. I want and need to do leadership things differently'*

Recruitment and assessment

Looking at recruitment over a half had undertaken some training in the area of recruitment and assessment. Many had undertaken the online equal opportunities training which received mixed feedback:

'In terms of keeping up to date with legislation, equality and diversity issues etc., E learning modules are really useful. Can then easily update yourself as and when you have time via Deanery website'

'I did the equal opportunities training on line. It was a bit basic, you could pass it knowing bugger all. My concern is that issues were dumbed down. There is less depth in the online training, as you don't have any interaction'

Other training in this area provided by the Deanery also received mixed reviews:

'I had a 2 hour training session from the Deanery. It was really fragmented. I couldn't make head nor tail of it. I drove for 2 hours in the snow to get to the training and felt it was for nothing'

'I have received training in equal opportunities and interviewing skills from the Deanery. I hope this training is on going. It was good and as the pool of consultants involved in education changes this training should be refreshed so everyone receives it. It is very important. In fact ALL consultants should take part in this training, as they are all involved in recruitment at some level even if it is in just recruiting locums'

'Interviewing training was helpful but too long as was a 2 day course, what you got in terms of skills did not warrant 2 days away from clinical work. Equal opportunities training was on-line, it was a mickey mousey tick box exercise. I suppose learning about legislation and rules is ok on line but it was not helpful'

'I have done Deanery in house training on diversity issues. It was half a day. The reading material was good and having it before the course was good or we could have spent the whole time going over what was in the reading material'

Just over a quarter recognised that training in this area needs to be ongoing and requested further training.

'I have done training in equal opportunities and assessment through the Deanery and College but would do more if they were offered as things are changing all the time'

'I would find it helpful to have e-mail updates about new legislation, as I have had quite a lot of training but know I need to keep up to date as things are always changing'

'I do need to do the Equality and Diversity on line training as I have not done this training for 4-5 years and lots of things will have changed'

During the interview discussions, the importance of understanding legislative issues around overseas recruitment and overseas placements were raised, as well as the cultural and ethical implications:

'I would like to see 2 expert session master classes run focussing upon cultural dimensions and their impact on non UK doctors. These sessions would foster an understanding of cultural modes of operating and enable participants to understand cultural issues that affect interactions. I envisage these sessions being rolled out got specialist GP Trainees, or education facilitators taking the ideas from the Master Classes and rolling out the teaching themselves'

Challenging and needy trainees

A number of those interviewed felt that they had 'significant experience in this area'; having many years experience working with 'lost doctors'. Although few interviewees discussed any specific training that they had undertaken in this area and nearly a quarter requested further training in this area.

'Would appreciate attending DID course as has heard of these and feels they would be of benefit'

'I have not had any formal input and training in this area. Some may be helpful. If I have had problem trainees at undergraduate level I have used NACT as a form of information. I would like some input into how to deal with postgraduates. This training would need to be local and could be delivered as a sort of mentorship'

'I am interested in courses dealing with difficult trainees and difficult colleagues (in particular consultant colleagues who are not interested in training and education)'

'I work alongside trainees and feel a course on dealing with difficult trainees would be useful'

'I would like input/training in this difficult area. Peer discussion of difficult cases would be helpful'

Just under half felt that the Denary provided good support in this area; in particular, due to Mike O'Connor's appointment, the feeling was that 'Doctors in Difficulty aspect is being addressed well' specifically for primary care and best practice here needed to be shared with secondary care.

'There is an excellent network of colleagues within the Deanery to draw on for support in dealing with difficult trainees'

'The Severn Deanery document on dealing with difficult doctors is excellent and should go to all Deanery members'

Although a quarter would welcome more support from the Deanery, some of these gave the impression that that they dealt with trainees in difficulty on their own or locally and did not approach the Deanery for support.

'I think there is a chap called [name] at the Deanery who can help with these sort of things and Jenny King would be able to give psychological help. I haven't spoken to the Deanery about this but probably should do as this guy is a trainee in difficulty and would be best advised not to carry on'

'I ran a 'doctors in difficulty' training day 6-7 years ago. But this was just the beginning, there are so many different difficulties kids get into! I would really like some face-to-face input in this area and to share experiences with peers'

A number of interviewees identified issues at the other end of the scale with a need for a clear career path and talent management for trainees.

'Proactive Talent management - What would like to see is a role for Mike which develops both ends of the scale of challenging trainees. How does the Deanery maximise the development opportunities for high flyers?; what does the Deanery offer?; how developing the excellence end of staff in the Deanery? How is excellence recognised through the ARCP process'

Some identified that the key to improving the Deanery's services is through 'identifying potential' and 'finding people who are good at what they do'.

'I am interested in 'succession planning' i.e. identifying members of the GP team/fellow who have potential to develop as educators and investing in developing these people'

IT skills

The majority felt that their IT skills were adequate; there was a feeling that IT skills were 'sufficient to do role wants to do, so nothing further required at this stage' and only a couple expressed the desire to undertake training in this area.

Just under half had no problems using E-portfolios, although over a quarter requested training on E-portfolios.

'E-portfolio awareness would be useful. Would get trainee to complete so just need to know how it works'

'Keeping up to date with developments in E-portfolios and sharing developments would be useful'

'I would like some training on using E-portfolios from a 'Head of School' point of view. I would like to be able to use it as a research tool so I would find out which trainees had not completed enough work based assessments, or which educational supervisors always completed assessments late etc.'

Probity, ethics and medical error

Comments in this area fell into three main groups, a fifth of those interviewed felt confident in approaching the Deanery for help:

'There is an on going case at the moment looking at what could be a probity issue with a junior doctor. We may need to look at their professional probity and I know who to go to in the Deanery to get advice'

'As a clinical tutor I have had to deal with a drug addict doctor and a suicidal doctor. I do not know the specific referral process for such cases as far as the Deanery is concerned but would ring up the guys there and ask for advice if necessary'

A fifth requested further training in this area, although there was some recognition that each case was unique:

'One needs to find one's way in relation to specific cases. One rarely comes across probity issues and if they arise you refer to documentation, look at GMC advice and could seek advice from the Deanery…Training in this area may be of value but I think information is best assimilated on a need to know basis. You tend to know what is 'out of the norm' you pick this up with experience'

Others did not relate the interviewers questions to their personal probity and ethics but to that covered in the curriculum:

'Probity, ethical dilemmas is part of the curriculum - it's a competence issue. Trainers are trained well enough to pick this up - there is training to support through their CPD on this'

'I am interested to know why you are asking questions about this area. Patient safety/probity/ethical issues pervade the medical training and are addressed in identified sessions as well as underpinning all the medical work trainees do. The culture of medical training is one of patient safety. The induction programme and vocational training programme both address these issues and medical negligence cases are discussed'

Generally, there was a feeling that the Deanery could provide more clarity and support in a number of different ways in this area.

'Clarity required for where the responsibility lies in medical error situations. The role of the Deanery and its interface with SHA, Patient and Trust is a challenging area.'

'Do need clarity about what issue to take where. There are no hard and fast rules about which path to go Trust or Deanery'

'Would be really useful to have a platform to share good practice'

'I have had no problems with my trainees. I wouldn't know what support I could get from the Deanery in this area, but could contact [name] to find out – although I may get a 'too busy' e-mail back! You do need a link person in the Deanery and they need to be accessible and I don't feel mine is at the moment'

'The Deanery could really only be supportive if there was a designated/dedicated surgeon who could provide knowledgeable help with specific cases. They need to be able to understand the speciality'

Training Needs Analysis survey

The survey findings are set out on the subsequent pages following the topics and questions as they appear in the Training Needs Analysis survey. The topics include:

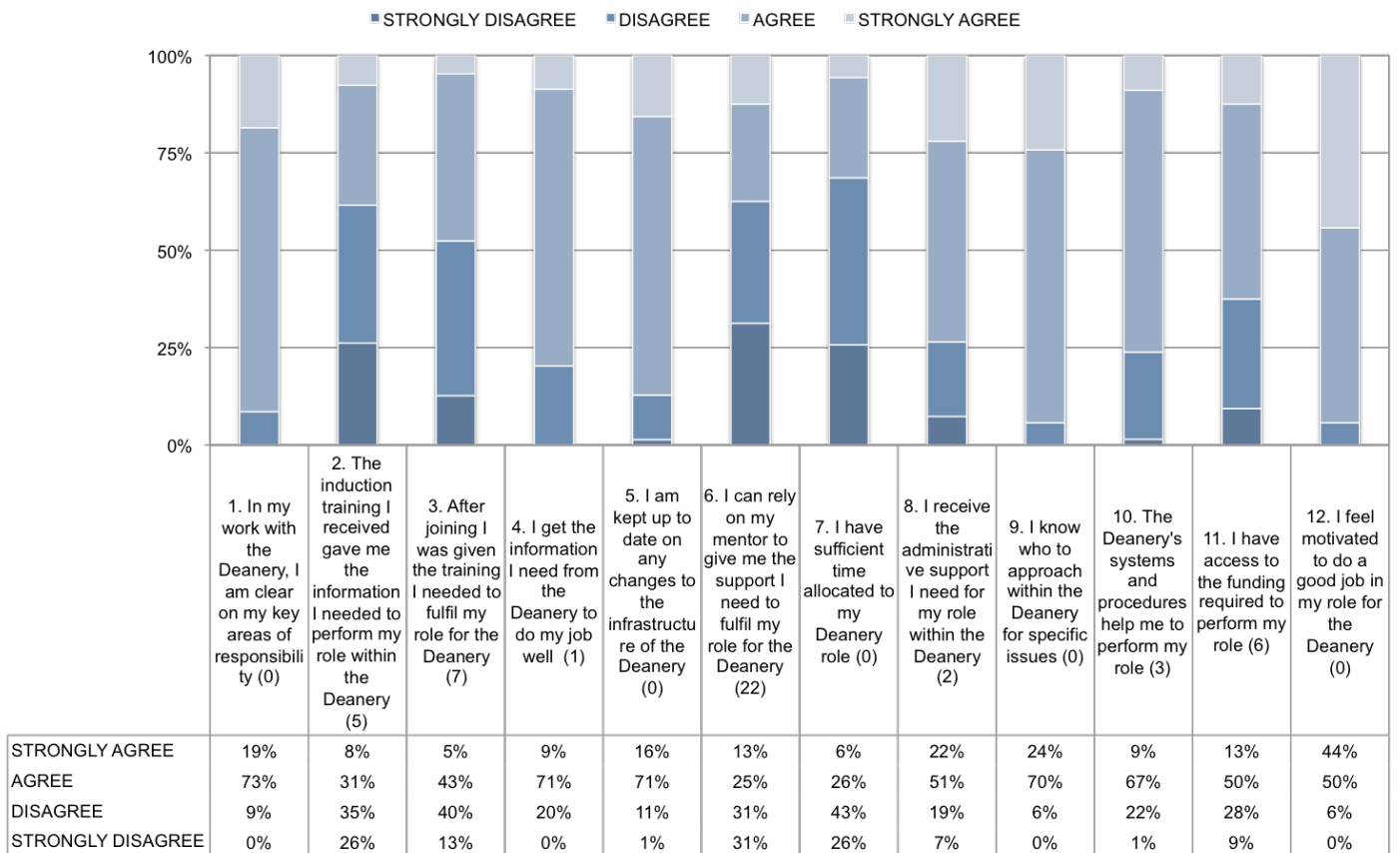|	
My role	Challenging and needy trainees
Supervisory skills	Probity and ethics
Management skills	Educational skills
Leadership skills	Learning
Recruitment and assessment	Feedback and reflection

My role

Looking at individuals' roles, respondents are clear on their key areas of responsibility (91% Agree and Strongly agree with the statement) and the majority (94%) feel motivated to do a good job in their role for the Deanery. Ratings around the provision of information are also high, the majority (94%) of respondents know who to approach within the Deanery for specific issues, 87% feel they are kept up to date with changes to the Deanery infrastructure and 80% feel that they get the information they need.

Just over a third (38%) agree that their induction provided them with the information that they needed to do their role (25 out of the 30 comments in this section refer to respondents not receiving an induction to their role with the Deanery). Almost half (48%) agree that they have received the training they need to fulfil their role (8 out of 18 comments refer to respondents not receiving any training).

Looking at resources, respondents are generally happy with the administrative support that they receive (74%) and the access to funding (63%). However, slightly less than a third, (31%) agree that they have sufficient time allocated to their Deanery role. The comments range from respondents who have no allocated time for their role through to those where the time allocated is insufficient – it seems to be recognised that it is 'the nature of the job'. Just over a third (38%) agree they can rely on their mentor to give them the support they need to fulfil their role (25 out of the 27 comments in this section relate to respondents that do not have a mentor). The other comments relate to the support the mentor provides:

'I can rely on my mentor to support me sometimes and totally undermine me at other times…'

Please state how much you agree or disagree with the following statements. Where applicable, please provide a short explanation as to why you disagree or strongly disagree with a statement (maximum 100 words).[6]

	1. In my work with the Deanery, I am clear on my key areas of responsibility (0)	2. The induction training I received gave me the information I needed to perform my role within the Deanery (5)	3. After joining I was given the training I needed to fulfil my role for the Deanery (7)	4. I get the information I need from the Deanery to do my job well (1)	5. I am kept up to date on any changes to the infrastructure of the Deanery (0)	6. I can rely on my mentor to give me the support I need to fulfil my role for the Deanery (22)	7. I have sufficient time allocated to my Deanery role (0)	8. I receive the administrative support I need for my role within the Deanery (2)	9. I know who to approach within the Deanery for specific issues (0)	10. The Deanery's systems and procedures help me to perform my role (3)	11. I have access to the funding required to perform my role (6)	12. I feel motivated to do a good job in my role for the Deanery (0)
STRONGLY AGREE	19%	8%	5%	9%	16%	13%	6%	22%	24%	9%	13%	44%
AGREE	73%	31%	43%	71%	71%	25%	26%	51%	70%	67%	50%	50%
DISAGREE	9%	35%	40%	20%	11%	31%	43%	19%	6%	22%	28%	6%
STRONGLY DISAGREE	0%	26%	13%	0%	1%	31%	26%	7%	0%	1%	9%	0%

Figure 3

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[6] Please note, the number in brackets after each question refers to the number of respondents selecting 'Not applicable to me'

Supervisory skills

Looking at the Supervisory skills, the respondents rate Appraisal and feedback, as the most important area, they also rate their performance in this area as most effective. Motivational, Educational leadership and Career management are the next three most important areas (each with over 50% of the respondents rating the skills as Very important). The respondents rate themselves as less effective in these important areas than other areas such as Workplace assessment and IT, which they rate as less important.

Respondents feel that their performance using 'Simulation and simulators' is least effective but they also rate it as the least important supervisory skill for their roles (it is important to note that 28 respondents had 'No experience' of using simulation and simulators so were not asked to rate the importance or their performance in this area).

Please rate how important the following skills are to you for your role within the Deanery and currently how effective you are at applying them to your role within the Deanery.[7]
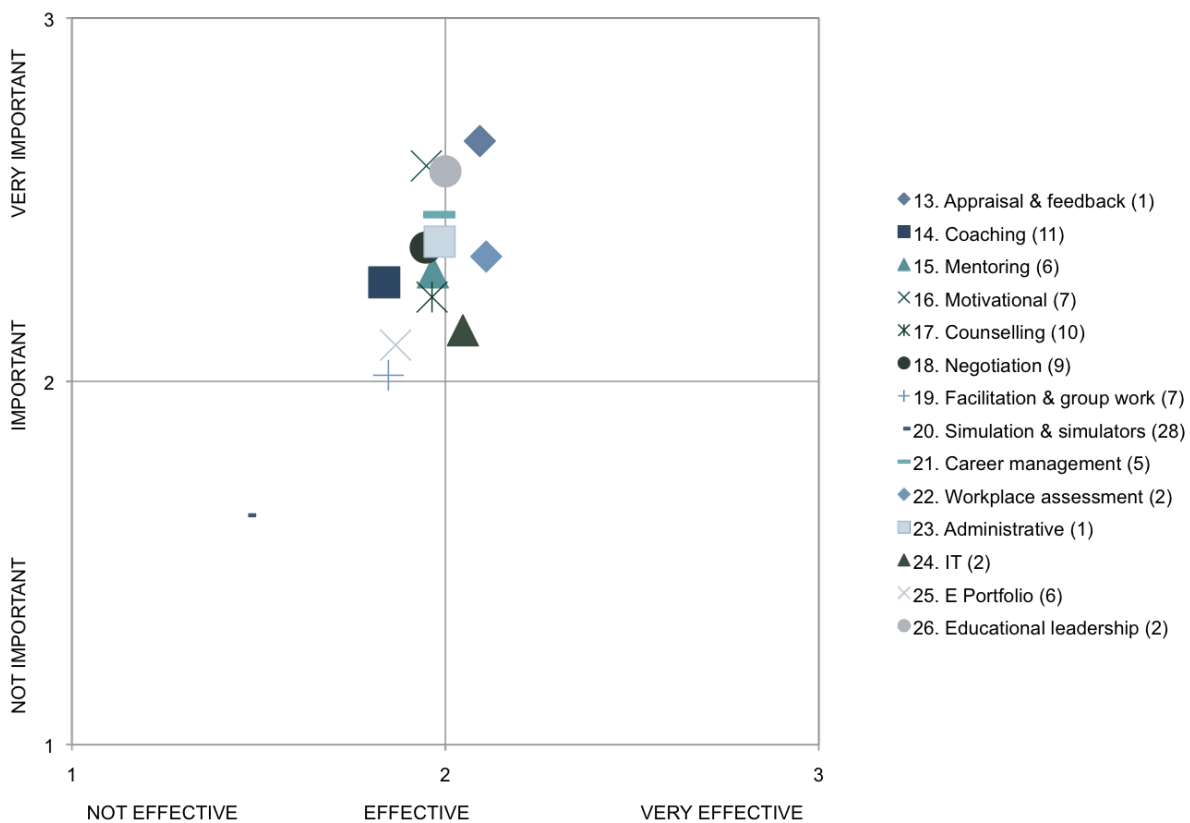

- 13. Appraisal & feedback (1)
- 14. Coaching (11)
- 15. Mentoring (6)
- 16. Motivational (7)
- 17. Counselling (10)
- 18. Negotiation (9)
- 19. Facilitation & group work (7)
- 20. Simulation & simulators (28)
- 21. Career management (5)
- 22. Workplace assessment (2)
- 23. Administrative (1)
- 24. IT (2)
- 25. E Portfolio (6)
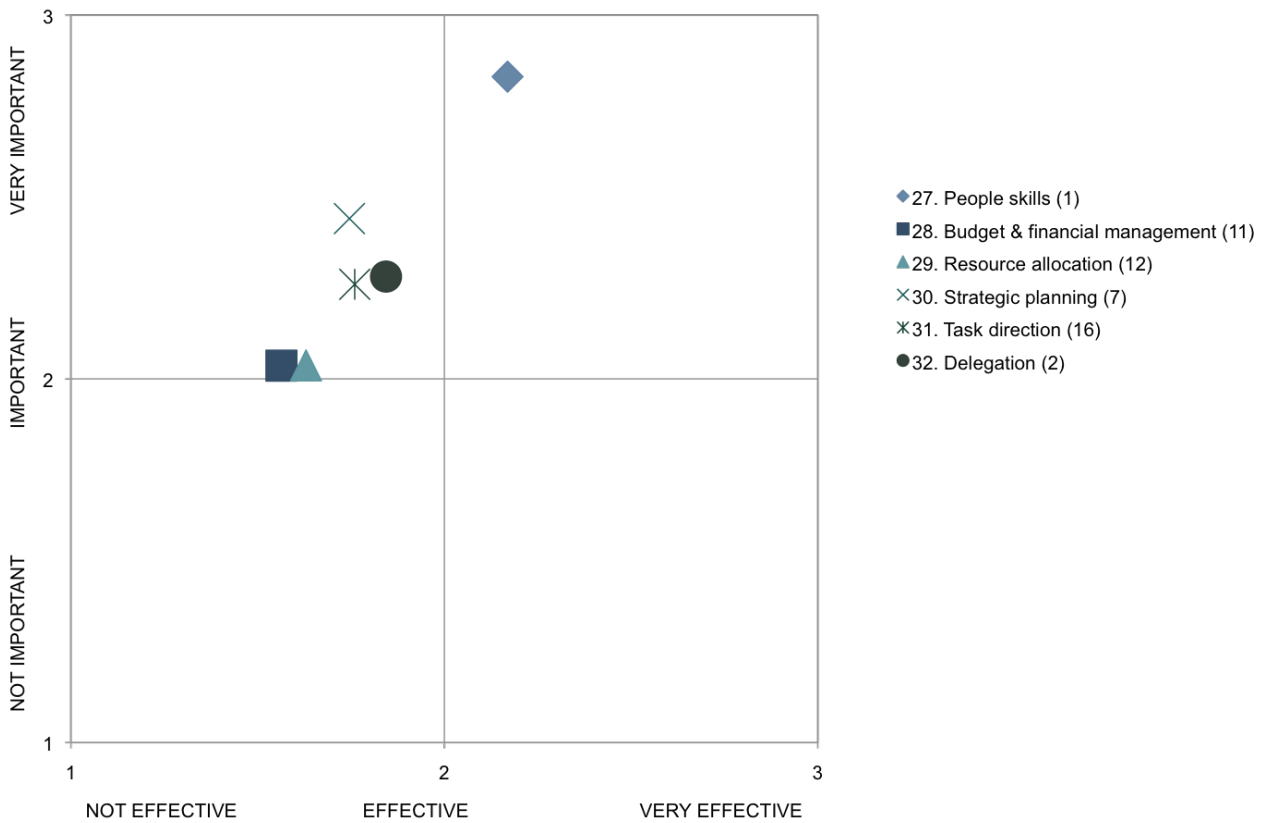- 26. Educational leadership (2)

Figure 4

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[7] Please note, the number in brackets after each question refers to the number of respondents selecting they have 'No experience' of using that particular skill

Management skills

Respondents rate People skills as the most important management skill and this is where their performance is most effective. Budget and financial management and Resource allocation are the least important areas and where performance is least effective.

Strategic planning, Delegation and Task direction have been rated as important areas where performance is low. Please note, 16 respondents have 'No experience' of using Task direction in their role.

Please rate how important the following skills are to you for your role within the Deanery and currently how effective you are at applying them to your role within the Deanery.[8]

Figure 5

Leadership skills

Improving education and training has been rated as the most important skill in this area. Respondents have rated their performance as less effective here than in other areas, such as Working with others and leading teams and Personal qualities, which are not rated with such high importance.

Please rate how important the following skills are to you for your role within the Deanery and currently how effective you are at applying them to your role within the Deanery.[9]
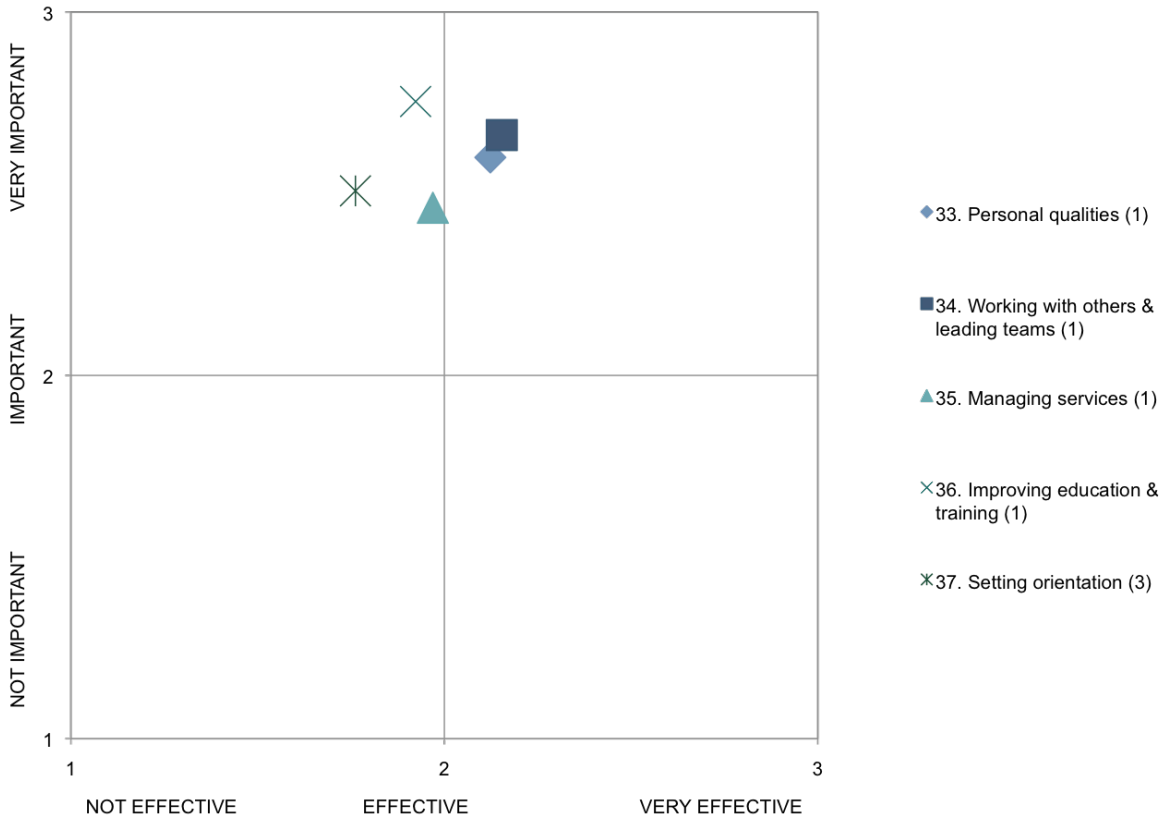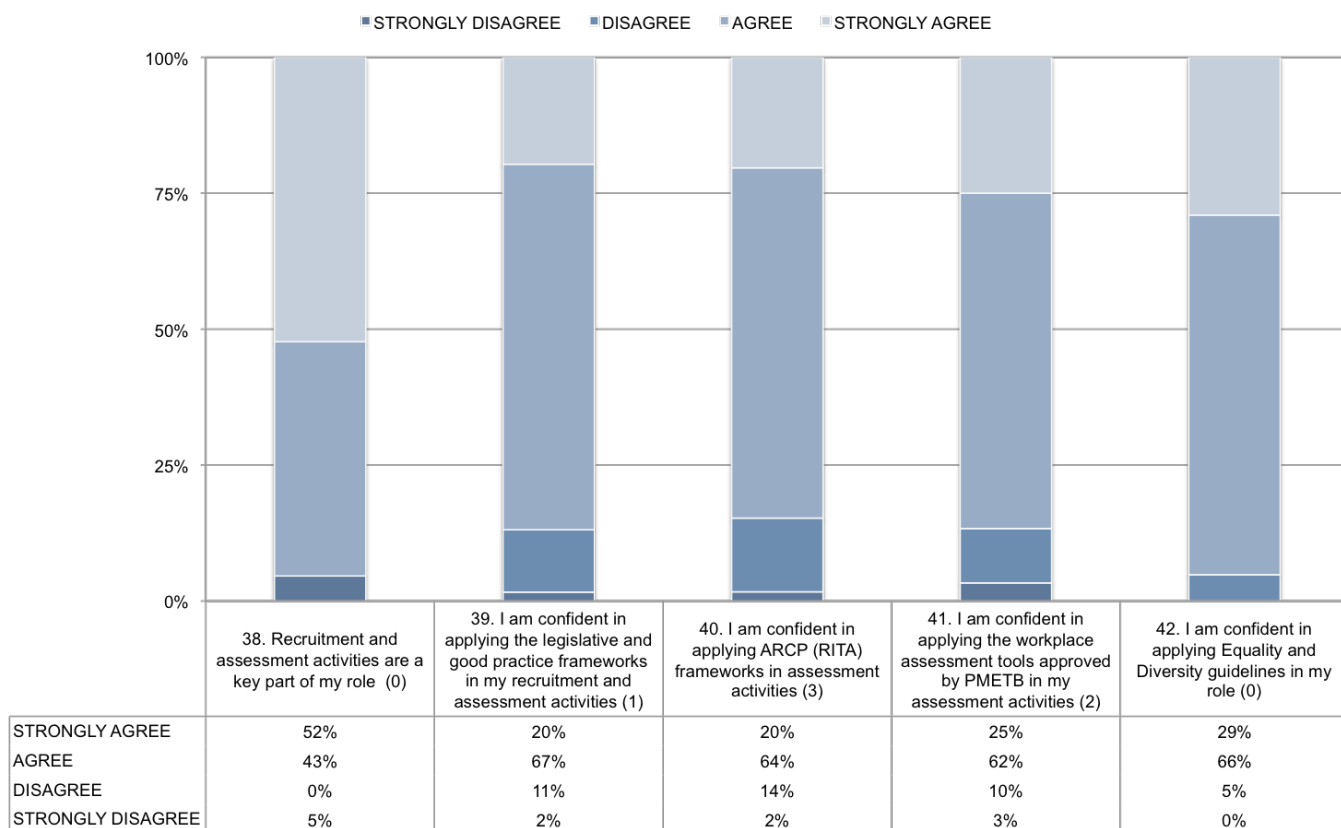

Figure 6

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[9] Please note, the number in brackets after each question refers to the number of respondents selecting they have 'No experience' of using that particular skill

Recruitment and assessment

Recruitment and assessment forms a key part of the majority of respondents' roles (95%). They are confident in applying legislative and good practice frameworks in recruitment and assessment (87%), ARCP frameworks in assessment activities (85%), Workplace assessment tools approved by PMETB (87%) and Equality and diversity guidelines (95%).

Please state how much you agree or disagree with the following statements. Depending on how key recruitment and assessment is to your role, you may only be required to answer some questions on this page.[10][11]

	38. Recruitment and assessment activities are a key part of my role (0)	39. I am confident in applying the legislative and good practice frameworks in my recruitment and assessment activities (1)	40. I am confident in applying ARCP (RITA) frameworks in assessment activities (3)	41. I am confident in applying the workplace assessment tools approved by PMETB in my assessment activities (2)	42. I am confident in applying Equality and Diversity guidelines in my role (0)
STRONGLY AGREE	52%	20%	20%	25%	29%
AGREE	43%	67%	64%	62%	66%
DISAGREE	0%	11%	14%	10%	5%
STRONGLY DISAGREE	5%	2%	2%	3%	0%

Figure 7

When asked 'How could the Deanery help you more in this area?' 7 out of the 27 comments suggested further training sessions in these areas. 5 out of the 27 comments reported on how well the Deanery provides support in this area.

'Deanery has supported me well in this area this year with good training and guidance'

'Good support re legal employment from support manager.'

'Have completed deanery initiatives and training'

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[10] Please note, the number in brackets after each question refers to the number of respondents selecting 'Not applicable to me'
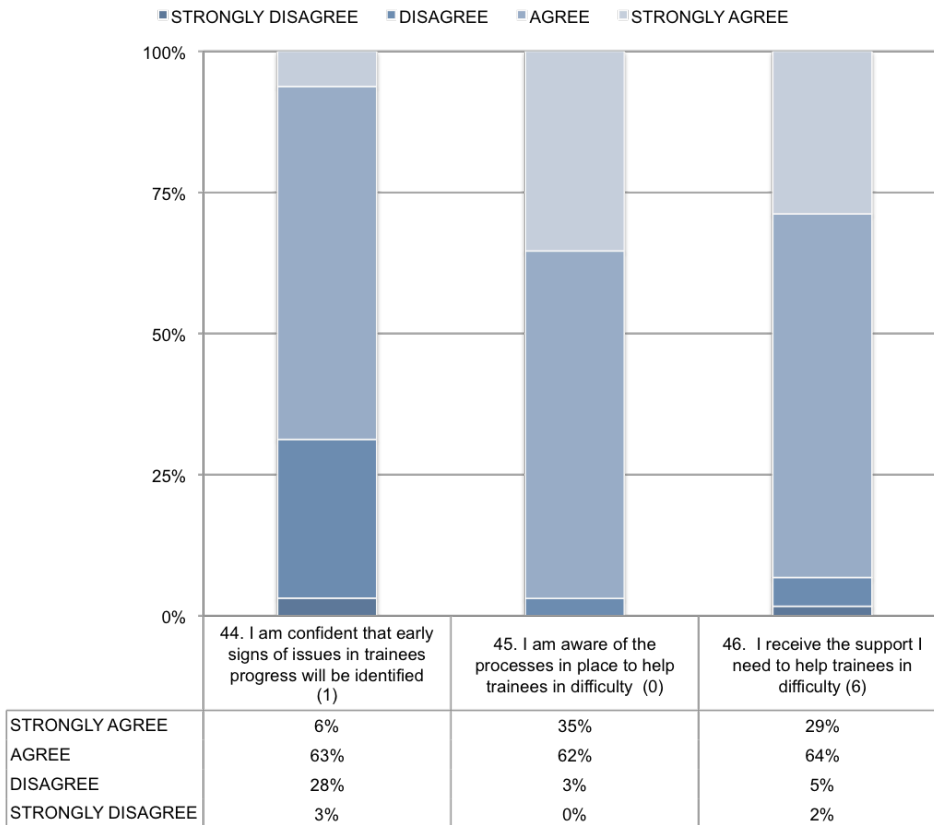
[11] Those rating Disagree or Strongly Disagree to question 38 were not required to answer questions 39, 40 and 41.

Challenging and needy trainees

Just over two thirds of respondents are confident that early signs of issues in trainees progress will be indentified (69%). Respondents are aware of the processes in place to help trainees in difficulty (97%) and receive the support they need to help trainees in difficulty (93%).
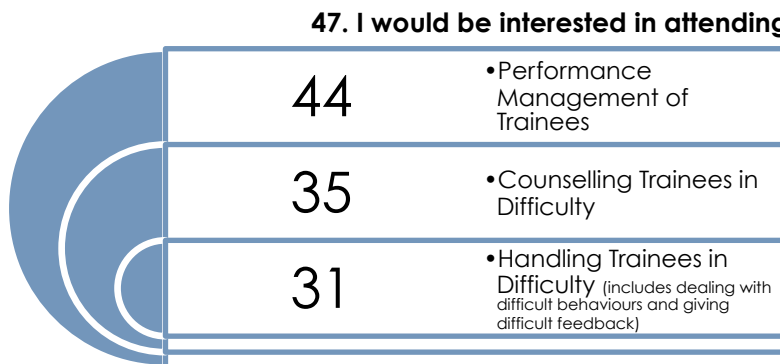
Please state how much you agree or disagree with the following statements.[12]

	44. I am confident that early signs of issues in trainees progress will be identified (1)	45. I am aware of the processes in place to help trainees in difficulty (0)	46. I receive the support I need to help trainees in difficulty (6)
STRONGLY AGREE	6%	35%	29%
AGREE	63%	62%	64%
DISAGREE	28%	3%	5%
STRONGLY DISAGREE	3%	0%	2%

Figure 8

When asked 'How could the Deanery help you more in this area?' the majority of comments related to providing further training (10 out of the 19 comments in this section).

Respondents were asked to register their interest in attending a number of courses related to these issues. 49 of the respondents chose to answer this question and would like training in one or more of the following areas:

47. I would be interested in attending the following courses:

44	• Performance Management of Trainees
35	• Counselling Trainees in Difficulty
31	• Handling Trainees in Difficulty (includes dealing with difficult behaviours and giving difficult feedback)

Figure 9

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[12] Please note, the number in brackets after each question refers to the number of respondents selecting 'Not applicable to me'

Probity and ethics

The majority of respondents are aware of the probity and ethical issues relevant to their role (97%) and just over two thirds are aware of the referral process if faced with an educational ethical or probity dilemma (67%).

Please state how much you agree or disagree with the following statements.[13]

STRONGLY DISAGREE DISAGREE AGREE STRONGLY AGREE

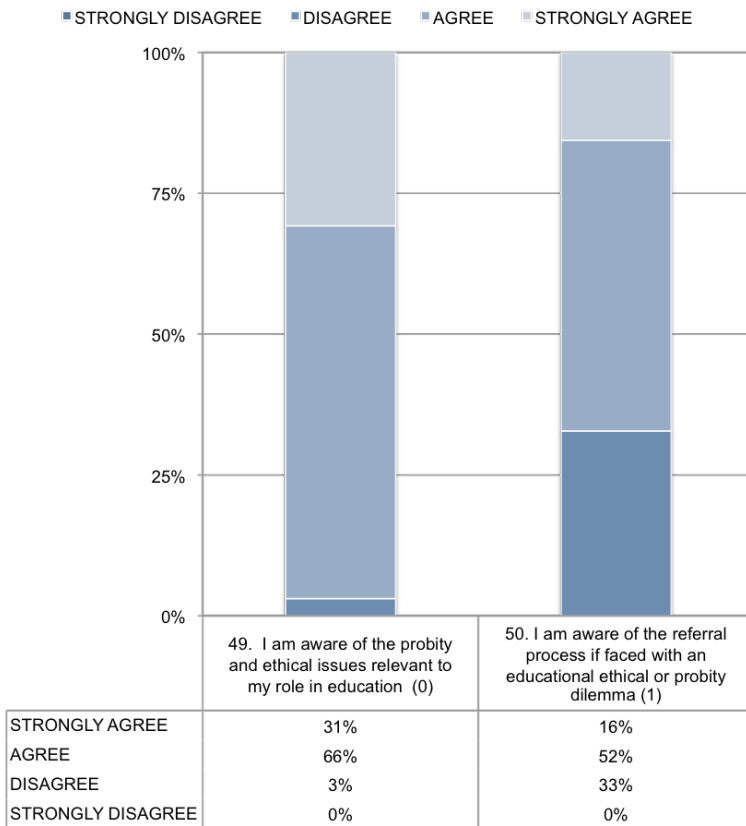|	49. I am aware of the probity and ethical issues relevant to my role in education (0)	50. I am aware of the referral process if faced with an educational ethical or probity dilemma (1)
STRONGLY AGREE	31%	16%
AGREE	66%	52%
DISAGREE	3%	33%
STRONGLY DISAGREE	0%	0%

Figure 10

When asked 'How could the Deanery help you more in this area?' respondents felt that the Deanery already provides effective support in this area and/or respondents are clear who to go to (5 out of 15 comments in this section)

'The support I have been given by the Deanery has been personal, focused on the problem in hand and very supportive. The un-resourced time input costs are however huge.'

'Doing a good job already'

'I ask senior Deanery member if unsure.'

Other comments related to providing a clear pathway for referral (5 out of the 15 comments in this section).

'Clear pathway for referral - at what stage should the GMC get involved'
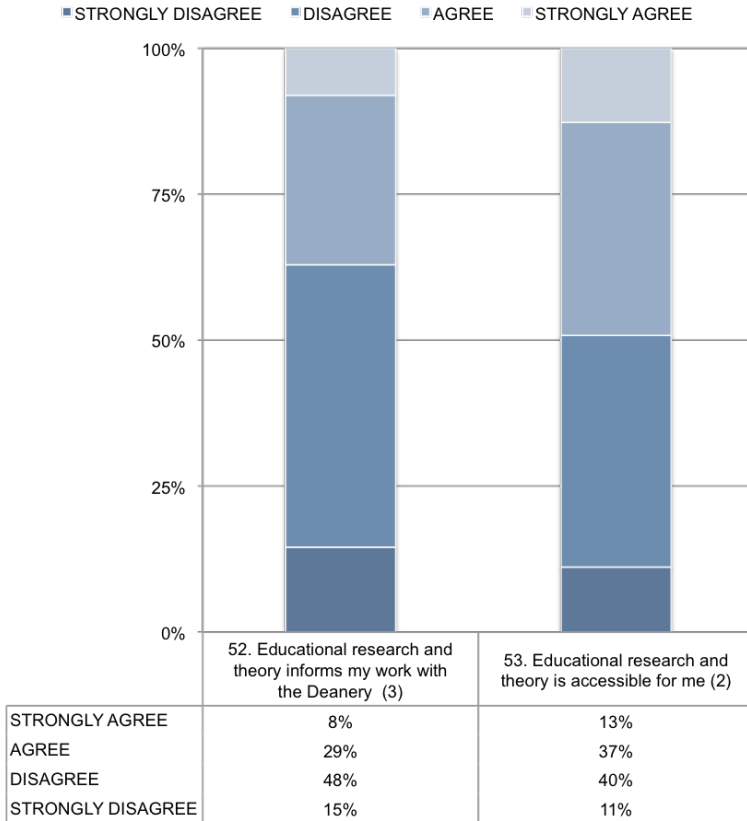
'Clear pathway on website'

'Develop a handbook or even a question and answer type framework (FAQ section within book)'

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[13] Please note, the number in brackets after each question refers to the number of respondents selecting 'Not applicable to me'

Educational skills

Just over a third, agree that educational research and theory informs their work with the Deanery (37%) and almost half feel that educational research and theory are accessible (49%).

Please state how much you agree or disagree with the following statements.[14]

■STRONGLY DISAGREE ■DISAGREE ■AGREE ■STRONGLY AGREE

|	52. Educational research and theory informs my work with the Deanery (3)	53. Educational research and theory is accessible for me (2)
STRONGLY AGREE	8%	13%
AGREE	29%	37%
DISAGREE	48%	40%
STRONGLY DISAGREE	15%	11%

Figure 11

When asked 'How could the Deanery help you more in this area?' the key themes were predominantly around time and the qualifications on offer. In particular, respondents suggested that the Deanery could do more to negotiate time for training (5 out of 29 comments in this section) and that the Deanery could look to provide an alternative qualification to a Certificate in Medical Education (5 out of 29 comments in this section).

Respondents were asked what medical education qualifications they have undertaken. 60 of the respondents completed this section the following areas were identified most frequently:

54. What medical education qualifications or training have you undertaken to date?

16	•Masters/Diploma/Cert Medical Education
14	•No formal qualifications
12	•Train the Trainers

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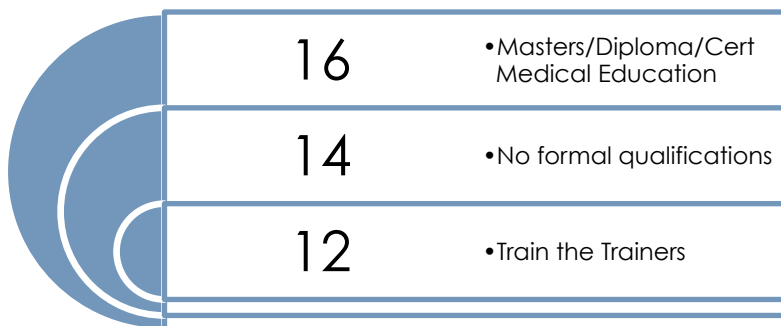
[14] Please note, the number in brackets after each question refers to the number of respondents selecting 'Not applicable to me'

Respondents were asked 'What educational competencies would you like to develop?'. 39 of the respondents completed this section the following areas were identified most frequently:

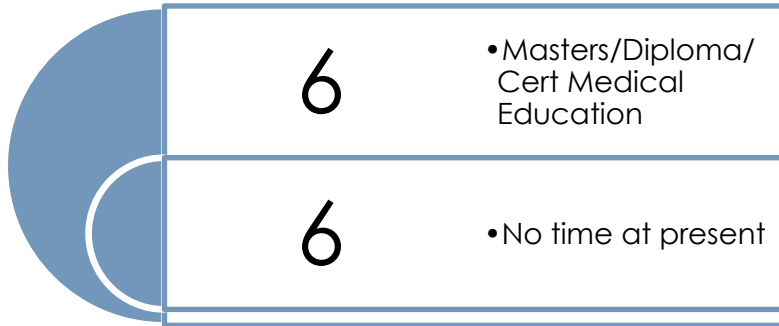**55. What educational competencies would you like to develop?**

6	• Masters/Diploma/ Cert Medical Education
6	• No time at present

Figure 13

Learning

64 respondents chose to indicate their top three preferred learning methods. The most popular include: Training courses, Master classes, Peer discussion and Conferences.

57. Please indicate your top three preferred learning methods

(respondents were able to select more than one item):

Training courses	37
Master classes	29
Peer discussion	22
Conferences	20
Sharing best practice	16
Deanery meetings	15
Discussion groups	9
E Learning training	8
Publications and Journals	8
Mentoring	7
Seminars	7
Distance learning	4
Professional memberships	3
Email bulletins	1
Newsletters	1
Other	3

Table 3

Those respondents selecting Other indicated a preference for Examining, Personal Refection and Action learning sets as learning methods.

When asked 'How could the Deanery help you more in this area?' two issues are highlighted in the comments, the first is that the Deanery is already doing a good job in this area – with particular reference to the recent Master classes - (4 out of 22 comments in this section).

> *'Actually doing a very good job. The Masterclasses that have recently been arranged have been easily the most outstanding educational opportunities I have had in the last five years. Very thought provoking. Some linkage between these, and the development of a good research programme would be helpful…'*

The second issue highlighted are the time constraints that restrict an individual's access to training and development (4 out of 22 comments in this section).

Feedback and reflection

64 respondents chose to indicate how they currently review their educational work with the Deanery. The most popular current review methods include: Personal reflection, Informal feedback from peers, and Formal appraisal with their main employer or professional peers. Informal and formal feedback from the Deanery were the next most frequently utilised forms of review and feedback.

59. Please indicate how you currently review your educational work with the Deanery

(respondents were able to select more than one item):

Personal reflection	47
Informal feedback from peers	39
Formal appraisal with your main employer or professional peers	32
Informal feedback from the Deanery	27
Formal appraisal with the Deanery	20
Multi source /360 degree feedback	15
Discussion groups	9
None	4
Other	2

Table 4

Those respondents selecting Other provided the following comments *'As deputy I hope to be appraised by my FPD and eventually DME'* and *'In practice have had very little feedback'*.

When asked 'How could the Deanery help you more in this area?' the majority of comments requested that the Deanery provide a formal educational appraisal (13 out of 23 comments in this section).

'Agree formal processes of review/ appraisal and set out how this ideally should fit into other review processes'

'Educational appraisal is a good idea, maybe every 12 months'

'Formal assessment / appraisal from the Deanery'

And finally

Respondents were asked 'What are the three most important strengths the Deanery brings to the Faculty?'. 52 of the respondents completed this question the themes that were mentioned most often included:
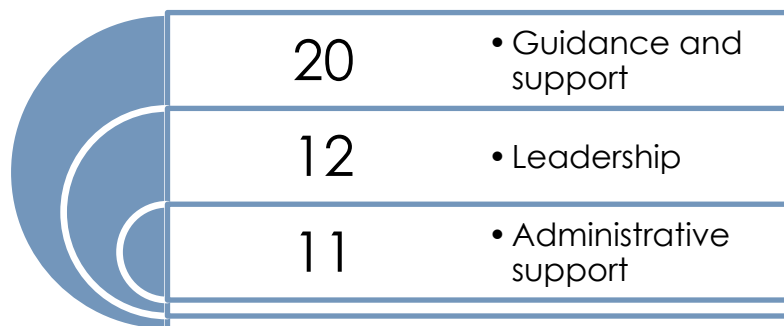
61. What are the three most important strengths the Deanery brings to the Faculty?

20	• Guidance and support
12	• Leadership
11	• Administrative support

Figure 14

Respondents were asked about their training needs. 51 of the respondents completed this question and a large number of different needs were identified. The training needs that were raised most often included:
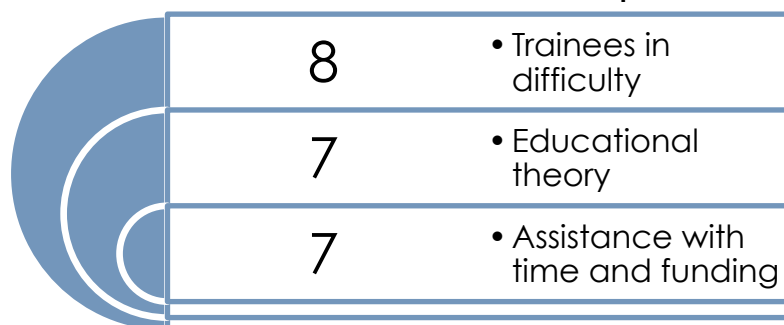
62. What are the three most important training needs you would identify?

8	• Trainees in difficulty
7	• Educational theory
7	• Assistance with time and funding

Figure 15

Executive summary

In summary, the Training Needs Analysis interviews and survey have identified a number of areas where further training would be useful and a number of areas where the Deanery would do well to raise Faculty awareness of the support and systems already in place.

With regards to training, looking at the management skills of the group, the most popular areas for development were budget and financial management and people management skills; in particular delegation, negotiation and influencing skills. Strategic planning and task direction were also identified as important areas where the group felt their effectiveness was low.

The group identified the need to develop their leadership skills more generally, closely linked with strategic planning above, the emphasis was on improving education and training, perhaps improving change management skills.

Looking at supervisory skills used in their educational role, the group felt that motivational skills and educational leadership were important areas where their performance could be improved, these items link closely with the development areas identified above for management and leadership. Another more specific area identified for improvement was career management.

In the area of challenging and needy trainees, the majority felt that the support offered by the Deanery was good but there is a need to provide more awareness of the support offered. The group requested further training in this area, specifically courses in: Performance management of trainees, Counselling trainees in difficulty, and Handling trainees in difficulty. A number felt that the Deanery now needs to direct its attention to issues at the other end of the scale such as career management and succession planning.

Looking at recruitment and assessment skills, the group offered mixed reviews of the online and Deanery training offered in this area. The group recognised that legislation in this area was constantly changing and there was a need to keep up to date. The group also identified that they were coming across cultural issues with regards to recruitment and assessment and this was an area where the Deanery would be best placed to provide a forum for support.

With regards to probity and ethical issues, the group identified the need for more clarity in this area. No training needs were identified.

With regards to IT the group felt their skills were adequate for the job and the majority were happy using E-portfolios, although a quarter of those interviewed requested further training on E-portfolios.

The group expressed a preference for interactive training in short sessions, in the form of courses, master classes and peer discussion/Deanery meetings; this would build on the groups preferences for peer learning and enjoyment of networking. There was some feeling that the location of these could be reviewed and perhaps offered more locally.

There were some common themes that occurred throughout the feedback, with regards to the Deanery's communication of their expectations and the communication of the support available, as well as issues around having sufficient time to do the role.

- The group expressed a concern that they didn't know who to go to or what was expected of them. The Deanery may already be addressing this with the introduction of formal inductions in some areas. This is borne out in the Training Needs Analysis as those that had inductions felt they had the information they needed to do their job.
- There was a feeling that the website could be further developed to direct individuals to the support they need.
- The uncertainty around roles and the Deanery's expectations may account for the large number of requests for feedback, formal appraisals and mentors.
- Many expressed that insufficient time to do their role and their existing workload hindered their performance.

Few felt that educational research and theory informed their work for the Deanery and this area was identified as one of the more important training needs. The issues for the group here are around the accessibility of educational research and also the time available for personal development.

Finally, there are other issues, which are not developmental, but organisational development needs, which have been identified:

- Deanery/educational and primary job conflicts including getting recognition of educational role in job plans

- Feedback from the Deanery on the performance of Schools and individual roles within these

- Provision of information on the structure and roles of the Deanery

- Provision of information about Deanery's role in the wider context

- The effect (negative) of Deanery politics (i.e. relationship with SHA) on Faculty members.

Recommendations for development

1. Ensure that training is offered in the following areas:

    a. budget and financial management

    b. how to organise self and others (including delegation skills)

    c. assertion skills with difficult colleagues (including negotiation and influencing skills)

    d. strategic planning

    e. work and task planning

    f. leadership frameworks/competencies (including leadership and managerial skills)

    g. motivational skills

    h. career management

    i. performance management of trainees

    j. counselling trainees in difficulty

    k. handling trainees in difficulty

    l. succession planning

    m. interviewing skills

    n. E-portfolio use and management

    o. electronic learning processes

    p. educational research and theory

2. Ensure that, where appropriate, the groups preferred learning methods are considered when providing learning opportunities. Learning methods the group seem to enjoy are active and participative and include courses, master classes and peer discussion/Deanery meetings. Using action learning sets and learning networks will take into consideration the groups preferences for peer learning and networking as well as providing opportunities for hands on practice.

3. Undertake a review of the locations where training is currently offered and look to offer training opportunities across the Deanery.

4. Provide email or online bulletins to keep Faculty updated on developments in recruitment and assessment (legislation).

5. Undertake a review of the current recruitment and assessment training provision and obtain further feedback from the Faculty on the training quality and impact of the training they have attended to date.

6. Update Faculty on the legislation and cultural/ethical issues related to equality and diversity, and application to overseas recruitment and placements and provide a forum for support in this area.

7. Improve awareness of probity and ethical issues and provide more clarity around the Deanery guidelines.

8. Develop the website to direct individuals to the support they need.

9. Continue the introduction of formal induction – ensure that it covers what is expected of the individual in their role and who to go to for help.

10. Ensure that all Faculty members have the opportunity to attend a formal educational appraisal (the appraisal should incorporate a review of job plans and have an emphasis on directing developmental needs making best use of time available).

11. Offer access to an educational mentor as part of the induction programme and review their effectiveness during appraisal – perhaps changing mentor to address specific development needs.

Appendix a

The interview structure

Contracting
1. Personal introductions
2. Project aims and scope
3. Confidentiality
4. Notes and follow up
5. Outcomes
6. Time available/constraints

Opening questions (role and context)
1. In your role as ….. What are your key areas of responsibility?
2. What helps you with these?
3. What hinders you with these?
4. How would you describe the culture in which you have to carry out this work?
5. How do you fit into the educational structure?
6. You have to work with whole range of people to do this role – which relationships work well, and why?
7. Which relationships work less well, and why?
8. What are your goals for the next 2 years in this educational role?
9. What motivates you in this role?
10. What de-motivates you?
11. How did you develop the educational knowledge and skills necessary for this role?
12. What are they?
13. How do you know your skills and knowledge work for this role?
14. How do you keep them up to date?
15. What further educational competencies do you need?
16. How would you ideally like these to be met? (i.e. how do you best learn?)
17. To what extent does educational research inform your work here?
18. How accessible is educational research for you?
19. How do you evaluate your educational work?

Management
1. Let us talk about you as a manager – what are the managerial aspects of this role?
2. How would other people describe your managerial style? Why?
3. There are 6 main aspects to managing effectively. These are people skills, budget and financial management, resource allocation (including people, money, machines and property), strategic planning, task direction and delegation. How confident are you in each of these (ask for rating on scale of 1[low] to 10 [high])?
4. In which of these do you need developing further?
5. How would you prefer to do this?
6. What is the main managerial priority for you?

Leadership
1. The NHS Medical Leadership Competencies identify 5 key dimensions of leadership. The first of these is 'personal qualities' of which the most important are self awareness and self management. What do you see as your strengths in this?
2. How do you use these strengths?
3. Working with others and leading teams is the second area. What strengths do you bring to these and how do you use them?
4. The third area is managing services, in your case organising educational delivery and programmes. What are your strengths here and how do you use them?
5. The fourth area is improving education and training (improving services in the competency documents) – again what strengths do you bring to this?
6. How do you use these strengths?
7. The fifth area is about moving things forward and developing and changing educational provision (termed setting direction) – what strengths do you bring to this?
8. How do you use these strengths?

9. Looking overall at leadership what would you say are your main development needs?

Recruitment and Assessment

1. To what extent are recruitment and assessment activities part of your role?
2. What processes do you use in each of these areas?
3. To your knowledge what are the current developments in each of these areas?
4. What are the principle legislative and good practice frameworks that relate to these two areas?
5. What is good Equality and Diversity practice in these areas?
6. How confident are you in applying Equality and Diversity guidelines in your role?

Challenging and needy trainees

1. In your educational role tell me how you handle challenging trainees?
2. What processes and frames of reference do you use for this?
3. What do you find works?
4. And what does not?
5. What would help you do this better?
6. To what extent are coaching, mentoring and counselling an important part of your role?
7. What do you find works?
8. And what does not?
9. What would help improve matters here?

IT

1. How would you describe your IT skills?
2. What are they?
3. What training do you need to develop these further?
4. How knowledgeable and skilled are you at working with E-portfolios

Probity, ethics and medical error

1. What are the probity and ethical issues that are relevant to your role in education?
2. What sort of support is there for you here?
3. What is the referral process if you are faced with an educational ethical or probity dilemma?
4. Coverage of issues and understanding about medical error and patient safety in doctors' training is vital. How do you ensure this?
5. How could the Deanery support you more here?

Reflection – ask if interviewee wishes to add anything to what already said

Appendix b

Training Needs Analysis survey.

My Role
Strongly Agree, Agree, Disagree, Strongly Disagree, Not applicable to me
1. In my work with the Deanery, I am clear on my key areas of responsibility
2. The induction training I received gave me the information I needed to perform my role within the Deanery
3. After joining I was given the training I needed to fulfil my role for the Deanery
4. I get the information I need from the Deanery to do my job well
5. I am kept up to date on any changes to the infrastructure of the Deanery
6. I can rely on my mentor to give me the support I need to fulfil my role for the Deanery
7. I have sufficient time allocated to my Deanery role
8. I receive the administrative support I need for my role within the Deanery
9. I know who to approach within the Deanery for specific issues
10. The Deanery's systems and procedures help me to perform my role
11. I have access to the funding required to perform my role
12. I feel motivated to do a good job in my role for the Deanery

[If Disagree or Strongly Disagree]
How can the Deanery support you more in this area?

Please rate how important the following skills are to you for your role within the Deanery and currently how effective you are at applying them to your role within the Deanery.

No Experience Very Important Important Not Important Very Effective Effective Not Effective

Supervisory skills
13. Appraisal and feedback
14. Coaching
15. Mentoring
16. Motivational i.e. inspirational leadership
17. Counselling
18. Negotiation
19. Facilitation and group work
20. Simulation and simulators
21. Career management
22. Workplace assessment
23. Administrative
24. IT
25. E Portfolio
26. Educational leadership

Management skills
27. People skills
28. Budget and financial management
29. Resource allocation
30. Strategic planning
31. Task direction
32. Delegation

Leadership skills
33. Personal qualities (i.e. self awareness, self management)
34. Working with others and leading teams
35. Managing services (i.e. organising educational delivery and programmes)
36. Improving education and training

37. Setting orientation (i.e. Moving things forward and developing and changing educational provision)

Recruitment and Assessment
Strongly Agree, Agree, Disagree, Strongly Disagree, Not applicable to me
38. Recruitment and assessment activities are a key part of my role

[If Agree or Strongly agree]
39. I am confident in applying the legislative and good practice frameworks in my recruitment and assessment activities
40. I am confident in applying ARCP (RITA) frameworks the assessment activities
41. I am confident in applying the workplace assessment tools approved by PMETB in my assessment activities

42. I am confident in applying Equality and Diversity guidelines in my role

43. How could the Deanery support you more in this area?

Challenging and Needy Trainees
Strongly Agree, Agree, Disagree, Strongly Disagree, Not applicable to me
44. I am confident that early signs of issues in trainees' progress will be identified early
45. I am aware of the processes in place to help trainees in difficulty
46. I receive the support I need to help trainees in difficulty

47. I would be interested in attending the following courses:
[Please tick all that apply]
Handling difficult trainees (includes dealing with difficult behaviours and giving difficult feedback)
Counselling trainees in difficulty
Performance management of trainees

48. How could the Deanery support you more in this area?

Probity and Ethics
Strongly Agree, Agree, Disagree, Strongly Disagree, Not applicable to me
49. I am aware of the probity and ethical issues relevant to my role in education
50. I am aware of the referral process if faced with an educational ethical or probity dilemma

51. How could the Deanery support you more in this area?

Educational skills
Strongly Agree, Agree, Disagree, Strongly Disagree, Not applicable to me
52. Educational research and theory informs my work with the Deanery
53. Educational research and theory is accessible for me

54. What medical education qualifications or training have you undertaken to date?
55. What further educational competencies would you like to develop?
56. How could the Deanery support you more in this area?

Learning
57. Please indicate your top three preferred learning methods:
[Please check your top three]
Deanery meetings
Training courses
E Learning training
Distance learning
Conferences
Master classes
Mentoring
Publications and Journals

Professional memberships
Sharing best practice
Email bulletins
Newsletters
Seminars
Discussion groups
Peer discussion
Other [Please state]

58. How could the Deanery support you more in this area?

Feedback and reflection
59. Please indicate how you currently review your educational work with the Deanery:
[Please check all that apply]
Multi source /360 degree feedback
Formal appraisal with your main employer or professional peers
Formal appraisal with the Deanery
Informal feedback from peers
Informal feedback from the Deanery
Evaluation sheets
Personal reflection
None
Other [Please state]

60. How could the Deanery support you more in this area?

And finally
61. What are the three most important strengths the Deanery brings to the Faculty?
1. 2. 3.

62. What are the three most important training needs you would identify?
1. 2. 3.

63. Any other comments?

64. Please select the description that best describes your role within the Deanery:
[Please select all that apply]
Training Programme Director
Foundation Programme Director
Deputy Training Programme Director
Deputy Foundation Programme Director
College Tutor
Associate Dean
Dean
Director of Medical Education
Associate Director
Deputy Head of School
Head of School
Other [Please state]

65. Please select the description that best describes your primary role:
General Practitioner
Surgeon
Physician
Educationalist
Manager
Other [Please state]

Appendix c

Training Needs Analysis survey free text comments.

Please note the number in brackets after each question denotes the number of comments provided for that question.

Role

1. In my work with the Deanery, I am clear on my key areas of responsibility (3)
    1. Not received a formal JD from the deanery,
    2. i think i'm still surgical tutor but don't really know.
    3. conflicting info

2. The induction training I received gave me the information I needed to perform my role within the Deanery (30)
    1. not sure I really ever had a proper induction
    2. not had induction yet; due next week
    3. Not from induction. Information rom previous TPD has been wat has prepared me.
    4. none given
    5. No training offered
    6. No induction training
    7. no induction to Head of School
    8. No induction received
    9. no induction really
    10. no induction offered
    11. no induction for educational part of my role
    12. no induction for DMEs when I became a DME
    13. No induction
    14. no formal induction
    15. no formal induction
    16. no deanery induction for fpd
    17. never really had induction training-picked up along the way
    18. Mostly learned on the job- but as a founder Head of School there was no one really qualified to teach me.
    19. Largely because this was a new role, so induction was never going to give me the information I needed
    20. it was all fairly informal and all based in UH bristol rather than much deanery perspective
    21. in role at time when no induction
    22. I either hit the ground running or was developing a new strategy where none existed before
    23. I didn't have an induction
    24. I did nt get any induction training!
    25. don't recall any
    26. What induction?
    27. What induction training?!!
    28. what induction training?
    29. there was none
    30. There is a degree of learning on the job, and I was lucky to have support of the previous TPD, now head of school

3. After joining I was given the training I needed to fulfil my role for the Deanery (18)
    1. what is 'joining'?
    2. Too many simultaneous changes
    3. there was none
    4. sometraining for specific areas eg MTAS, generally learn by experience
    5. some subsequent specific training eg ARCP

6. see above [in role at time when no induction]
7. partly - i went on a one week course but little has happened since then
8. No training offered
9. no training given
10. No training
11. no Deanery training
12. no additional training
13. Mimiaml training provided
14. I have had to rely on my wits with awareness of the legal aspects of what I do and in matters relating to employment legislation
15. I am finding out how to do things as i do them as the deanery manager was also new
16. Didn't have any training
17. did not receive any specific training
18. As above [Mostly learned on the job- but as a founder Head of School there was no one really qualified to teach me.]

4. I get the information I need from the Deanery to do my job well (6)
1. i get so much information on some things that its difficult to process and not enough in other areas.
2. Sometimes.
3. often conflicting info
4. Sometimes long delays before replies
5. Limited in some areas
6. Much improved recently

5. I am kept up to date on any changes to the infrastructure of the Deanery (4)
1. unsure of its structure
2. Limiterd on some occasions
3. improved with the website
4. There is a lot of email traffic. Some of it is irrelevant and just sent out. A monthly newsletter may be of value and cut down on un sloicited email.

6. I can rely on my mentor to give me the support I need to fulfil my role for the Deanery (27)
1. who?
2. who is my mentor?
3. What mentor?
4. what mentor?
5. What Mentor?
6. this has been variable
7. no mentor
8. no mentor
9. No mentor
10. no mentor
11. mentor???
12. Mentor?
13. I dont have a designated mentor
14. i don't have a mentor!
15. I don't have a mentor
16. I don't have a mentor
17. I don't have a mentor
18. I can rely on my mentor to support me sometimes and totally undermine me at other times - this is very dysfunctional
19. dont have one - would like one
20. dont have one
21. don't know who it is.
22. don't have a mentor
23. Don't have a mentor
24. don't have a mentor
25. Do I have a mentor?

26. Do I have a mentor ?
27. ?do I have a mentor?

7. I have sufficient time allocated to my Deanery role (21)
   1. Time is a scarce resource! I do tend to spend more time on my Deanery work than technically funded
   2. This is a complex issue in relation to Trust workload but both Deanery and Trust have tried to support me
   3. there is more to do than can be fitted into a 1PA session
   4. there is an expectation and mutual wish that DMEs are part of Deanery but there is no time allocated to Deanery affairs
   5. The demands are variable. I do more consistently than contracted for. It comes out of Trust time.
   6. Not in my job plan
   7. Not formally. I rob Peter to pay Paul, but don't always repay Peter with the time.....
   8. no remunerated time
   9. no formal time -fit it in around other duties-quite a lot out of hours
   10. no
   11. largely adequate, but only because of supportive colleagues
   12. Just done in spare time, with more requirements from the job finding it more difficult to do
   13. Job takes twice as long
   14. I work 30-50% more than I'm paid for
   15. I do it in my own time (although I do get some remuneration for this)
   16. Currently no time allocated due to the trust delaying my job plan
   17. Could do with more time
   18. as evidenced by the fact i'm filling this in at 23.15!
   19. As ever one has to prioritise - such is life.
   20. Although I have put insufficient time, this is not an issue for me. The nature of the job is that there is always more to do but just need to register that a job like this requires considerable extra discretionary time.
   21. 2 PAs insufficient

8. I receive the administrative support I need for my role within the Deanery (8)
   1. Variable quality.
   2. the school administrator post is currently unfilled
   3. Still being appointed and organised
   4. none provided
   5. no administrator for school of paediatrics
   6. I have been without admin support for most of the last 2 years in my post
   7. I agree with this, but ticking the agree box does not allow me to enter free text. Admin support has been present but staff turnover, particularly of temporary staff, has been high and has curtailed developmental aspects of my role. Additionally, one of the main reasons I work more than I'm paid for is that I'm doing Admin work because the staff we have could not cope if it was given to them
   8. deanery is overworked so occasionally delays

9. I know who to approach within the Deanery for specific issues (2)
   1. relative lack of clarity meaning tend to go to one poor person to be pointed in the right direction
   2. line of contact is not clear

10. The Deanery's systems and procedures help me to perform my role (5)
   1. They may do, but I am not always clear about that
   2. Sometimes unclear and decisions are sometimes made which affect my school without prior consultation with me
   3. Not relevant directly to my role.
   4. neither help nor hinder
   5. I have ticked disagree because I wished to make a comment here. Postgraduate Education is heavily dependant upon discteionary contributions from consultants and some of the deanery procedures, introduced for very good reasons, are beginning to increase the bureaucracy. We

seem to have many surveys and documents without executive summaries (and which could be shorter).

11. I have access to the funding required to perform my role (13)
   1. very unclear area; i am aware that it is being reviewed
   2. tracked down to different Trust
   3. time is the problem, not funding
   4. There is no specific funding for the Head of School of Ophthalmology
   5. SHA dont always allocate what I request
   6. See Q7 [The demands are variable. I do more consistently than contracted for. It comes out of Trust time.]
   7. see previous comment - I spend more time than strictly funded on my deanery role (although some of this is undoubtedly down to a personal commitment to do the job well) [the school administrator post is currently unfilled]
   8. not ring fenced in Trust
   9. Not entirely certain on this one. Challenges - e.g. funding for early start for F1s a struggle, ALS funding etc.
   10. I have no access to funding, which is channeled through the dental deanery, to which I have no direct access
   11. i do get 1/2 PA from deanery for college tutor role. However I have many other ed responsibilities, careers lead, ed sup for 3 F1s, ed sup for 3 regs, training lead for geriatrics and CMT. Spend mych more than 2 hours a week on all of this.
   12. Financial governance has been unwieldy- especially in relation to funding of sessions for TPD's in my school
   13. controlled by Head of school

12. I feel motivated to do a good job in my role for the Deanery (1)
   1. I have done and would like to be able to say this but at the present time its very difficult

Recruitment and Assessment
How could the Deanery help you more in this area? (27)
   1. ..By Ensuring that we know the appropriate PMETB tools and by resisting those overtly beuracratic and political changes which are foisted upon us!
   2. clear managment structure / contacts admin support regular updates
   3. deanery has supported me well in this area this year with good training and guidance
   4. encourage trusts to allow a rolling program of development- ie get trusts to give professional leave for deanery things rather than using study leave
   5. Formalise job description Annual day for FPDs and deputies Refresher courses for development areas Appraisal and goal setting for
   6. Good support re legal employment from support manager.
   7. have completed deanery initiatives and training
   8. I am not sure. The trouble is my clinical job is very busy plus I have to spend a lot of time in my role as TPD. It is then difficult to find more time to go on courses for my own education. The courses i have been on are often too generalised to be that helpful in day to day practice.
   9. impressing on trust management just how important these factorrs are, and providing a more rigid framework for implementation in the workplace.
   10. It would be useful to have 1 day courses that cover all the basics we require to be TPDs at regular intervals so we can keep updated efficiently.
   11. It would be useful to have some sessions on the legislative aspects of employment
   12. More help with ARCP set up and recruitment
   13. more training in protected time would be useful but not a high priority for me to develop
   14. on going support and training innitiatives
   15. One uniform standard and expectation across all specialties would help consistency, peer reviewing and bench marking for quality assurance
   16. Payment of PA(s) to enable backfill of clinical responsibilities to free up my time for educational activities.

17. perhaps formal mentorship
18. probably by providing more support and resources for the registrars - which we are working on through the school website, but have a lot to do
19. Recritment and ARCP now well supported by management colleagues.
20. regular updates on the assessment and recruitment developments-both practical and strategic feedback as to effectiveness of the processes and ones role in it
21. Sharing different approaches to ARCP/RITA panels.
22. The support of an excellent recruitment manager is vital (we're lucky in the school of paeds!)
23. There is a significant problem with faculty development, i.e. teaching consultants becoming properly involved with recruitment and assessment.
24. training
25. Traininng in HR and employment issues
26. work place based assessment needs more trainer buy in and direction otherwise the trainees do the bare minimum, rendering them worthless.
27. Writing exec summaries /brief guidance notes of the various huge documents we are expected to work to

Challenging and Needy Trainees
How could the Deanery help you more in this area? (19)
1. ...by provideing cousres as in 47
2. A masterclass perhaps
3. Above courses look useful
4. better toi for trainees with problems engagement with actually sorting the problems to conclusion if possible - really addressing poor performance- with prompt actions
5. clear pathway to follow on the secure area of the website
6. communicate better between trusts who have drs in difficulty to share best practice
7. development of better tools to assess trainees
8. Enable me to attend some of the above training
9. ensure funding streams for remedial training are robustly protected and ringfenced (and adequate!)
10. Have done dr in difficulty course. Third option sounds relevant
11. Loads of warning about courses and details about content. Quality courses - not a rehash of the last one with a different name. Regrettably role play or videos to watch is essential
12. making these mandatory. giving some assurance that these systems are robust and consistent
13. more courses
14. not only provide courses but perhaps stimulate "action learning sets" for trainers (esp tutors and TPDs)
15. The Deanery supports the School well in the somewhat specialised area of trainees in difficulty.
16. The Occupational Health input could be better understood, resourced and utlisied
17. the problem is how much a college tutor or TPD should get involved and how much the supervising consultant and directorate want to deal with it. How much should we be involved?
18. training!
19. We need a focus on actively challenging and enhancing the performance of high flyers, not just those in difficulty.

Probity and Ethics
How could the Deanery help you more in this area? (15)
1. better information in this area
2. By keeping us all up to speed!
3. clear pathway for referral - at what stage should the GMC get involved
4. clear pathway on website
5. Develop a handbook or eben a question and answertype framework (FAQ section within book)
6. Doing a good job already
7. I ask senior deanery member if unsure.
8. Incorporate this into the course.
9. more formalised lines of referral
10. not really sure what you mean - probity is a gmc or trust issue isnt it?- surley any referrals to trust med director or gmc you should know about at deanery level
11. not sure what these processes are. i would talk to senior colleagues!

12. Point out referral pathway
13. Probity and ethical issues dont appear to date to be a specific problem but i am aware of the sources of advice and support available should one arise
14. The support I have been given by the Deanery has been personal, focused on the problem in hand and very supportive. The unresourced time input costs are however huge.
15. Would seek advice when I needed it

Educational Skills

54. What medical education qualifications or training have you undertaken to date? (60)
    1. Cert Ed (Dundee) 2001 Multiple study days: - ed supervision - appraisal - ARCP - WBAs - etc etc
    2. Cert Med Ed
    3. Cert Med Ed
    4. Cert Med Ed
    5. Cert Med Ed
    6. certificate in medical education royal college of physicians educators programme in house train the trainers mita councelling and communications course
    7. Certificate in Teaching and Learning for Health Professionals
    8. Certificate in Training Practice
    9. Completed Certificate in teaching and Learning for Health Professionals (University of Bristol) Currently studying for diploma and may do masters
    10. Course at St Georges 10 yrs ago; doing TLHP at present
    11. Courses on delivering talks/training but several tyears ago.
    12. dip med ed leaders in healthcare - asme psychology degree
    13. Diploma in Med Education, Bristol
    14. Diploma in medical education
    15. Educational supervisor course Training the trainer
    16. Have had no formal education training
    17. I have an MSc in Medical Sciences, of the University of Bristol, undertaken by research in medical education and have published several orginal peer-reviewed papers in this area
    18. I have over the last 20 years attended many training courses about "training the trainer" and conferences organised by my College and Deaneries about repsonsibilities in these activities
    19. In process of taking TLHP currently on second module
    20. just the usual training in DOPS etc WPBAs etc
    21. Local teaching courses
    22. Local training courses. Training the trainers.
    23. Lots of local modules (trainees in difficulty, WBAs, appraisal skills, interview skills, E&D etc etc) UWE coaching and mentoring module
    24. lots of various sorts over the years
    25. Masters in Medical Education Numerous courses ASME medical leadership course
    26. MMEd (Dundee)
    27. MMedSci Regular updates for 15 years
    28. MSc Medical Education (Cardiff)
    29. nil course x2
    30. nil formal
    31. No formal medical educational qualifications - a lot of experience in teaching and training locally and nationally
    32. No medical education qualifications. Mostly based on extensive experience in organising Postgraudate Education over last 20 years. During this I have attended various training courses e.g Royal College of Physicians Training Days for Regional Advisers/ College Tutors, Deanery workshops etc.
    33. no qualification, but very extensive training
    34. No qualifications
    35. No qualifications. Lots of on the job expereience over 19 years. Some training courses.
    36. None
    37. None
    38. none
    39. none

40. None
41. none
42. none formal
43. Part of TLHP Certificate
44. PGMC med ed
45. PhD Management. The methodologies for management are very similar to those required for education. I have spent five years on curriculum development in association with the Institute of Education London and the Royal College of Surgeons
46. PhD Med Ed
47. Postgraduate Certificate in Medical Education
48. Practical teaching tips Clinical supervisor Doctors in difficulty Educational supervisor (pending)
49. RCP study days on group teaching methods and assessment tools
50. tlhp certificate
51. Training the trainers 2 modules in Med Cert course (Plymouth) on Medical Education
52. Training the trainers course. Appriasal training. ARCP training. Equal opprtunities act/appointments training.
53. Training the trainers courses
54. Training the trainers days - clinical supervisor, educational supervisor, ARCP, appraisal
55. Training the trainers Educational Supervisors course and advanced modules 2007/8
56. training the trainers etc
57. Training the Trainers Royal College of Ophthalmologists
58. Trends in medical education Dundee distance learning course Certificate of Medical Education University of Bristol
59. Two Training the trainers courses How to be an educational supervisor
60. windsor resident course for med education 2008

55. What further educational competencies would you like to develop? (39)
    1. Validity of Assessment procedures - Use of statistics - Understanding national educational strategy
    2. A lot of this seems idealistic and unrelated to what we do. sometimes it's just maitainning a rota, covering service, interviewing , preparing for RITA/ARCP and calming down consultants. Maybe in the middle of that we are also trying to provide good training and looking after the juniors. But I am doing nothing exciting or inspirational, just keeping the show on the road
    3. Achieving a better knowledge of Educational research and theory would be helpful. However, I believe the role of a Head of School is to motivate and facilitate the work of others in actual provision of education; rather than providing this "hands on".
    4. Additional understanding of national frameworks and national adgenda
    5. advanced course
    6. Appraisal, motivations, high level motivational leadership
    7. Booked on ASME Developing Leaders in Healthcare Course, July 2009
    8. Cert of Med Ed to provide me with more theoretical background
    9. certificate of postgraduate medical education
    10. consider progression to education diploma or masters
    11. Could improve appraisal skills
    12. dealing with trainees in difficulty, simulation training.
    13. Define core competencies
    14. difficult trainees wd be useful P
    15. Doing educational would be useful, but currently no time to do this
    16. Educational research - practical and theoretical perspectives
    17. Examination experience
    18. formal assessment of my teaching / mentoring abilities
    19. I do not feel that I need to develop further skills in this area at the current time and in my current role
    20. I intend to complete further modules on the RCP 'Physicians as educators' programme and would like to attend the peer support groups there. If severn deanery had a similar equivalent programme that would make things much easier.
    21. i would like the chance to develop educational research in the deanery
    22. I would like to take my Certificate on further to Masters level, the main constraint is my time.
    23. ideally I would undertake a formal medical edcuation course but don't have time for this at present.
    24. If continuing with this role I should wish to do an MSc.

25. leadership in education skills
26. Leadership skills Managing a budget
27. lots
28. MMed
29. no time at present
30. None
31. None at present
32. none at the present time - too busy
33. Not enough time to even think about this one
34. Planning to attend Deanery & RCP courses when I can find the time
35. possibly further educational training, although would need to be convinced was appropriate to my role and not too theoretical
36. research tools in education
37. teaching and lecturing skills
38. uncertain
39. would really like to do part time PhD- basically i need better time management and a parallell universe !! would like to be a college examiner

How could the Deanery help you more in this area? (29)
1. A bit more time, and more admin support.
2. as above [formal assessment of my teaching / mentoring abilities]
3. consider funding RCP leadership or educational course
4. Core competencies for those undertaking deanery roles. Clearly they do not all have to be met at the time of appointment (althougfh would be desirable) but should be in the personal development plan to be achieved over a defined period (eg 18 - 24 months) Therefore deliver/organise/facilitate these.
5. Course??
6. design appropriate educational packages specific to the roles and expect new appointees to undertake training appropriate to their posts
7. fund time for me to take a qualification
8. Have a well recognised modular educators course for those of us who don't want to do the certificate of education.
9. I believe there is a good opportunity and the expertise available, to develop a strong educational research programme in the Severn Deanery. I would very much like to assist the development of such a programme.
10. I do not beleive that trainees require an educationalist to deliver or monitor their training.
11. I think there is a significant problem in that those specialities that do not have such onerous ongoing patient responsibility are very rarely represented in the education process(eg surgery or medical specialities). In order to attract a wider range of clinicians and develop them, i thinlk the deanery needs to recognise key educational roles within these areas and develop the individuals by giving more protected time away from clinical work. Otherwise, the deanery education team will continue to be dominanted by certain areas such as anaesthesia/general practice and will miss out from the contributions of other specialities and approaches.
12. I would like to undertake a qualification in medical education
13. info re more training opps
14. It alreday sponsors my attendance at national conferences. Needs to continue
15. It does - mainly through funding me and supporting me to attend external courses
16. Lots of different dates for courses
17. planning to attend workshops for dealing with trainees in difficulty
18. Short courses on educational theory and method would be helpful. Working for an educational qualification is not a realistic goal with my current workload.
19. support completion of an MSc in medical education
20. support formal training programmes
21. they need to negotiate must more closely with Chief Execs of the Trust to keep training issues high on the agenda but also have a more realistic and less ivory towered view on what happens on the ground in terms of service provision and patients getting looked after.
22. Time and money!
23. time and support

24. training
25. uncertain - I am rich in experience, arguably streetwise, but lacking formal theoretical educatiional training
26. Unclear
27. Update courses on educational theory and practice
28. updates and courses
29. We are exploring the possibility of joint research into the needs of junior medical staff to help improve their emotional resilience nad coping skills

Learning
How could the Deanery help you more in this area? (22)
1. Actually doing a very good job. The Masterclasses that have recently been arranged have been easily the most outstanding educational opportunities I have had in the last five years. Very thought provoking. Some linkage between these, and the development of a good research programme would be ehlpful. For example, Adrian Furnham made a very strong case recently in one of the Masterclasses for IQ tests and Personality tests on applicants to the programme as part of a process to alert the programme to potential future problems in trainee competencies. We should have a process whereby we can look into developing such ideas and make the most of the visits of these experts.
2. arrange mentoring (that really adds value), possibly buddying with another deanery?
3. Continued opportunities ot attend the annual Deanery conference ofr Training Programme Directors
4. cross deanery meetings to allow idea sharing, problem resolving and more coherent planning of education
5. Define time required. Expect trusts to deliver on the training needs for those undertaking deanery roles. Negotiate the requirements and deliverables for trust and deanery.
6. direct towards resources and support access
7. funding for training days. maybe 2-3 days courses rather than 1 day courses. they work better for me.
8. happy with Status Quo
9. I am already in excess of my Study Leave and Professional leave allowance.
10. I learn best in small groups like the master classes, where it is possible to discuss issues with colleagues, and the group is small enough to feel, or be, challenged by the issues under discussion
11. its all a matter of time - so more e-learning would help
12. keep the meetings as they are get trusts to allow us to attend within an education role - so we dont have to use study leave time the deanery funding has been really fantastic for me in teh last couple of years for courses etc support your eductators to attend meetings
13. local courses with charismatic leaders
14. Masterclasses have been brilliant
15. More facilitated workshops, we need time to discuss issues and share. Masterclasses are interesting but don't necessarily lead to change in practice at the coal face.
16. More formal communications with colleagues at Deanery
17. More systematic approach to identification of relevant external meetings and courses, and matching to learning needs.
18. provide different options
19. provide fora for the above [design appropriate educational packages specific to the roles and expect new appointees to undertake training appropriate to their posts]
20. providing a mentor and enviroments for peer discussion
21. Set up a local deanery modular physicians as educators course, with recognised accreditation at the end.
22. Support to set up local conferences and go to conferences.

Feedback and reflection
How could the Deanery help you more in this area? (23)
1. a more person centred mentor
2. agree formal processes of review/ appraisal and set out how this ideally should fit into other review processes
3. Am awaiting deanery appraisal
4. Appraisal

5. Appropriate funding support to my employer with protected time to undertake all that is now required by PMETB and expected in the role
6. As above [Could improve appraisal skills]
7. develop a mentoring program
8. Educational appraisal is a good idea, maybe every 12 months.
9. Feel well supported in this area
10. Formal appraisal planned
11. formal assessment / appraisal from deanery
12. I am still in my first 6 months in post - I guess an appraisal may happen in due course
13. I understand formal appraisal is planned
14. I wish to do a multisource feedback. please arrange this through ?edgecumbe
15. more formalised review possibly with mentor
16. More regular feedback
17. msf and appraisal specific to educational role may be helpful if well done
18. my appraisal with Kathy was very useful! More like this would be great.
19. NA
20. No change necessary
21. Perhaps arrange a 'away day' type session for me to meet with the TPDs, RA, available tutors, and school managers, with a facilitator, to discuss issues, how we are doing, what we should be doing etc.
22. Perhaps some form of regular appraisal process
23. welcome 360 feedback

What are the three most important strengths the Deanery brings to the Faculty? (52)
1. 1. Central resource for managing the school, including website 2. Help with difficult issues (Trainees) 3. Direction/guidance as to what is required to do my job
2. 1. Friendly informal network of peer support and advice. 2. Support and advice with IT/ eportfolio etc 3. Appointing high quality trainees
3. 1. Leadership 2. Teamwork 3. Educational Expertise
4. 1. There is a relatively flat hierarchy, and all senior members are approachable, friendly and open to new ideas 2. Administrative resources are very good and well organised 3. Deanery survey data on the state of training programmes looks very promising and has the potential to be a very effective lever for improvement 3.
5. 1. Website 2. Information 3. Courses
6. 1.Formal links with secondary care. 2.Greater resource to access more esoteric areas
7. 1) Excellent administrative back upfor slection process and ARCPs / RITAs 2) Facilitation of Educational Supervisors training 3) Development of the School of ophthalmology and its website
8. a good group of colleagues to work with. adequate financial support.good office support centrally
9. accessible and supportive leadership knowledgable permanent staff enthusiasm for teaching and training
10. Accessible Well organised Open to suggestion
11. Accessible, supportive, well-developed recruitment process
12. admin staff helpful
13. Admin support (about to be strengthened); help with trainees in difficulty; ARCP workshops
14. Admin support An environment whereby all departments across the region can get together and discuss common issues. Leadership
15. Administrative organisation Help with trainees (or trainers) in difficulty Leadership
16. An overarching view of training for all. Support. Enthusiasm at the very top.
17. Can do attitude Strong values Supporting new ideas
18. central guidance and direction simplification of processes protocols & procedures
19. Communication
20. Communication about development of education Support Cohesiveness
21. coordination information leadership
22. experience of the processes support and advice guidance on the processes and legal requirements
23. fianl arbitor, advise and support news re new developments
24. Funding Control of staffing the power to demand change if educational standaards are not maintained.

25. General HR experience Commercial experience High volume recruitment exposure
26. Good leadership Friendly, supportive environment Strives for excellence
27. guidance overview leadership
28. Individual staff members Good admin support (now, at last!) Good links with SHA
29. Integration Clarity Organisation
30. Interaction with other educational leads at a high level funds training
31. Knowledge experience HR experience
32. Knowledge of systems Help with trainees in difficult Help with difficult trainers
33. Knowledge of the national requirements Place where peers meet in structured way Systematic approach to development
34. leadership/direction, coordination and advice
35. Network to share & discuss issues Expertise when required Leadership
36. Open supportive educational climate Access to multi-disciplinary education Willingness to support external training
37. Organisation Admin support Financial support
38. Organisation Authority
39. Organisation Support Knowledge
40. overarching view educational basis knowledge resource- people
41. peer support for me in my role update me on educational changes for me to cascade support in recruitment
42. Regional support and advice Guidance on PMETB requirements Personal encouragement
43. Reliable accurate admin. Accessible advice. Website to be developed further
44. Resources Support Information
45. school of surgery selection recruitment arcp
46. Should provide: a clear strategic framework and direction resources appraisal and feedback
47. single point of access and communication pooling of skills and resources administrative support
48. Strategic direction Information & leadership Professional support
49. Strong training focus. Support for trainees. Career development
50. structure organisation leadership
51. There is enthusiasm and a friendly atmosphere. Investment in the websites has been effective in improving communication. Annual Joint Conference with Peninsula Deanery has been very helfpul, as have some other meetings.
52. Usually supportive Peer group

What are the three most important training needs you would identify? (51)
1. - Effective Strategic Planning - Providing effective motivation - Learning to say No
2. -Update on educational theory -Better information on practicalities of how to handle budgets with SHA and Trusts- I have found this to be a very cumbersome system - Review of "who does what"- the deanery structure is very complex
3. 1 keeping up to date with rapidly changing goal posts 2
4. 1. Bringing the Education Supervisors into a team (though pretty good at present, given time constraints) 2. WBA and E-portfolio training for me and Ed Sups 3. How to make best use of the School website
5. 1. Clarification across all specialites of PMETB requirements 2. Protected & adequately funded time to undertake what is now required of the role of RTPD. 3. Better IT support from the Deanery for the role, e.g. with on line completion of forms
6. 1. Courses 2. 3.
7. 1. Formal accreditation of training abilities via a modular programme. 2. Increased resources to allow backfill for clinical duties. 3. Keeping educators up to date with developments at a regional and national level re training/rotations etc
8. 1. Inter-school collaboration/projects 2. Educational research 3. Understanding and advising trainees with poor educational performance
9. 1. Negotiation 2. Motivational leadership 3. Understanding team dynamics
10. 1) Refinememnt of Frormal Friday afternoon teaching for Trainees 2) Preparation of trainees for the new Part 2 FRCOphth examination 3) Training of more Clinical Supervisors
11. 360 feedback advanced med education management skills

12. a more people centred approach coupled with honesty. team building - less back-stabbing by some people. more administrative support
13. accessing and using electronic records/trainee databases counselling skills skills in evaluation of training
14. all consultants to be kept up to date with training issues, supervision etc
15. Begin to develop a good educational research programme linked to course survey data etc
16. Better assessment tools for trainees. Ability to get trust to build in time for being educational supervisor. Support for programme directors to have time in trust time for doing this job
17. Better induction in role at appointment (now much better), specific training day on role of the STC including recruitment, trainee review and programme development/QA
18. Budget management Leadership Educational Theory
19. Consideration of career planning at an early stage and a framework to support that. Training to identify and support flagging trainees AND failing trainers/supervisors (both educational and clinical)
20. Developing Educational Supervisors to do their job properly Programme Induction for trainees so they understand their responsibilities
21. Educational and Supervisors need formal pathways for training - minimum standards Within the Deanery there needs to be a clear strategy that is written and adhered to with proper clear framework of priorities avaiable to all Clear development plans for all in education should be developed to give guidleines for how to move on and or into medical education
22. educational qualifications structure at deanery resource training
23. Educational theory
24. Employment and HR issues Understanding NHS funding streams EWTD and training
25. Feedback Docctors in difficulty
26. for whom? me- it skills saying no keeping with the big picture and allowing others to do the detail
27. formal assessment of my training ability training trainees overview / refresher eg what's new in... pbl for post-grad training
28. help with regional teaching;
29. High level leadership HR issues Effective appraisal of senior educationalists
30. Iterative programme for ESs of appraisal skills assessment skills teaching in the workplace effectively
31. Knowlege of the financial structures. Knowlege of the recruitment processes. Appraisal training for those appraising Faculty
32. leadership negotiation financial control
33. Legislative framework
34. management of failing trainees working rgulations and the future changes generic training programme development
35. Managing trainees in difficulty. Support for educational supervisors who are not college tutors.
36. More contact with other TPDs Educational leadership
37. More input from the deanery developing consultants in educational roles through appointment committees and persuading medical directors that education is vital. More quality! the deanery should identify new consultant talents in teaching. possibly have an input into job plans of new posts?
38. More IT skills Time management Growing a team to support local implementation of the Foundation programme
39. Need more administration support - current training needs analysis of paediatric educational supervisors put on hiold becasue of problems recruiting into school administrator. Want to ensure educational supervisors are supported by the school and adequately resourced for their role.
40. Negotiation skills Working with trusts / DMEs
41. personally- dealing with difficulties doctors experience- edsp cultural and interpersonal ones :counselling IT;
42. PMETB knowledge
43. Real training for medical educators at a ground roots level. Training the trainers for trainees. The psychology of trasining
44. Simmulation training Nil else at present
45. Simulation Improve funding for training Local training courses
46. Supervision (in al its varieties - managerial, clinical and developmental) Trainees in difficulty
47. The need to develop educational champions who are effective within their own and other organisations and able to recognise and influence organisations to promote a robust educational structures and culture

48. time for training
49. Time Local access to courses Clarity of expectations
50. Time, Time, Time! Firefighting all the time, and little time to get to the important, but undeadlined tasks means even less for personal development.
51. Trainees in difficulty Less than full time trainees Maternity leave regulations

Any other comments? (10)

1. car parking at the deanery hq just about sums it up in terms of planning inclusivity and accessibility to those outside bristol
2. for F1s and F2s - workload is an issue that needs scrutiny.
3. I really struggled with the early section of this survey regarding my "effectiveness" in certain managerial categories. I dont really know how "effective" I am in many of these categories and found I could just leave it blank so had to fill in the middle answer
4. In an increasingly cost-conscious NHS, the time costs need to be managed better and reimbursed to host Depts
5. lovely new building and some good ideas and resources available now which is such an improvement. web site working well. fantastic office staff.
6. My major needs is more admin support, followed by more time
7. Not much anonymity in sections 64-65!
8. Serious lack of protected time for deanery role
9. Several of the questions are difficult to answer in an agree/disagree format
10. the essential ingredient for successful training is enthusiasm coupled with an allocation of dedicated time which would be auditable.