

Peninsula & Severn Postgraduate Medical Education

Annual Report 2013 - 2014



***Developing people
for health and
healthcare***



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I am now in my tenth year as Postgraduate Dean for Medical Education and Training Programmes.

The last 12 months have brought about considerable organisational and personal change. Postgraduate medical education is part of Health Education South West. In November 2013 I became Postgraduate Dean for both Severn and Peninsula former Deaneries. This has brought about considerable geographical challenges for me, given the distances that exist between Bristol and Plymouth. Part of the challenge is also ensuring the processes and policies that we have in place are aligned and we continue that journey to ensure we function as a single organisation.

However, it is important to appreciate that many of our programmes are based around either the Severn or Peninsula footprint and they exist for very good reasons, which include allowing trainees to establish a domiciliary and social base and reduce the amount of relocation or travel that they would otherwise need to undertake.

For the majority of our programmes we receive very good feedback through the GMC national training survey and when we look at the overall satisfaction scores for both Severn and the Peninsula we have, over the last three years, consistently been in the upper quartile of organisations delivering postgraduate medical education in England. While in part that is related to Health Education South

West continuously quality improving the training environments that our trainees experience, it is more importantly due to the contribution made by provider organisations, whether they be GP surgeries, community hospitals or acute/mental health trusts.

All those involved with delivering medical education in those organisations should be particularly proud of the quality of medical education that they deliver, but we still have further improvement to make. While more than a third of our programmes in Health Education South West receive overall satisfaction scores in the top three in England in 2014, a small number (< 20%) remain in the bottom three and the quality teams are working with Heads of School, Training Programme Directors and provider organisations to ensure those programmes in particular are reviewed, with clear action plans in place to further improve the educational experience for trainees in those specialties.

All of this information of course is only possible through the diligent completion of the surveys by the trainees themselves. This year we saw a further improvement in the GMC National Training Survey (NTS) response rate to over 98% in Health Education South West, with trainees on the Severn programme in particular delivering an excellent response rate of 99.9%.

I am now in my second year as Responsible Officer (RO) across Health Education South West which covers a trainee population of around 4,000. I meet on a quarterly basis with the GMC Employer Liaison Adviser, Paul Jones, to discuss the ongoing investigations of doctors who have been referred to the GMC Fitness to Practice Directorate, as well as discussing individual cases which are under local review. This year I have seen a disappointing increase in the number of doctors in training who appear to be breaching Good Medical Practice, with regards to “self-prescribing” or prescribing for family members or those with whom there is a close personal relationship. This year I have personally written to all trainees in the South West, welcoming them to their new programme of training and at the same time drawing their attention to the GMC’s guidance about “Good practice in prescribing and managing medicines and devices”. I am also working with the GMC locally to improve communication on this important topic amongst the trainee population.

I would like to thank Dr Hilary Cooling (Dean in Severn) who has now retired, for all her hard work over several years. I am delighted that Dr Imran Saif will be taking over as the Associate Dean responsible for this group of doctors across the whole of Health Education South West. There was an inaugural meeting covering that group of doctors this year at Taunton Racecourse, which was well attended and received very good feedback. This is the first I hope of many such meetings, bringing together that important group from the medical workforce to discuss important topics concerning education and their further development.

I would also like to thank Mr Stuart Cook (formerly Associate Dean for Quality in Severn) who has left us after several years to return full time to his clinical practice, but again welcome Dr Jon Francis into that role.

Like many other public sector organisations, Health Education South West (HESW) is having to respond to the financial challenges that are evident to all in this country. Over the last 12 months I have been looking at “harmonising” medical education across HESW and wherever possible ensuring that we deliver high quality medical education more efficiently, thereby reducing our running costs. We are still on that journey and while I remain firmly committed to maintaining high quality medical education we will all have to accept there will be changes in the way we achieve that.

Finally, I would like to pay tribute to all those working in educational roles, delivering the education that our trainees need and our patients would expect! Thanks to the non-clinical staff within Postgraduate Medical Education who support the infrastructure of our training. Also a huge thanks to all those trainees who work hard, give us valuable feedback, deliver good patient care, show respect and compassion to those that they meet each day and make our role feel so worthwhile.

Martin Beaman

Professor Martin Beaman
Postgraduate Dean
2014

2. Introduction

In the ever-changing world of the NHS it will come as no surprise to learn that Health Education England continue to make structural changes and the Peninsula Postgraduate Medical Education and Severn Postgraduate Medical Education were brought under the leadership of one Postgraduate Dean, Professor Martin Beaman, in November 2013.

The two former Deaneries remain geographically located in Plymouth and Bristol although many of our practices are now combined.

Our primary remit remains with Postgraduate Medical Education although in line with Government aspirations we are also committed to supporting an improved multi-professional agenda and ways of working.

In today's complex NHS environment it is important for any organisation to take the time to evaluate its strengths, weaknesses and opportunities for the future and during the past year both the Peninsula and Severn management and staff have been working hard together towards harmonising and taking

stock of our working practices with a view to making improvements, whilst at the same time sustaining the tried and trusted ways of managing our business in the respective localities.

This process has been a road of exploration and negotiation and resulted in an amicable way forward. We also jointly remain steadfast, in spite of the many changes and challenges, to adhere to our responsibilities by:

- Building capability and capacity of a quality medical workforce through the training opportunities offered to our trainees;
- Ensuring our trainees are supported with the highest quality of education and clinical supervision;
- Supporting innovation in training practices;
- Providing opportunities to our trainees to enhance their professional and leadership skills;

- Advocating safe and professional practices with regard to probity issues and governance, as well as patient care;
- Administering our funds in a fair and equitable manner;
- Supporting our educational specialists;
- Continuing to promote diversity in all our practices.

Whilst the changes continue to challenge us we remain committed to supporting Postgraduate Medical Education and aspire to continue to build on our reputation.

We hope that this Annual Report demonstrates the excellent work we have achieved over the past year. Our core principles and our vision to our trainees and stakeholders, to promote the delivery of high quality patient care through our training programmes, remains constant and a priority for us all as one postgraduate medical education team.



A photograph of three women in a meeting. The woman in the center is wearing glasses and a white shirt, smiling. The woman on the left is also smiling. The woman on the right is wearing a blue shirt and is looking at a laptop. There are white mugs and a blue water bottle on the table.

3. Valuing our Staff

Postgraduate Medical Education continues to have its national and geographical challenges as part of the functions of Health Education South West - the Local Education Training Board (LETB) for the South West. Nevertheless in a year full of financial and structural challenges there is much to be proud of, which is down to the fortitude, professionalism and commitment of our staff.

The two Postgraduate Medical Education offices have been working together to harmonise their policies and procedures and to work collaboratively towards more efficient and effective ways of working. There is still some way to go but without the cooperation of all parties this would not have been possible.

There has been a lot of good practice within both locations and the respective Executive teams recognise the importance of sustaining those customs which are also particular to the respective environments. It is a credit to our staff that they have shown a commitment to working positively together and to date have

progressed towards integrating our activities where applicable.

It is important for our staff to be thanked and commended for their contribution and participation in shaping a positive future for postgraduate medical education which ultimately supports better patient care.

Staff Engagement

All staff are encouraged to attend and contribute to the Locality Team meetings and to the wider LETB Staff Briefings or the newly configured Staff Forum.

We firmly believe that staff engagement and good communication is the key to a successful business and facilitates the strategic and operational activities. We continue to have regular team and business performance meetings with staff in order to be as transparent as possible. The Senior Management Team for Postgraduate Medical Education has an open door policy and with this in mind staff are encouraged to discuss and share views regarding improved ways of working or otherwise.

Each year the Education Development Day has been a date set in the calendar and a time in November to which the Peninsula staff has looked forward. This event is an extremely successful and positive day where we celebrate our achievements, both personal and business, as well as look at enhancing personal development to support improvements within the workplace. It is also generally a morale booster and gives everyone an opportunity to network with other teams they may not work with directly during the year.

November 2013 saw the last Educational Development Day as a single entity for the Peninsula – the theme centred on Leadership and building resilience – and as usual was a resounding success with the day ending with a PowerPoint montage of the past year's accomplishments. As one door closes so another opens and we look forward to a joint Education Development Day with our colleagues in Severn in the latter part of 2014.

Staff Development

We have staff who are very talented and demonstrate a thirst for self-improvement or wish to improve to meet the needs of the business function. Through our appraisal process and in keeping with our Strategic goals and mission we are committed to continuing professional development and both Peninsula and Severn Postgraduate Medical Education have offered staff training opportunities; some of which are of a personal nature and others are to support the needs of the business.

Occasionally opportunities arise for staff development through local and national development workshops and initiatives or through Master Classes run by the Leadership Academy on topical and emerging ideas. These have been a very successful method for staff development which are delivered by expert, guest speakers (in their field) of global and national recognition who present their findings and ideas. Topics have included "Complexity and Change in the NHS", and "Leadership",

"Managing Risk" and "How to work Smarter".

Staff are also encouraged to attend and contribute at regular team or Postgraduate Medical Education (PGME) meetings and also involve themselves in project work or regional meetings.

A proactive approach to CPD within the Postgraduate Medical Education environment has led this year to a number of internal promotions across the administrative and medical teams. We have been fortunate within the current climate to have recruited highly competent staff into those vacated posts and we are confident our approach to talent management and succession planning will help to sustain continuity of good practice.

Supporting the Community

"Make something happen for a good cause..."

Every year we have as individuals and teams supported and raised money for a number of charities. We are all very proud to be able to do this for such a small team.

Charities depend on donations to do their work and so using our time and talents to raise money, helps them to help others. As part of our commitment to the community and through the generosity of our staff we have "dug deep" this year and we have been inventive in setting up a variety of charity events as well as participate in activities such as Bake-offs, obstacle race challenges, collecting bottle tops, runs, auctions etc. Important for the charities we help and the causes they serve but also fun for its participants.

Collectively this year we have raised the bar and collected nearly £2,500 which will be allocated to the various charities for which we gave our time.



4. Beyond Transition

As part of the ongoing “Beyond Transition” process the Postgraduate Medical Education offices for both the Peninsula and Severn continue to implement the principles of costs savings and resilience checking in all our programmes and ways of working whilst maintaining business continuity.

This past year has brought more than its share of challenges for PGME but we continue to build on our reputation, capacity and capability, quality of training and clinical supervision and remain steadfast in managing any changes positively and innovatively.

We also continue to:

- support innovation in our training programmes;
- provide opportunities to our trainees to enhance their performance and leaderships skills;
- advocate safe and professional practices with regard to probity issues and governance and patient care;
- administer and spend our funds in a fair and equitable way;
- ensure diversity is considered in all of our practices.

We take our educational responsibilities and strategic obligations seriously and we are sure there will be more productivity gains to be made moving forward as some of our team structures are re-aligned as part of our organisation efficiency plans. Nevertheless we continue to look at our future and maintain a commitment to the trainees, stakeholders and staff with confidence and will continue to provide excellent and fair support that has become synonymous with Peninsula Postgraduate Medical Education and Severn Postgraduate Medical Education.

Joint Education Day

The harmonisation process commenced in the latter part of 2013 and in February 2014 we were able to have a joint Education Development Day to identify progress to date and allowed staff to present the emerging organisational vision of delivering excellent training within their specialities. Since then individual teams have built up a good rapport and relationship and have been single-minded in continuing to ensure their working practices support the trainee and the Postgraduate Medical Education training.

We look forward to working collaboratively on the continuously changing roadmap to achieve excellent postgraduate medical education and training and strive for continuous improvements.

5. Career Planning

During 2013 - 2014 the Career Planning Service (Peninsula) and the Career Development Service (Severn) worked together to identify a more harmonised approach to supporting our trainees.

The Peninsula Career Planning Service is supported by a less than full time Career Planning Manager, a full time Careers Administrator and two part-time Careers Guidance Practitioners. The Severn Career Development Service comprises of one Career Development Specialist and a Careers Administrator working across the region to provide a service to the 4000 trainees we support.

From August 2013 – August 2014 the following activities have been undertaken to support our trainees:

Careers advice and guidance

Doctors in foundation training and beyond have sought advice around a range of issues including:

- Choice of medical specialty
- How to develop an effective CV and Portfolio
- Interview technique
- Working abroad
- Careers outside of medicine

The take up of this service continues to rise each year.

Psychometric Testing

During 2013 - 2014 a small number of trainees and medical students benefitted from a detailed analysis of their strengths and abilities through the Morrisby Profile. (The use of psychometric assessments as a development tool). Thirty-

four trainees also accessed the MBTI and TKI conflict handling measure.

Career Planning Workshops

Career Planning workshops have been delivered at all of the Postgraduate Medical Education Centres across the Severn and Peninsula areas.

The teams delivered in their respective areas the careers element of Module 4 of the Educational Supervisor training at each of the Postgraduate Medical Education Centres and the Career Management module of the Professional and Generic Skills Programme, as well as delivering Effective Careers Discussion which forms part of the Educational Supervisor programme.

Interview and Presentation Techniques

Eighty-four foundation doctors within the Peninsula, from all Postgraduate Medical Education Centres, have had the opportunity to sign up for a mock interview with their performance filmed and burnt to DVD. Group mock interviews have also taken place and formed part of the Foundation teaching programme.

Specialty Specific Careers Evenings

The Regional Teaching Days focusing upon 'Life after F2' were delivered in October and comprised of sessions on making choices and the recruitment and selection process.

We also initiated and co-ordinated a range of evening careers events which have been widely publicised to doctors in training and Plymouth College of Medicine & Dentistry students. These early evening events provided a detailed overview of current and future trends within a wide range of medical specialties.

Partnerships with external organisations

During 2013-2014 the partnership with the Peninsula College of Medicine and Dentistry has continued to flourish. Strong links have been forged with the University of Exeter Medical School and Plymouth University Peninsula Schools of Medicine and Dentistry with the aim of providing careers education and guidance to the new intake of Bachelor of Medicine & Bachelor of Surgery (BMBS) students from September 2013.

In March 2014 the team organised its seventh highly successful annual careers fair for Year 4 Peninsula College of Medicine & Dentistry (PCMD) students. Taking place at the University of Plymouth, this event forms a compulsory part of the year 4 timetable.

The Medical School at Bristol University has its own well established careers team with support offered by the Severn Career Development

Specialist in the form of collaboration and delivery of the annual careers week for year 4 students. Termly meetings take place between the university careers adviser to review and update activities and information.

Links with the University of the West of England Health and Social Science department continue to grow culminating in a half day Careers workshop delivered by the team.

We recently co-ordinated a small team of volunteers contacting local schools to support their work experience programmes. Mock interviews were offered to year 13 students who had applied to medical school.



Matrix was awarded to the Peninsula Career Planning Service in February 2013.



6. Foundation Report

This report covers the two year foundation training programme running from August 2012 through to the end of the training year in August 2014.

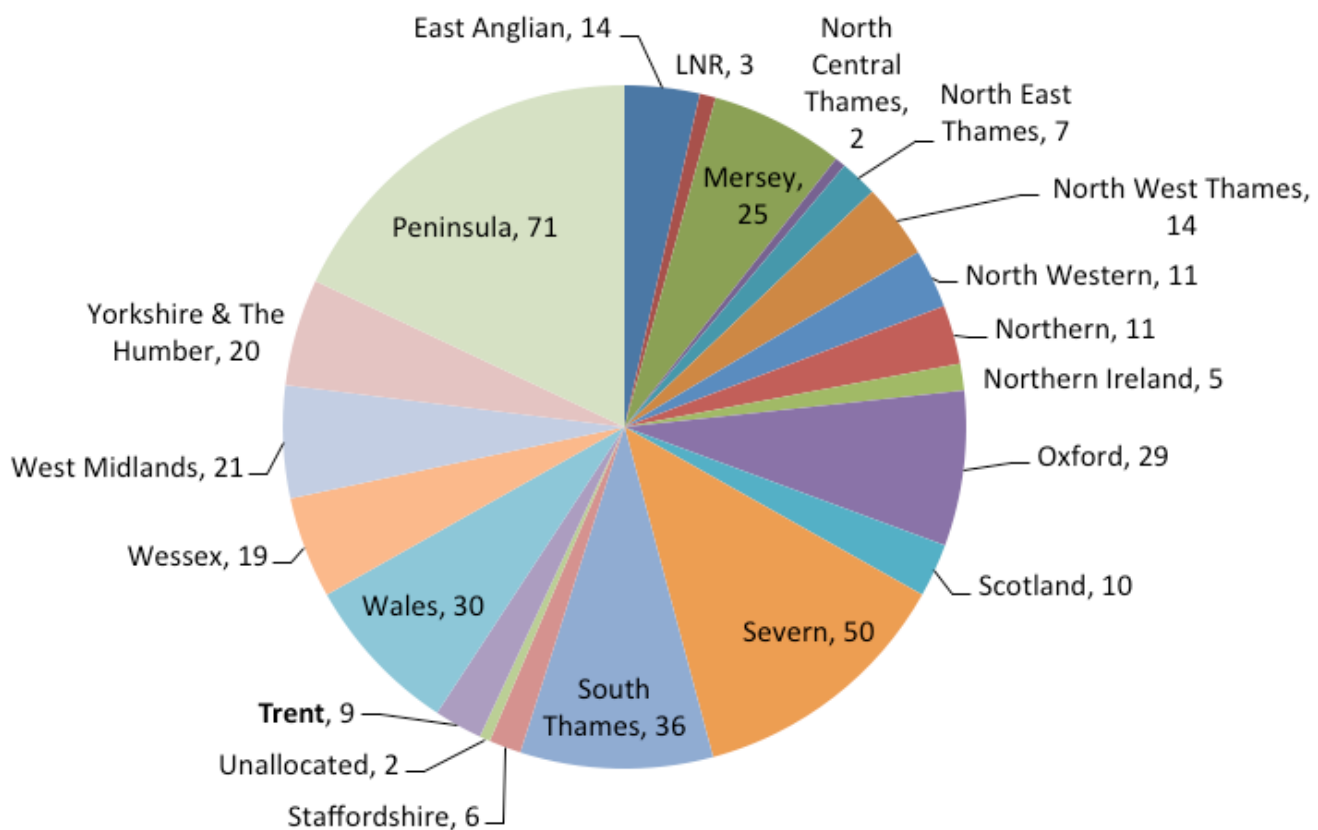
Recruitment

Recruitment to the Foundation Programme is a national process through which UK and non-UK medical graduates can apply subject to eligibility. There are currently two graduating medical schools (Peninsula and Bristol) and two foundation schools (Peninsula and Severn) in the Health Education South West (HESW) region.

421 Peninsula and Bristol medical students were eligible to apply for the two year 2012 foundation programme of which 395 applied (6 students were allocated to an MOD post and 16 students had secured an academic foundation post and 4 did not apply.)

Of the 395 local students who applied, 127 (32%) put their local foundation school (Peninsula or Severn) as their first choice. 121 (31%) ultimately secured a place in one of the two schools in HESW.

Figure 1: Foundation School destinations of Peninsula and Bristol medical students



A total of 492 F2 doctors were training in the Peninsula and Severn schools in August 2013; 14 on a less than full time (LTFT) basis. The cohort consisted of 467 (95%) trainees in a 2 year foundation programme, 15 (3%) in a one year F2 post and 10 (2%) extending/completing out of phase.

Outcome at the end of F1 2013

489 F1s started their training in the Peninsula and Severn schools in August 2012.

All F1s were appointed to a two year training post. 486 (99%) were graduates from a UK medical school.

Table 1: Outcome for F1 starters in HESW

	Started the Year	Completed the programme	Withdrew during the year	Not signed off (time)	Not signed off (competency)	Not signed off (LFT)
Peninsula	203	198	2	1	1	1
Severn	286	282	2	1	0	1
TOTAL	489	480	4	2	1	2

Outcome at the end of F2 2014

492 F2s were training in the Peninsula in August 2013, of which 96% were in a 2 year programme. 476 (97%) of F2s completed the programme in August 2014. Table 2 shows the outcome by foundation school.

Table 2: Outcome for F2 starters in HESW

	Started the Year	Completed the programme	Withdrew during the year	Not signed off (time)	Not signed off (competency)	Not signed off (LFT)
Peninsula	200	196	0	3	0	1
Severn	292	280	1	6	1	4
TOTAL	492	476	1	9	1	5

Employment outcome for F2s

The information collected at the time of the annual career destination survey indicates that of the 476 completing the programme, 195 (41%) secured a specialty training post, 40 (8%) went aboard to work, 51 (11%) have taken a career break and 61 (13%) secured a service post in the UK. 40 (8%) trainees were classified as 'other' which includes activities such as postgraduate study, voluntary work abroad, emigration and a service improvement project and research. 89 (19%) did not have a post or other outcome at the time of the survey.

Table 3 below shows the employment outcomes by foundation school

Table 3: Employment outcome for F2s

	Specialty training	Gone abroad to work	Career break	UK Service post	Not in post	Other	TOTAL
Peninsula	83 (42%)	16 (8%)	20 (10%)	25 (13%)	38 (19%)	14 (7%)	196
Severn	112 (40%)	24 (8.5%)	31 (11%)	36 (13%)	51 (18%)	26 (9%)	280
TOTAL	195 (41%)	40 (8.5%)	51 (11%)	61 (13%)	89 (18.5%)	40 (8%)	476

Of the 89 trainees not in a post, 50 (56%) were searching for a job outside the UK and 39 (44%) were searching for a job in the UK.

Outcome by specialty and location

125 (64%) of F2s going into specialty training have stayed within the HESW region, with the highest proportion of these (46%) in a GP post. The two most popular specialties among trainees were GP (40%) and Core Medical Training (19%). The numbers of F2s securing a post within and outside HESW are shown by specialty in table 4 below.

Table 4: Employment outcome for F2s by specialty and destination

	Within HESW	Outside HESW	
Acute Care Common Stem	10	7	17 (9%)
Anaesthesia	1	4	31 (11%)
Broad Based Training	2	2	4 (2%)
Core Medical Training	25	12	37 (19%)
Community & Sexual Reproductive Health		1	1 (0.5%)
General Practice	57	20	77 (39.5%)
Histopathology		2	2 (1%)
Obstetrics & Gynaecology	4	2	6 (3%)
Ophthalmology		1	1 (0.5%)
Paediatrics	4	6	10 (5%)
Psychiatry	11	2	13 (8%)
Surgery	11	11	22 (11%)
TOTAL	125	70	195

7. Specialty Training

We recognise that the time spent in postgraduate medical education is a big investment in a doctor's future and it is important the quality of medical educational and training meet the standards set by the General Medical Council.

In the South West we have a talented and committed faculty of clinicians and educators who pride themselves in their own professional excellence, and ensure that trainees are well supported to become the next generation of highly skilled doctors.

We have active Postgraduate Specialty Schools delivering postgraduate medical training; each School has a Head of School providing strategic leadership for the development and function of the Postgraduate School. Through this structure and with the hard work of our partners in delivering high quality and well supervised training we continue to receive very positive feedback from the General Medical Council National Training Survey. The measure of overall satisfaction, which is a proxy measure for the quality of training, has seen Peninsula Postgraduate Medical Education and Severn Postgraduate Medical Education rank within the

top four providers in England in the last three years.

Whilst the results of the survey are encouraging we are not complacent and continue to work with our partners and Postgraduate Specialty Schools to improve the quality of experience trainees receive in their posts.

Medical Workforce Planning

Health Education South West is mindful of the recommendations for medical training numbers based on the Centre for Workforce Intelligence publication the "Shape of the Medical Workforce: Informing Medical Training Numbers" (August 2011).

The low fill rate for trainees taking up Emergency Medicine training posts (at the ST4 level) has resulted in the establishment of an Emergency Medical Taskforce for Health Education South West with the aim of producing recommendations for the development of services and training over the next three to five years.

A number of national initiatives have already been adopted within Health Education South West to attract trainees to Emergency Medicine and also reduce the high levels of attrition. These include;

- making ACCS Emergency Medicine a run-through programme;
- expanding the number of trainees entering ACCS Emergency Medicine at ST1 level;
- participating in the in the Defined Route of Entry into Emergency Medicine (DRE-EM) pilot allowing core surgical trainees with transferable skills to enter the Emergency Medicine training programme;
- participating in the overseas development programme to support clinical services in Emergency Medicine.

Geriatric Medicine is another specialty that the Centre for Workforce Intelligence recommended an increase in training numbers and 15 National Training Numbers (NTNs) were made available in England via a bidding process. Health Education South West successfully bid for five posts (two in the Peninsula and three in Severn) which have now been integrated into the training schemes.

At the same time as expanding in the priority areas identified in the Centre for Workforce Intelligence report Health Education South West has a two year plan to reduce the number of Core Surgical Training numbers to enable Health Education England to meet the recruitment target of 500 Core Surgical Training programmes. In 2013 Health Education South West appointed 59 Core Surgical Training programmes which reduced to 44 in 2014 and will reduce to 41 in 2015.

The pace and scale of reductions is particularly challenging, however, with the support of the Postgraduate Schools of Surgery and Local Education Providers we are on track to achieve this target whilst improving the quality of training that we deliver as evidenced through the GMC National Training Survey.



National Recruitment

Respiratory Medicine Pilot – Single Transferable Score Pilot

In conjunction with the Royal College of Physicians we piloted a 'single transferrable score' system for recruitment into Respiratory Medicine at ST3 level. 227 candidates were interviewed across four regional centres to generate a single national ranking irrespective of where the interview took place.

The pilot proved very successful with 113 out of 114 NTNs being filled and 97% of applicants being offered a position in one their top three regions. The pilot has been approved for a further year and other specialties are seriously considering this model of recruitment.

Ophthalmology Selection

In conjunction with the Royal College of Ophthalmologists, we also ran the selection process for Specialty Training in Ophthalmology on behalf of the UK. Ophthalmology is one of the more popular training programmes with 356 applicants for 81 ST1 vacancies, a competition ratio of over 4:1. 223 applicants were invited to interview over two days with a 100% fill rate achieved.

Oral and Maxillofacial Surgery Selection (OMFS)

OMFS is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaw, face and neck. It is the youngest of the nine surgical specialties in the UK and is expanding at consultant level both in numbers and in scope of practice. In 2014 Severn Postgraduate Medical Education successfully ran recruitment in this specialty achieving a 100% fill rate at ST1 level and 85% fill at ST3 level.

Surgical Training Interface Groups

Severn Postgraduate Medical Education continues to manage selection for the Surgical Training Interface Groups. In 2014 52 trainees were successful in securing places across the UK. Examples of the programmes available to applicants include:

- Cleft Lip and Palate Surgery
- Hand Surgery
- Head and Neck Surgical Oncology
- Oncoplastic Breast Surgery
- Reconstructive Cosmetic Surgery

Clinical Academic Medicine

There has been significant investment and commitment to the development of academic medicine in the South West through strong partnerships with the University of Exeter Medical School, Plymouth University Peninsula Schools of Medicine and Dentistry and the University of Bristol. We continue to support and promote educational research at the universities and aim to increase its presentation and publication of locally generated educational research. We hope many of our academic trainees will develop into our future academic workforce in the South West, one day themselves supporting academic trainees.

Outstanding Achievements

Trainee psychiatrist scoops prestigious national award

Dr Pamela Bowman, a trainee psychiatrist with Devon Partnership Trust, won the Royal College of Psychiatrists' (RCPsych) Award for Core Psychiatric Trainee of the Year for 2013. Now in their fifth year, the RCPsych Awards recognise and celebrate excellence in psychiatry and mental health services and this is the second time a trainee within Health Education South West has won this national award.

Royal College of Psychiatrists Trainer of the Year Award

Dr Guy Undrill was awarded the Royal College of Psychiatrists Trainer of the Year Award for 2013 which is in recognition of his work with trainees, across quality issues in the School of Psychiatry and developing communication skills training over many years.

Informal peer support for Core Psychiatry trainees

In March 2014 an article was published in the British Medical Journal describing the development of an initiative to provide peer support for core psychiatry trainees. The scheme matched newly appointed core trainees with existing advanced trainees to offer support and advice whilst settling into a new training programme. Early feedback has been very positive and we hope there may be benefits in terms of recruitment and retention from the deployment of this scheme. There are also plans to deploy the scheme across the Peninsula School of Psychiatry.

Achievements Severn PGME School of Obstetrics and Gynaecology 2013-14

Severn PGME School of O&G took part in a curriculum mapping exercise and all six units in Severn were able to facilitate training in all modules making up the Royal College Obstetrician and Gynaecologist's specialist training curriculum. This means that all O&G trainees can fulfill their full annual training requirements in any one of our six units.

New specialist training year specific forms were designed by the Head of School and Specialty Support Manager to facilitate paperwork for the Annual Review of Competence Progression (ARCP) and a Workplace Behaviour Champion was appointed jointly by the School Board and Trainees Committee to facilitate positive behaviour in the workplace. These forms were highly praised by Educational Supervisors and Trainees for making each year's training requirements explicit. Consequently a record number of ARCP outcome 1's were awarded to trainees in July.

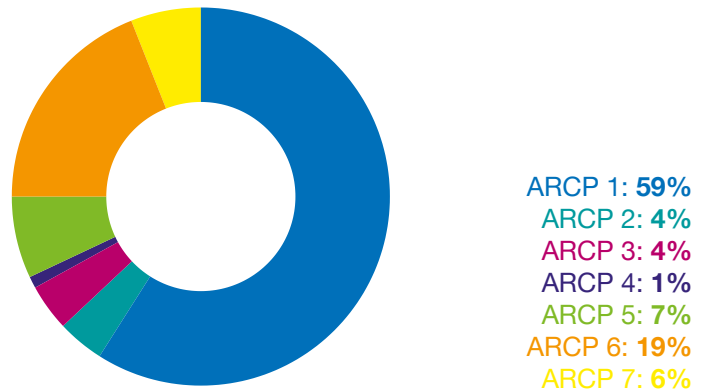
Annual Assessments

During the course of this reporting period 3551 reviews took place. Since the introduction of Modernising Medical Careers in 2007 we continue to assess trainee progression under two different curricula. A small number of trainees continue to follow the Record of Intraining Assessment (RITA) process delineated in the Orange Book. 72 separate RITA assessments took place in the reporting period and the pie chart below shows the percentage distribution of outcomes awarded.



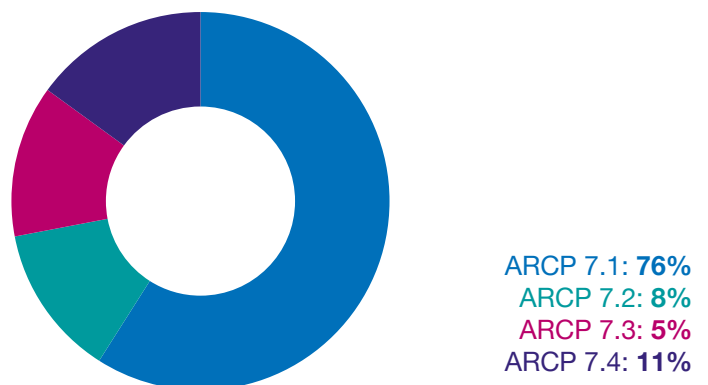
RITA C: Record of satisfactory progression
 RITA D: Recommendation for targeted training
 RITA E: Recommendation for intensified supervision / repeat experience
 RITA F: Report of out of programme experience
 RITA G: Final record of satisfactory progress

For the same reporting period 3479 ARCP reviews took place, the process for which is delineated in the Gold Guide. The following pie charts below show the percentage distribution of outcomes awarded for those in Core and Run-through Specialty Training (not including General Practice) posts.



Outcome 1: Satisfactory progress
 Outcome 2: Development of specific competences required
 Outcome 3: Inadequate progress by the trainee
 Outcome 4: Release from training programme
 Outcome 5: Incomplete evidence presented
 Outcome 6: Gained all required competences

Of the 3479 ARCPs that took place in this reporting period 83 were for Locum Appointments for Training (LATs). The percentage distribution of outcomes awarded for LATs is shown below.



Outcome 7.1: Satisfactory progress in or completion of the LAT placement
 Outcome 7.2: Development of specific competences required
 Outcome 7.3: Inadequate progress by the trainee
 Outcome 7.4: Incomplete evidence presented

8. Primary Care

Overall, it has been another successful year for the Primary Care team.

This is down to the dedication and hard work of our excellent staff across the HESW geography. This makes it possible for us to deliver the high quality training that our trainees and even more importantly, our patients deserve. We remain committed to the quality ethos of Health Education England and working effectively with Secondary Care colleagues to deliver on the aspirations outlined in the introduction to this document.

Our main achievements and focus for this year have been:

- Addressing the current workforce numbers in Primary Care. This topic has been of primary concern at our local meeting; within the South West we are being proactive in developing our own local initiatives and have also taken the opportunity to bring this to the attention of the national team in order to learn from the approach other Local Education Training Boards (LETBs) have taken;
- To prepare the groundwork for harmonising our processes with our respective counterpart Postgraduate Medical Education Office. We held our first joint meeting in June 2014 to discuss our mutually shared aspirations and values in moving GP training forward. An agreed outline, framework and timeline of how to work together in future has been developed;
- Working with our local trusts and practices to reduce the impact of any recruitment shortfall that we experienced this year;
- To continue with our ST4 programme. This has gone from strength to strength with 8 doctors appointed from August 2014. We have continued to develop links with the GP commissioners and our strategic aim is to become increasingly involved in the training and development of the Primary Care workforce;
- To maintain our excellent record in the GMC trainee survey; ranked first and second in the country;
- To develop our ARCP process;
- To implement our multidisciplinary training programme. Plans have advanced to place student nurses in Primary Care settings for three months. Practice Nurse training mentors have been trained and the placements are planned to start in September 2014. The training will be evaluated against those trained by practices and those supported only by the General Practice Nurse Foundation course (GPNF);
- Implementation of our new Lead Employer and bulk medical indemnity provision for all our GP trainees from August 2014;
- Continuing Excellence programme with 18 Scholars recruited and a successful Awards event;
- Introduction of a new strategy for Trainee Support;
- Expansion of our University of West of England (UWE) Student Nurse placements in Primary Care; Teaching innovations including use of podcasts to aid learning in key curriculum areas and the introduction of Minigroup - a website which uses many of the paradigms of social networking sites to create a community hub for information sharing; Introduction of QA visits to the Area Teams' GP appraisal units;
- Successfully introducing Broad Based Training;
- Professor Bill Irish, General Practice Dean Severn, was elected Chair of the Committee

- We have plans to extend our Global Health and Broad Based Training programmes next year in order to encourage more applicants to General Practice. We will also be participating in the national Accreditation of Transferable Competency Framework initiative for posts beginning in 2015. This recognises trainees' experience in other specialties and may allow them to transfer to General Practice potentially allowing some of their experience in other specialties to count towards their General Practice training.

Recruitment

Two hundred and twenty five candidates attended Severn and Peninsula's recruitment and selection centres and of these 195 (87%) demonstrated the competencies needed to enter GP training. The trend towards feminisation of the workforce continues with 70% of our successful applicants being female.

Nationally there has been a 15% reduction in applications to GP training and despite a concerted careers drive over the year, and the high satisfaction of existing trainees, we still under-recruited this year in the Peninsula. Severn filled all training rotations on offer.

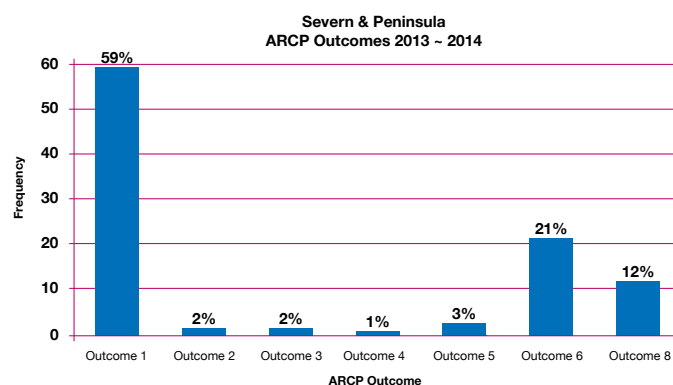
The harmonisation process of Severn and Peninsula has identified recruitment for 2015 as an area for joint working and plans are in the pipeline to have a single unit of application for next year. This progressive initiative means that trainees will be able to choose from 10 training schemes across all HESW and it is hoped it will alleviate the shortage of uptake.

Our ST4 programme has continued from strength to strength with 8 doctors appointed from August 2014. We have continued to develop links with the GP commissioners and our strategic aim is to become increasingly involved in the training and development of the Primary Care workforce.

ARCP Outcomes

The number of 'adverse' outcomes (Outcomes 2, 3 and 5) remains very low. This year we only had one Outcome 4 (release from training).

We have continued to build on our Annual Review of Competence Progression (ARCP) process this year and have received positive feedback from the Royal College of General Practitioners (RCGP) on our quality management of this area of our work. ST1 and ST2 doctors were reviewed in the patches rather than centrally. This required leadership from the Associate Deans, involvement of the Training Programme Directors (TPDs) and input from a cohort of trainers who had been trained to participate in ARCP panels. This had the advantage of using local intelligence more fully and allowing trainers and TPDs to gain greater insight into the ARCP process and particularly the values of the Educational Supervisor Report. All Educational Supervisors again received feedback from the Associate Dean team as to the quality of their reports.



Outcome 1: Achieving progress and the development of competences at the expected rate

Outcome 2: Development of specific competences required additional training time not required

Outcome 3: Inadequate progress by the

trainee, additional training time required

Outcome 4: Release from training programme with, or without, specified competences

Outcome 5: Incomplete evidence presented, additional training time may be required

Outcome 6: Gained all required competences

Outcome 8: Out of Programme experience for approved clinical experience, research or career break/maternity.

Examination Results

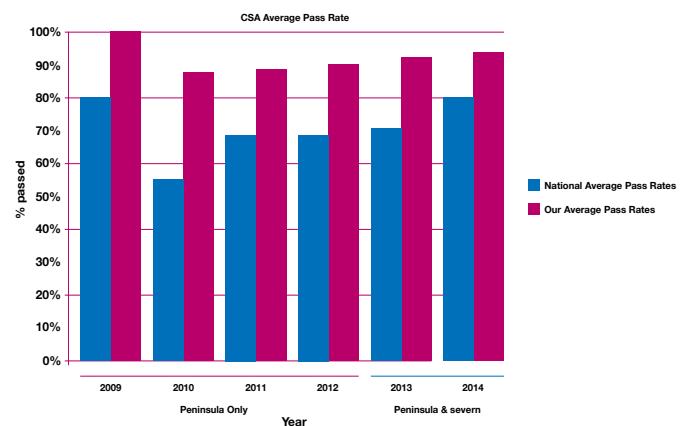
This year we had a 95% pass rate for the Clinical Skills Assessment (CSA) and a 94% pass rate for the Applied Knowledge Test. The School also has the lowest remediation rate in England at around 3%.

These results show that our trainees continue to perform extremely well in these assessments. For those few trainees who fail the CSA support is provided to develop their consultation skills. As a trial to its effectiveness, this year Severn PGME invited trainees from other LETBs to make use of this additional support traditionally offered to our own trainees. It proved to be very successful and next year this initiative will be run jointly with the Peninsula.



Awards

Professor Sir Denis Pereira Gray again attended Finishers Day in the Peninsula to deliver an inspiring keynote speech and award his prize for Clinical Excellence in Membership of the Royal College of General Practitioners (based on exam success).



Excellence awards

The Excellence Awards were held at the end of July 2014. This high profile event is used to celebrate the best of training for postgraduate medical education. Awards were issued to ST3 trainees in the following categories:

- Academic and Research
- Clinical



- Learning and Development
- Green Practice
- Leadership
- Medical Work outside the GP training programme
- Global Health
- Personal Achievement outside Medicine.

Trainees presented their projects and were scored by a panel of judges. We run this event jointly and use this event to welcome all newly qualified members to the College.

Scholar programme

Tom Pelly is the Associate Dean (AD) responsible for Severn's Excellence programme. The following table gives a breakdown of those recruited recently to the Scholarship programme for high-flying ST3s.

Type of Scholar	Number appointed
Leadership	6
Education	5
Substance misuse	3
Sustainability	2
Public Health	1
Health Inequalities	1
Total	18

These Scholars represent some of our highest achieving trainees. There has been a huge diversity in the specific projects undertaken by our outgoing cohort. These include;

- Delivering a package of sexual health training to schoolchildren in deprived areas of Somerset;
- Developing a health drive towards diabetes awareness amongst taxi drivers;
- Developing leadership skills and project work with our local CCGs.

Plans for next year include streamlining the application process to make it more criterion-based, to expand the number of Scholars learning about substance misuse and to increase the impact of our Scholars on grassroots trainees and training practices.

Fellow programme

We continue to run our successful Fellowship programme. This is an opportunity for local GPs to learn about GP education and to get a foot in the door in a 12 month fixed-term contract post. This year, as last, we have recruited one per programme (5 in total) and these individuals are a significant asset to the education delivered by each programme team.

9. SAS PGME

The harmonisation of Severn & Peninsula Postgraduate Medical Education has obviously come with significant changes. This has had some impact on the way educational support is provided to our SAS colleagues.

With the retirement of Dr Hilary Cooling (AD for Severn) in Aug 2014, Dr Saif (AD for Peninsula) also started looking after educational development strategy for the Severn region. Overall, there are now more than 950 doctors in the South West, which brings us in line with other regions who already had bigger numbers.

Peninsula Postgraduate Medical Education had a very well established SAS Doctors section on its website – we are in the process upgrading information and duplicating it on Severn's website as well. There are links to educational events, funding, revalidation, re-entering training & career support, mentoring and clinical or educational supervisor training programme.

We now have 21 Trusts with 18 SAS tutors providing support locally. SAS tutor meetings are held every 4 months, chaired by the associate

dean; local and regional matters are discussed and a combined strategy is agreed upon. This has also proved very useful for designing regional SAS conferences.

Our 3rd Annual SAS Doctors conference was held on 10th & 11th June 2013; it was the first joint conference of Severn & Peninsula and was attended by 15% of total workforce of SAS doctors.

It included morning and afternoon plenaries and up to 7 parallel breakout sessions – with ample choice of topics. Overall, there were 24 speakers from various organisations and the feedback was excellent, with 97.7% of delegates agreeing that the conference was worth the time spent on it.

Our annual conference, and most of the local study days now have CPD accreditation from the Royal College of Physicians; this helps the doctors keep an electronic log of their professional development if they wish.

SAS doctors have made full use of the 5 allocated slots on the 'Professional Skills Programme for Doctors in Training' and on average, all slots have been taken up over the last 3 years – recently the demand for this has increased and we are thinking about making more places available.

Our funding audit has been rolled out, with all Trusts required to submit one annual and an interim funding return by mid-May and mid-November each year.

Currently, SAS tutors are working on a 'SAS Development Programme'. This was presented by Dr Saif at the national SAS associate deans' meeting and HESW have been requested to run this as a pilot project. More details will be made available in the next annual report



10. Equality & Diversity

“Equality and diversity are at the heart of the NHS strategy. Investing in a diverse NHS workforce enables us to deliver a better service and improve patient care in the NHS.” (NHS Employers 2012).

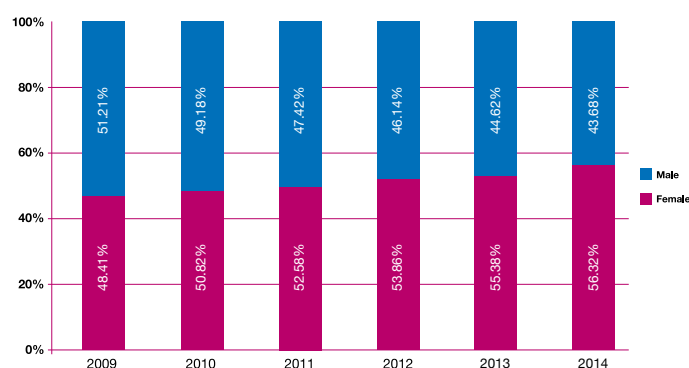
Health Education South West is committed to promoting equality and diversity within the local medical training workforce and across its own staff cohort. This is achieved through delivering services that are personal, fair and diverse, recognising individual as well as group differences, treating people as individuals, and placing a positive value on diversity.

In pursuit of these aims, Health Education South West routinely collects, analyses and monitors data on equality and diversity. Data is drawn from a variety of sources, both local and

national and analyses are conducted to monitor trends and identify potential issues at an early stage. Examples of the types of analyses conducted are shown below:

Diversity in the current workforce

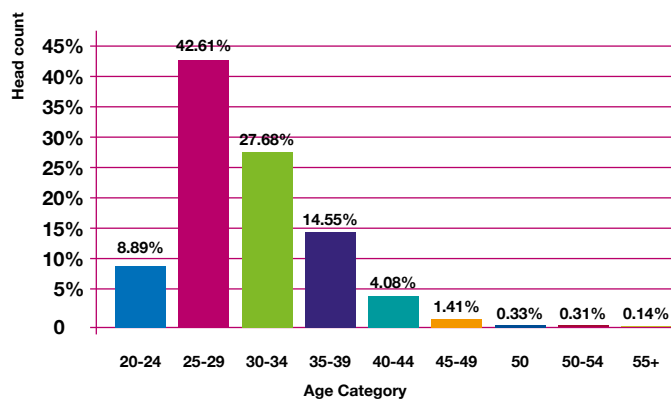
Gender Ratio of Doctors in training across HESW between 2009-2014



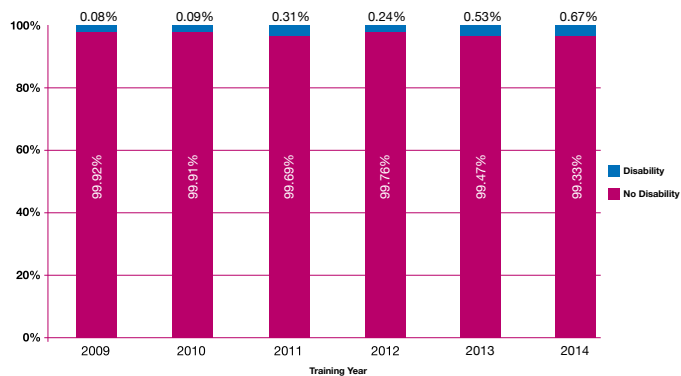
Training year is defined as a doctor in any training placement for one or more days during the year in question.



Age profile of Doctors in training across HESW in 2014

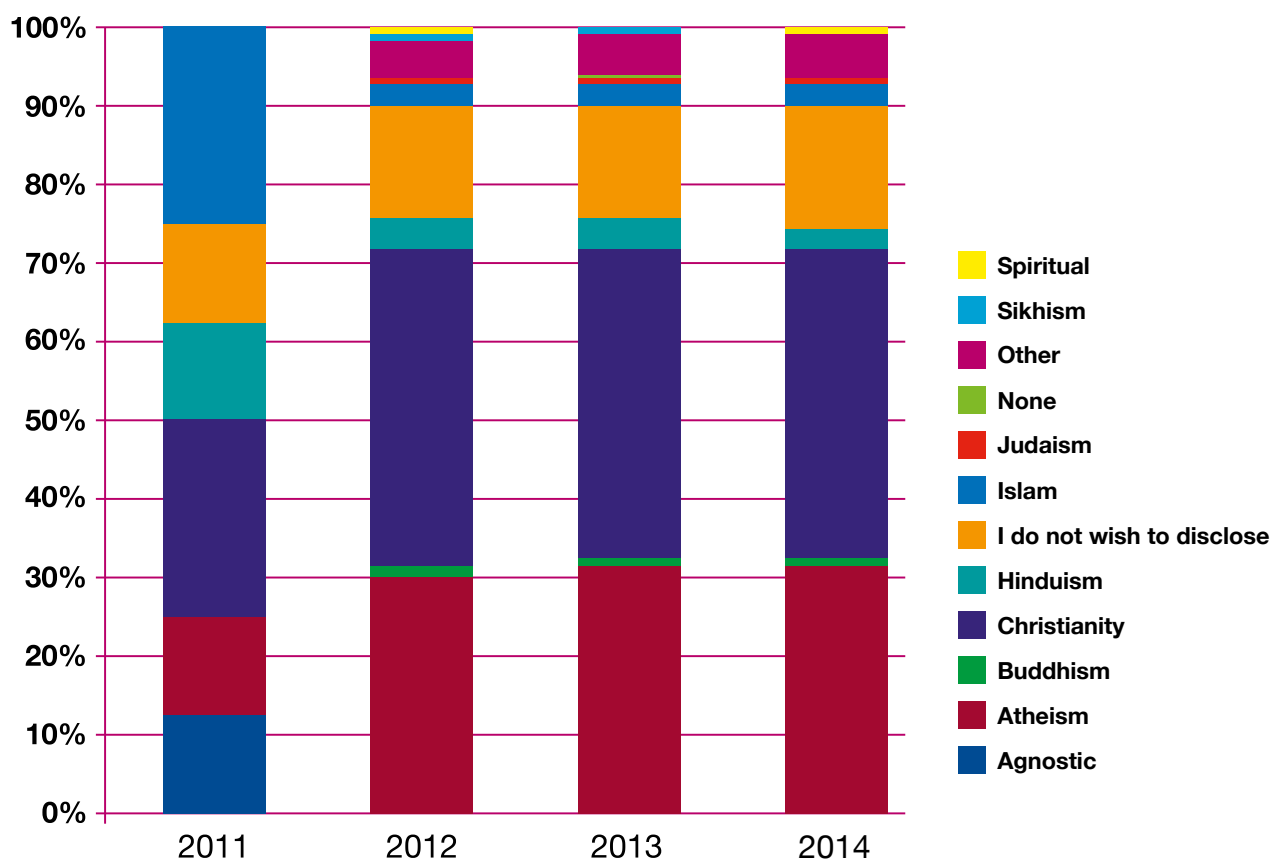


Proportion of Doctors in training reporting a disability across HESW by training year



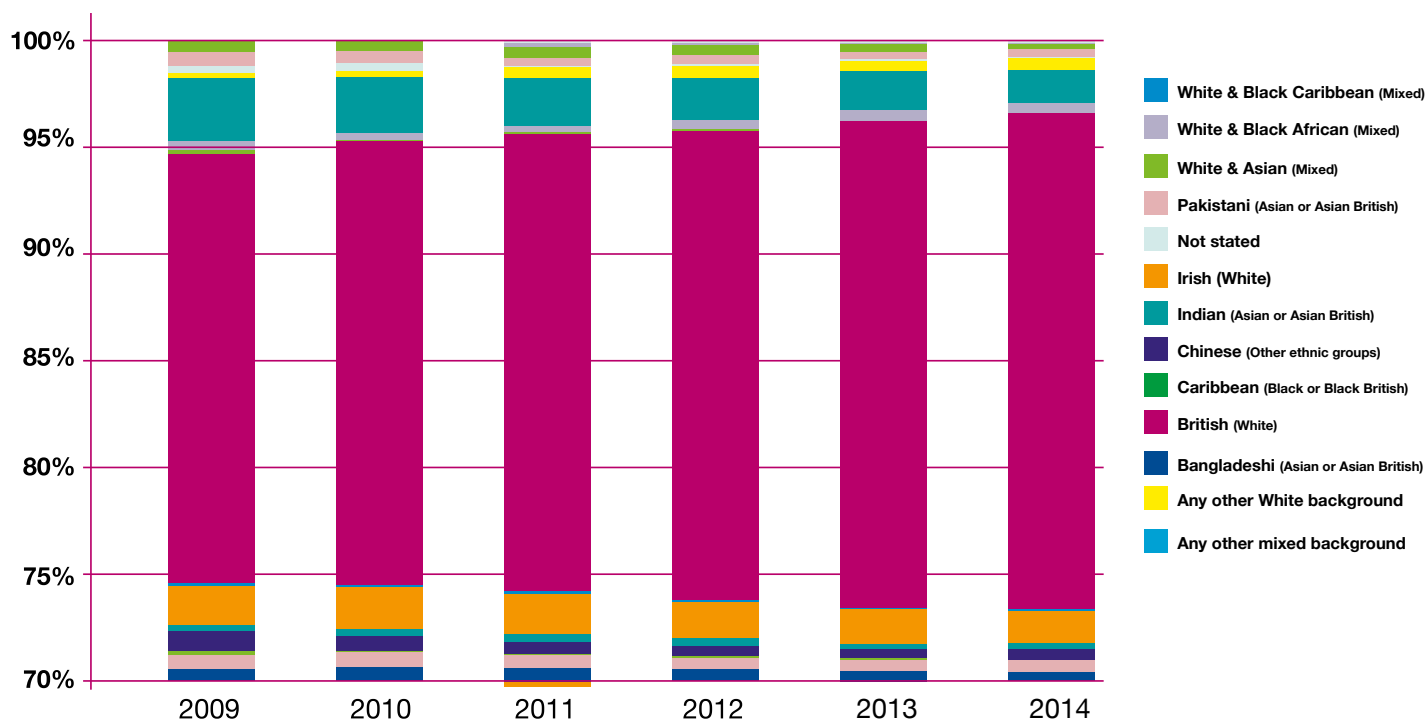
Disabilities are based on self-declaration by Trainee Doctors

Religion of Doctors in Training across HESW by training year



Data source – PGME trainee database.

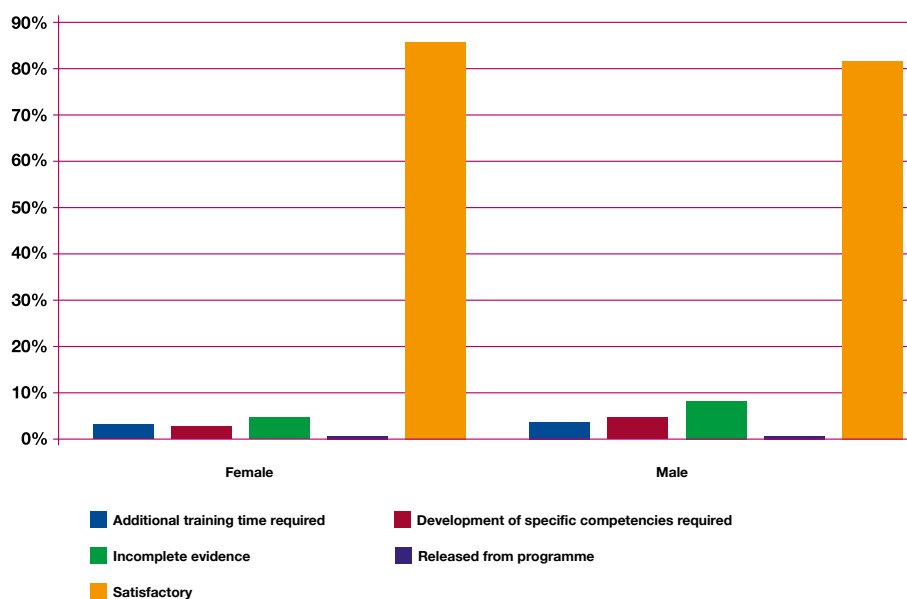
Ethnic background of Doctors in Training within HESW by training year



Data source – PGME trainee database.

Health Education South West continues to develop and refine its policies and procedures relating to the monitoring of equality and diversity, in order to assure and promote excellence in medical training for all. To date, no information has come to light indicating any potential problems with workforce diversity, recruitment processes or trainee assessments.

HESW Trainee assessment outcomes between 2009-2014 by gender





11. Mentoring Programme

This is the report of the eighth year of the Peninsula Mentoring Programme. Established originally by the South West Peninsula Deanery to provide informal support for Specialist Registrars, it has now been extended to all doctors in training. The importance of mentoring for doctors by doctors has been acknowledged in the latest edition of the GMC's Good Medical Practice Guidelines (2013).

Programme Update:

- The programme is developed and maintained with five hours per week of coordinator time plus the provision of mentoring skills workshops to potential mentors
- The programme has supported 287 mentees since its inception, with 61 new mentees matched during the year to July 2014, the highest number of mentoring partnerships in any year since the start of the programme.
- 59 doctors attended introductory and follow up mentoring workshops during the year, and some have offered to be voluntary mentors,

bringing the total on the mentor database to 93, although not all are currently available.

- For the last two years, the coordinator has met with new F1 doctors during their shadowing week which has produced a substantial number of enquiries.
- The coordinator has provided training to F2 doctors to provide peer mentoring for new F1s in two localities as part of locally run projects
- Existing mentors were invited to attend updates in November 2013 and June 2014.

Feedback from Mentoring Evaluation survey

Questionnaires were sent to all active mentors and mentees, with the response rate from mentees being 57% and mentors, 74%. This year some mentees and mentors reported that they failed to meet due to pressure of work and conflicting rotas. There is huge support, enthusiasm and gratitude for the programme for those who have accessed it and this is a tribute to the dedication, skills and personal qualities of the mentors.

All mentees reported that the matching process worked well and the majority are still meeting regularly. Most meetings were between 30 and

60 minutes, and the number of meetings during the year was widely variable from pair to pair.

Mentees discussed a variety of issues most frequently about work, and less often about personal development. All mentees value mentoring as an additional source of support and guidance. They also said that more publicity was needed about the programme.

Mentors derive great satisfaction from the process and valued the opportunity to share their experiences at the peer support updates. The complexity of the topics covered in mentoring sessions highlights the exceptional skills employed by some mentors in supporting mentees.

Conclusions

The number of trainees using the programme has increased year on year. This year's survey has indicated that mentees value support given by mentors and would like to see more publicity for the programme. Mentors have helped trainees with complex and varied issues, and a few would like to receive more feedback from their mentees.



12. Peninsula Coaching Service

During the past twelve months, the coaching service has worked with 44 trainees with anything between one to six coaching sessions. Twenty of those trainees have been within the GP teams, four Foundation school trainees and 20 Specialty trainees.

One post-CCT GP has used the service for support in their leadership role.

The service has also been accessed by five PGME employees.

Coaching is a focused conversation between coach and client which looks at the aspirations of the client in order to enhance their personal and professional life. It is client agenda led, with the aim of creating strategies, solutions and choices to allow the client to flourish within their own unique set of circumstances. It seems to be particularly useful to trainees, who often have not had the luxury of protected time to talk about themselves within a space where theirs is the only agenda.

Common issues are; confidence building, exam failure (where knowledge is not seen to be a major factor), stress, attitudinal factors, time management, anxiety, identity issues, decision making, engagement with e-portfolio, communication within teams, etc.

Typical comments from trainees after experiencing coaching: *“Overall I found life coaching much more constructive than counselling. It was really helpful to learn and develop strategies for changing thoughts or patterns of behaviour that were contributing to feelings of anxiety and unhappiness.”*

“I cannot overstate how valuable I found my life-coaching sessions. I feel that not only have they helped me out of my current episode of upset, but they have provided me with a positive frame work for dealing with sources of stress throughout my training and career.”

“Everything said was really interesting and helpful, I found the personal strategies for survival and understanding ourselves most useful.”

Coaching seems to be answering the needs for a self-selecting group of trainees who find real value in talking through their issues in an unbiased, non-medical environment. It provides a safe, empowering sounding board where the stressors of complex and highly challenging career paths can be teased out, put in perspective and coping strategies identified.

The GP training schemes in Cornwall and Plymouth have each used the service to facilitate an afternoon with their trainees (ST3 and ST2 respectively). These half day workshops were led by the group's agenda with main themes in both groups being stress management, work/life balance and motivation.

The subject of positive psychology and how it makes a difference has also been 'workshopped' at the Psychiatry Registrars' Away Day, RD&E Diabetes Team education slot, GP Administration team Away Day, and the national GP UKCEA conference. Coaching with a positive psychology approach is also being used within the GP Troubled Families pilot to lower Child and Adolescent Mental Health Service (CAMHS) referrals.

Coaching and positive psychology strategies are also being delivered on the final day of the six day Professional Skills programme, taking senior trainees through the skills needed for their consultant/GP role. This day's agenda looks at Professional Integrity, what it means to the individuals and how they hold on to their 'True North' throughout their career.

13. Faculty Development

The last 12 months have seen the Faculty Development Programme (Supervisor Training) continue to deliver its remit of ensuring all our Faculty (Educational and Clinical Supervisors) are trained to fulfil their crucial role. We continue to run a modular training programme based around the Academy of Medical Educators Framework. This is run in all the acute Trusts where trainers are based. In the first two years of delivering training we have run 78 courses with 1423 trainers attending. In the last year 55 courses have been run with a total of 853 attendees.

We continue to respond to feedback from participants of our previous courses. We view this as an iterative process and has resulted in changes to content, format and duration.

In 2012 the time required to complete training was reduced from 4 to 3 days for Educational Supervisors and from 2 to 1.5 days for Clinical Supervisors. With further refinement of the content we have reduced this further.

Clinical Supervisors can now complete training in one day and Educational Supervisors two days. This format has continued through 2013. The completion of training is over a three year period.

We have clarified our criteria for trainers providing evidence for maintaining trained status when they have completed our initial training programme. It is not expected that individuals will repeat the courses already attended. They will need to provide evidence of ongoing engagement when updating their knowledge of postgraduate medical education according to their own role specific

development needs. This will come into effect from 2014 onwards.

We are steadily drawing on the expertise which exists within PGME to deliver our training programme. At the outset we commissioned external organisations to deliver the training and over time we have transferred this to internal delivery of the modules. We are now in a position where all courses are run and facilitated by our local faculties. The majority are being delivered by senior individuals working for PGME.

This has allowed the content of modules to be adapted to meet the local need and gives us enhanced sustainability for the future. In 2013 we had a number of module 3 courses run by local faculty within the Local Education Providers (LEPs). This has continued through 2014.

It is important that we have an accurate record of all our current trainers and that each training post (and thereby trainee) within an approved programme has a named Supervisor attached to it. To ensure accuracy this information requires regularly updating as the Supervisor responsibility for a trainee can transfer between trainers within a clinical department.

We have worked with our LEPs to develop a process that ensures changes to trainers' responsibility for post supervision is communicated to PGME and then recorded on the Intrepid database. This information is visible to all the LEPs.

We now have confidence that we can identify, at short notice, all our current trainers, link them to specific posts and assess their training status. The next stage of this process is to challenge those who are not participating in training and act appropriately if non-engagement continues. This has been done throughout 2013 and 2014 and when a named supervisor hasn't trained

we have ensured they have subsequently completed training or been removed from an approved trainer status.

The number of individuals where approved status has been required to be removed is encouragingly small. We are confident that we will deliver on the GMC standard of approval of supervisors in the timeframe they have given and by July 2014 all but those supervisors with exceptional circumstances will be approved.

We continue to recognise the need to avoid duplication of training for Supervisors who work for both PGME and the Undergraduate Medical School. Our delivery on this aspect of Faculty Development is still delayed by the separation of the Peninsula College of Medicine and Dentistry (PCMD) into the University of Exeter Medical School and Plymouth University Peninsula Schools of Medicine and Dentistry. As these new institutions become established we will continue discussions to ensure that, where possible, we can work together on training programmes for our Supervisors. This will ensure that training time for supervisors is used efficiently. This is in line with the GMC document on approval of trainers and should provide an easier process for our supervisors.

The Faculty Development department is responsible for quality managing the Generic Professional Skills course. This is advertised and applicable to all Specialty Trainees enrolled in approved training programmes with the PGME. The course is free of charge to trainees.

The programme enhances their leadership and management skills and is intended to provide training in the elements of professionalism and NHS management crucial for completion of their specialty training curriculum. The providers for this course, on behalf of the PGME are currently the Peninsula College of Medicine and Dentistry. The contract with PCMD has been

extended until the Summer of 2015; at this point it is anticipated that new tendering process involving the whole of postgraduate medicine in HESW will be complete.

The programme continues to be popular with nearly 100 participants enrolled over the past 12 months. It is run in a modular format, over a period of six days in various geographic locations in the Peninsula. There has been the opportunity within this programme to encourage trainees to develop and implement change management projects which have often been linked to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda. Participant feedback for the course has been positive and has further fostered links between the organisations responsible for undergraduate and postgraduate medical education.

Looking forward to the year 2014/15 Faculty Development will continue to focus on ensuring all our supervisors are trained to fulfil their role. We will need to ensure we can deliver the GMC standards on approving and recognising trainers. We will move into a second phase of our development where we will need to provide opportunities for continuing development of our trainers and ensure that they provide the necessary evidence for this. This will enable us to adapt the training programme to suit individual needs whilst ensure all are trained to a level necessary to deliver high quality training to the doctors enrolled in our training programmes.

Both the Peninsula and Severn are working to harmonise our processes wherever possible. This will result in criteria for trainer recognition being equitable across the whole of HESW. It will increase opportunities for CPD for all approved trainers and will result in a combined tender for the generic and professional skills course to support equitable opportunities for all trainees enrolled in our programmes.

14. Revalidation for Doctors in Training

The Revalidation team has recently been streamlined to support the harmonising of our two Postgraduate Medical Education offices. There is now one team which manages the whole of Health Education South West based at the Severn office. There has also been a change in staffing from 2 WTE to 1.5 WTE, in line with our objectives to reduce running costs where possible.

The Revalidation process is now in its second year, having started in December 2012. At Health Education South West we continue to successfully manage the revalidation of our 4000 doctors in training, submitting positive recommendations as well as some deferrals to the GMC, on a case by case basis.

Revalidation Process

The basic process for Revalidation of doctors in training remains the same; information is gathered from three sources, reviewed at the

Trainee	Educational Supervisor	Employer
<ul style="list-style-type: none"> Enhanced Form R Wider Scope of Practice 	<ul style="list-style-type: none"> Educational Supervisor's Report 	<ul style="list-style-type: none"> Collective Exit Report Exception Exit Report
ARCP or RITA Panel		
<ul style="list-style-type: none"> ARCP Outcome Form 		



ARCP, and any concerns recorded.

The details of the revalidation process for trainees continue to evolve through the work of two national groups, the COPMeD Revalidation Steering Group, and the Trainee Revalidation Operational Group.

Revalidation Dates

As the Revalidation cycle progresses, more trainees are finding that their Revalidation date falls before their CCT. This could be for a number of reasons, including:

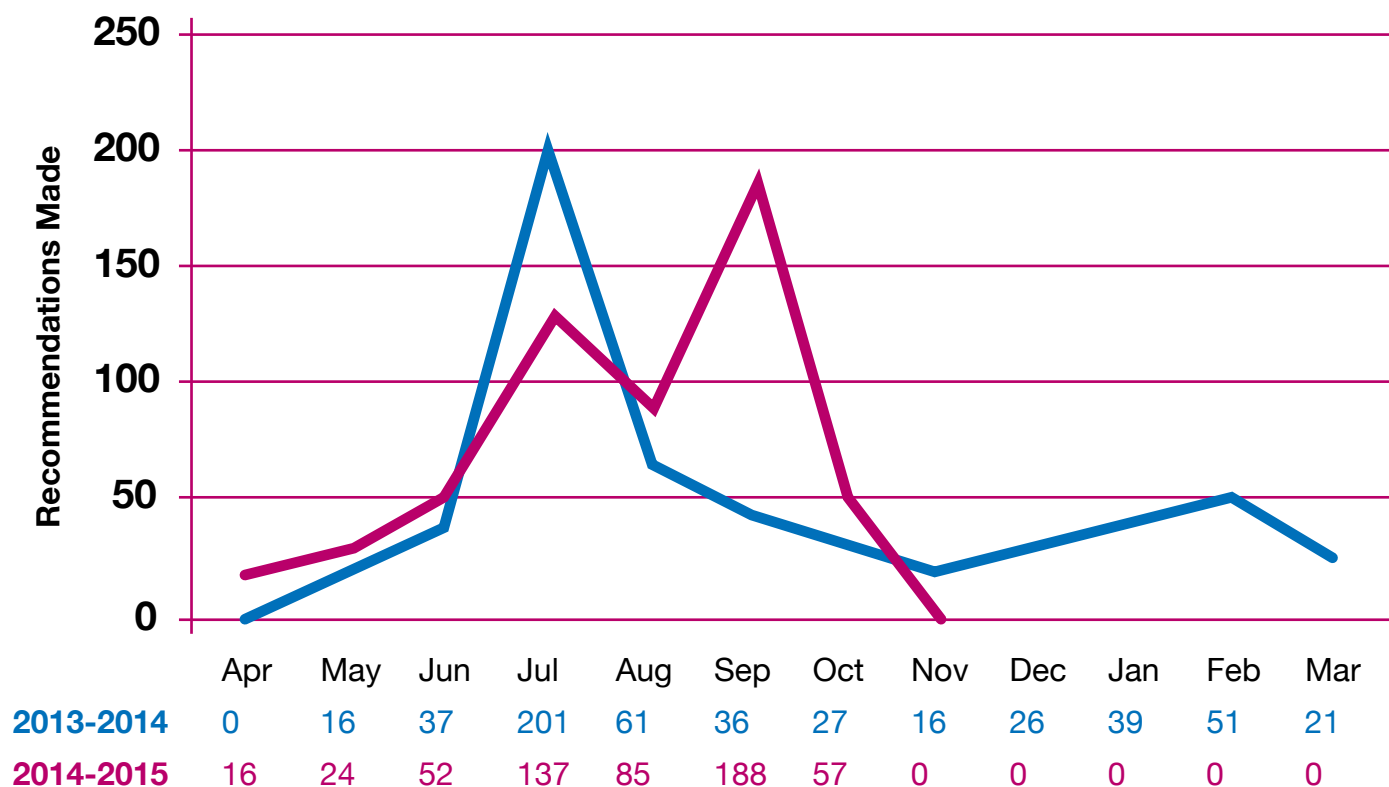
- Not being a trainee when the date was set by GMC – i.e. took time out between Foundation and core/specialty training (overseas or working as clinical or research fellows etc.). This is not the same thing as approved Out of Programme (OOP) where the trainee retains their NTN;
- Career change (moving from one specialty to another);
- Administration error on the part of their PGME at the time of dates being set;
- In a couple of years' time we will have reached the five year point and trainees in longer programmes will be up for revalidation mid-training;
- CCT being out of date on our system at the time revalidation dates were set.

Recommendations to the GMC

There is clearly an increase in the number of submissions made to the GMC and we are working to ensure that we manage this additional workload carefully and responsibly in order to support our trainees.

This graph shows a 43% increase in submissions made between April and September 2014 compared to 2013.

Year-on-Year Submissions to GMC



The split between positive recommendations and deferrals has remained static as shown below.

	2013-14	2014-15
Recommendation	528	559
% Revalidate	69%	68%
% Defer	31%	32%
Total Recommendations to date		1087
% Revalidate		69%
% Defer		31%

15. Quality Team

The quality agenda remains at the forefront of the NHS and public consciousness due to the outcomes of various high profile case evaluations such as the Francis Report (2013) and the system wide review in patient safety from John Berwick (2013). In addition reforms of Postgraduate Medical Education “The Shape of Training” (2014) and “Broadening the Foundation Programme” (2014) have presented further challenges.

In order to effectively manage quality across Health Education South West we have begun to develop and coordinate our working practices, building on the best policies and processes in place within Peninsula Postgraduate Medical Education (PPME) and Severn Postgraduate Medical Education (SPME). Our vision is that harmonisation of working practices across Health Education South West's (HESW) Quality functions will support the development of robust and effective processes and effective processes in place to ensure that the training of junior doctors and the care that they provide is of the highest quality.

National Training Survey (NTS)

The NTS is an important part of how the General Medical Council (GMC) ensures that medical education meets the required standards of medical care and patient safety. Results are also an important source of information that we use to share best practice and improve the quality of medical training across HESW. 98.2% of UK trainees completed the survey in 2014 and 99% of trainees across HESW.

SPME and PPME achieved means above the national UK average on 6 of the twelve survey indicators. Both SPME and PPME ranked within the top 5 in the UK for: Access to Educational Resources, Adequate Experience, Induction and Overall Satisfaction. In addition, PPME ranked favourably for Clinical Supervision (2nd) and Feedback (4th).

PPME and SPME were ranked within the top four in England for Overall Satisfaction by Deanery (out of 13) for the third consecutive year demonstrating a consistently high level of performance.

Thirteen programmes in HESW are ranked 1st in England for Overall Satisfaction including:

- Core Medical Training
- Endocrinology and Diabetes Mellitus
- General Practice (Primary Care Setting)
- General Practice (Secondary Care Setting)
- Geriatric Medicine
- Haematology
- Intensive Care Medicine
- Obstetrics and Gynaecology
- Rheumatology
- Urology (overarching programme)
- Broad Based Training
- Medical Microbiology
- Ophthalmology

Enhanced monitoring

In situations where PGMEs and Trusts have still to make significant necessary improvements to training the GMC will implement its enhanced monitoring process. Issues that require enhanced monitoring are those that could adversely affect patient safety, doctors' progress in training, or the quality of the training environment.

The South West LETB does not currently have any issues under enhanced monitoring.

Quality Framework

A joint HESW Quality Framework is in the process of being developed.

The Quality Framework will describe the audit, monitoring and reporting arrangements of HESW for the delivery of postgraduate medical education and training in accordance with local and national frameworks. It is an essential part of both HESW and the GMC quality assurance mechanisms, and is a means of ensuring that providers deliver services to high standards in accordance with the relevant guidelines, framework and contractual expectations. In addition the Quality Framework will ensure a cycle of continuous improvement that will enable the delivery of services that are fit for purpose and exceed expectations.

Joint Quality Advisory Board

Key functions will be to review high risk quality issues arising within postgraduate medical education and to review actions relating to quality management against the GMCs requirements as regulator.

Contract meetings

To ensure that the GMC's standards and requirements are being met and to promote quality improvement within the Local Education Providers (LEPs) and training programmes, HESW undertakes Annual and Interim Contract Meetings with each LEP. This provides an opportunity for a face-to-face meeting with the executive members of the LEP responsible for postgraduate medical education.

The purpose of the meetings is to identify areas of concern and / or disseminate / share good practice nationally or locally. The results of the GMC NTS will form a significant part of the local Quality Register and each meeting agenda.

Quality panels

Panels provide an opportunity for postgraduate schools to review training at programme level. Currently already successfully running in Severn, they will be introduced across HESW from 2015.

Response to concerns

The aim is for response to concerns raised through the NTS, contract meetings, quality panels, etc to be treated in the same way in Severn Postgraduate Medical Education and the Peninsula Postgraduate Medical Education. To that end work is underway to develop a common threshold for concerns which will build on the best aspects of processes undertaken in Peninsula and Severn.

Lay Representatives

We also recognise that Lay Representatives play a vital role in supporting and quality assuring high-quality medical education including participation in trainee recruitment, assessment visits to Trusts and taking an active role in our School boards and Quality panels. We are keen that our Lay Chairs and Representatives add real value as they bring astute and experienced perceptions and judgement that are respected and results in suggestions for clear actions and improvement.

Integration with non-medical education

The alignment of non-medical and medical quality activities is planned for the future and we hope to be able to report on positive progress in this respect in next year's Annual Report.



16. Professional Support Units (PSU)

From the early part of 2014, Severn and Peninsula Postgraduate Medical Education worked together to streamline our policies and processes of the two Professional Support Units in the South West region. As with all of our work the two units share the same core values, ethos and principles and this is reinforced in the provision of trainee and practitioner centred support. Each centre has its own Trainee PSU Expert Panel to discuss, plan and personalise support resources for each trainee.

There is also an Expert Panel for qualified practitioners. The PSU strategy group will meet annually to discuss topical and current issues in performance and support to facilitate shared learning.

Support for Trainees

The aim is to provide a confidential and supportive setting for trainees to discuss any challenges or concerns before they escalate.

Trainees are encouraged to see accessing support as a normal activity and to come forward early. Trainee Support uses the principles of coaching to help trainees explore solutions to their situations, resulting in a greater chance of future positive change.

Research indicates that performance issues are rarely due to clinical competence alone, but more commonly the result of a complex array of issues, including:

- Health
- Behaviour
- Work environment
- Home environment

Our resources

To improve the cost effectiveness of the service and resources, PSU utilises in-house resources where possible, along with some funded external referrals. Resources include:

- Study Skills and Dyslexia Support
- Coaching
- Counselling
- Careers Guidance
- Personal Communication Development

- Language and Advanced Communication Skills
- Occupational Health
- Less Than Full Time (LTFT) Training

Wider work streams

Workshops help trainees to recognise that they should seek support before performance is impacted. Trainee Support also work closely with educators and are part of the faculty delivering training courses to supervisors, which has helped to increase awareness and confidence when supporting a trainee.

It is also support for qualified practitioners (including career grade practitioners, GPs and those in non-training posts).

The Professional Support and Development (PSD) services was launched in 2013 to provide support and development resources for all post CCT practitioners and those not in recognised training posts across the southwest region.

The PSD Teams have delivered two ILM Level 5 Coaching and Mentoring Certificate courses since the start of 2014 and a further course planned for September 2014 and January 2015. The delivery of the accredited coaching programme will support organisational development initiatives which are taking place in the surrounding healthcare community. Positive feedback on the courses has been received.

Plans for 2015 include gaining a European Quality Award from the European Mentoring and Coaching Council to ensure that the coaching programme is meeting stringent and professional standards. The quality standards will enable global recognition of PSD's valuable work.

Our resources

Several new resources have been added to PSD's portfolio including accessibility to a Clinical Psychologist and direct referral, in conjunction with Occupational Health, to Specialist Substance Misuse services. These additional resources will help practitioners to reach their maximum potential.

The PSD teams have worked with a number of medical practitioners across the region and provided ILM accredited training for them to become "Support Coaches" to provide confidential support to practitioners who access the service. The advantage of training medical practitioners to become coaches is that they understand the pressures and difficulties faced by those practitioners they are working with.

PSU Evaluation

The PSU is subject to on-going evaluation undertaken by Bath University, seeking feedback from those who accessed support. Initial results demonstrate that they found it a positive experience and it helped to improve their current situation. Respondents described the experience as 'constructive', 'sympathetic' and 'non-judgemental'. When asked how Trainee Support helped with the issues the trainee came to the service with, respondents were positive, describing the help as "really excellent" and "helping with re-framing the way forward and opening up possibilities". A practitioner, who also accessed the service, described that their "confidence in work had grown" and "new skills can be learnt to facilitate change".

17. Bursary & Innovation Programme

The Peninsula Postgraduate Medical Education office has supported its trainees over the years by providing them with the opportunity to apply for a Bursary. This can be used to pursue a programme of study on a course leading to a Certificate, Diploma or Masters Qualification. Through this process the Award will fund up to a maximum of 50% of the cost for one year's study, excluding any residential fees.

The process for 2013/14 proved as popular as in previous years with a total of 10 applications for the Bursary covering a number of different types of qualifications.

Type of Qualification	Number of Applications
MSc	7
Postgraduate Certificate	2
Postgraduate Diploma	1
TOTAL	10

The Executive team undertook the scoring and upon completion awarded the total bursary fund of £6,570 to 6 applications which will lead to the following awards:

Name of Course
MSc. Simulation & Patient Safety
Postgraduate Certificate in Education
Masters in Simulations & Patient Safety

Postgraduate Certificate in Simulations & Patient Safety

Masters in Health Sciences (Health Service Management)

Masters in Education

Postgraduate Medical Education PGCE (Medical) Plymouth University

For 2013-14 a new fund was introduced. In conjunction with the University of Plymouth we offered a 50% bursary towards the Postgraduate Certificate in Education (Medical) qualification. We received 16 applications and awards totalling £12,000. Four places were allocated in September 2013 and eight places commenced in January 2014.

Medical Education Innovation Fund

Peninsula Postgraduate Medical Education continues to support the development of Postgraduate Medical Education and Training within the Peninsula by providing the opportunity for Local Education Providers (LEPs) and local Postgraduate Schools to submit financial proposals for development funds that can be used to innovatively improve Postgraduate Medical Education and Training within the Peninsula.

Over the years this has proved to be a positive avenue for the support and development of simulation suites and equipment within the region with many of the LEPs now housing or having access to a wide range of equipment.

For the 2013/14 innovation programme, a total of 11 applications totalling £82,000 were submitted.

The Innovation Fund was able to support a total of eight applications totalling £78,116.



The applications that have been supported can be found in the following table:

Local Education Provider	Title of Proposal	Number of Trainees that will benefit	Grades of trainees that will benefit	Specific programmes that benefit
South West Peninsula Deanery	Patient Simulator Software for GP Specialty Trainees	51+	Foundation / Core / Higher Specialist	GO trainees with a view to develop in all specialties
Royal Cornwall NHS Trust	Mobility/Transport package for Simulation equipment to allow Point of Care Simulation training	51+	Foundation / Core / Higher Specialist	
Royal Cornwall NHS Trust	Simulation Masterclass	51+	Foundation / Core / Higher Specialist	Acute Care Common Stem, Anaesthesia, ICU, Emergency Medicine, Obstetrics & Gynaecology, Paediatrics, Ophthalmology, Surgery and Trauma & Orthopaedics and Foundation Training
Royal Cornwall NHS Trust	Ultrasound Thoracentesis and Paracentesis Models	51+	Foundation / Core / Higher Specialist	All acute care programmes including ACCS, medicine, ED, paediatrics, obstetrics and anaesthesia
Royal Devon & Exeter NHS Foundation Trust	Technical Support for Clinical Skills and Simulation Training	51+	Foundation / Core / Higher Specialist	
Royal Devon & Exeter NHS Foundation Trust	Simulation training programme	51+	Foundation / Core / Higher Specialist	
Royal Devon & Exeter NHS Foundation Trust	Application for SimJunior (Laerdal Medical UK) paediatric high fidelity manikin to enhance curriculum-linked immersive simulation-based training for anaesthesia, paediatrics, intensive care, emergency medicine and the foundation program	51+	Foundation / Core / Higher Specialist	Anaesthesia, Paediatric, Intensive Care, Emergency Medicine and the Foundation Program
Royal Devon & Exeter NHS Foundation Trust	C-Mac Video Laryngoscope	6-15	Foundation / Higher Specialist	Paediatric trainees
Plymouth Hospitals NHS Trust	Global online surgical training website with assessment	51+	Foundation / Core / Higher Specialist	All surgical specialties
Plymouth Hospitals NHS Trust	Essential Resuscitation and Clinical Procedural Skills training	51+	Foundation/Higher Specialist	All medical programmes, EM, Anaesthetics, Foundation
Plymouth Hospitals NHS Trust	Audience Response System to support postgraduate education and training	51+	Foundation / Core / Higher Specialist	
Plymouth Hospitals NHS Trust	South West Anaesthetic Research Matrix	51+	Higher Specialist	Anaesthesia, Intensive Care Medicine
Plymouth Hospitals NHS Trust	The Development of a Virtual Patients Programme for ENT Surgery	51+	Foundation / Core / Higher Specialist	
Plymouth Hospitals NHS Trust	Point of care ultrasound training	51+	Foundation / Higher Specialist	Anaesthetics, Emergency Medicine, Acute Medicine, Intensive Care Medicine

Further information on the Peninsula Medical Education Bursary and Innovation Funds can be found on our website - www.peninsuladeanery.hee.nhs.uk

18. Risk & Governance

The risk and governance assessment framework for Postgraduate Medical Education has been responsive to the complex and changing environment in which the organisation operates and has been designed to drive continuous quality improvement. We have also contributed significantly to the testing and governance arrangements of the new “Oriel” recruitment system.

Governance training is carried out annually to ensure staff are familiar with updates in policy and also supports improved quality decision-making. We adopt a risk framework based on a series of risk registers that are reviewed by the team leads and senior management team. These are based on a Red Amber Green (RAG) traffic light system, and cover both operational and educational work streams. The outcome from the local approach feed into the LETB wide risk management framework.

We will continue to keep this process under review and regularly amend it as necessary and under the guidance of future national changes.

Sustainability

As a provider of healthcare education we are a sustainable organisation and endeavour to make a year on year positive impact on energy consumption and CO2 emissions.

We believe in leading by example, and sustainable working practices have been gradually embedded into working life within the PGME offices. We believe the key to increasing our sustainability credentials is by educating, engaging and working in partnership with our staff and colleagues.

The areas of focus currently are: health, energy, transport, purchasing and waste with a view to expand into the sustainable delivery of training. The Severn Postgraduate Medical Education office is a current member of the 10:10 carbon reduction campaign.

In addition to having an active, enthusiastic and growing ‘Green Team’, we have PGME Executive support prepared to raise the sustainability agenda at all appropriate meetings and at a senior level.

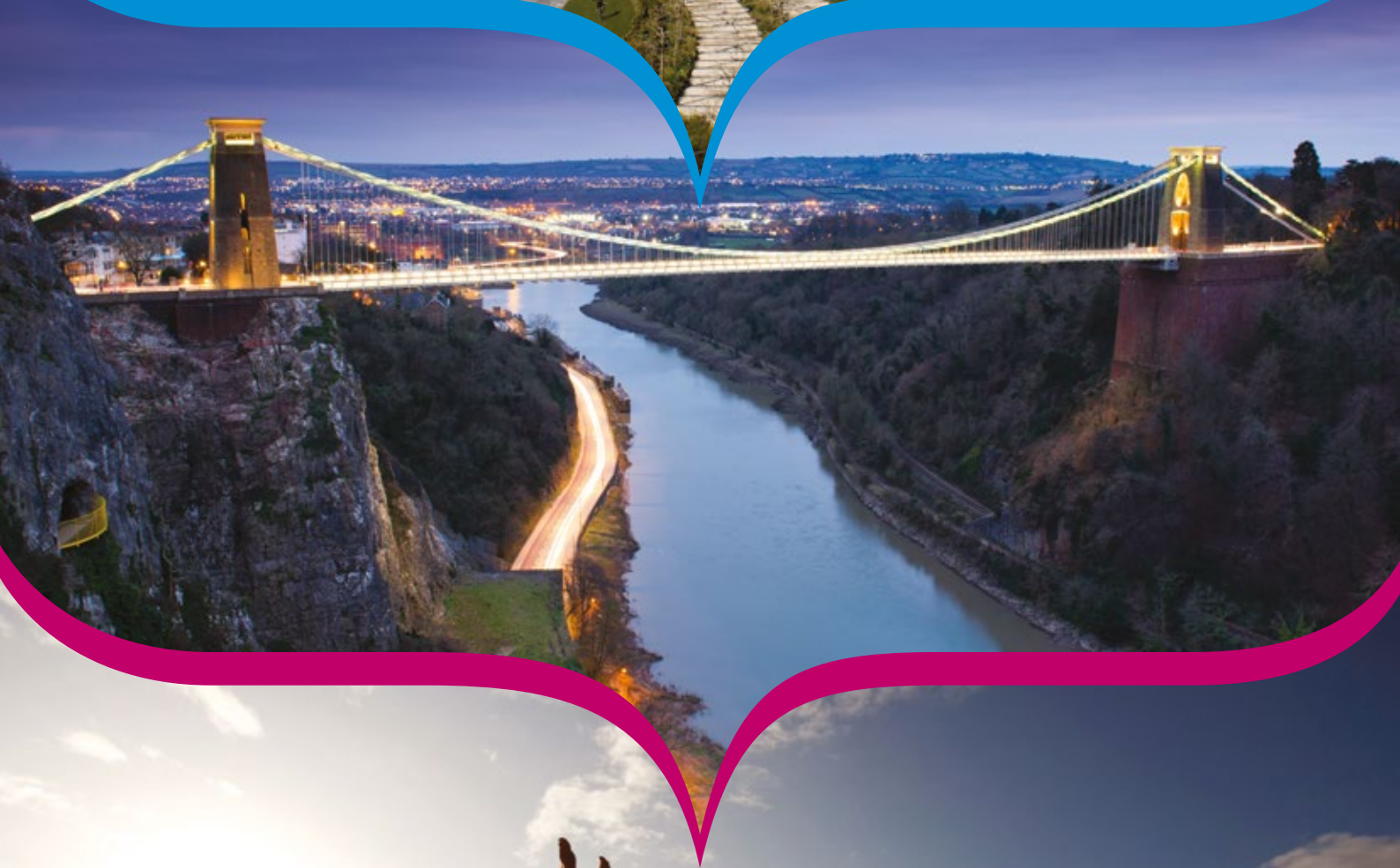
One area of which we are particularly proud is that the our ‘Green Team’ in Severn was placed in the top three for this year’s Bristol Zoo’s ‘Walk of Fame’ Green Team Award (2014). The Green Team award is for groups that have shown outstanding commitment, innovation or achievement in working towards a better environment.

We are committed to continually strive to improve on our performance each year and welcome any feedback as to possible alternative methods to support such an important agenda.

Sustainability Short Film

A short film has been created relating to sustainable working practices. We encourage everyone involved with postgraduate medical education to take a look as it contains ideas and information about how we as an organisation can reduce our carbon footprint to meet national targets. We hope that you enjoy it:

www.youtube.com/watch?v=8onK-zcKeF8



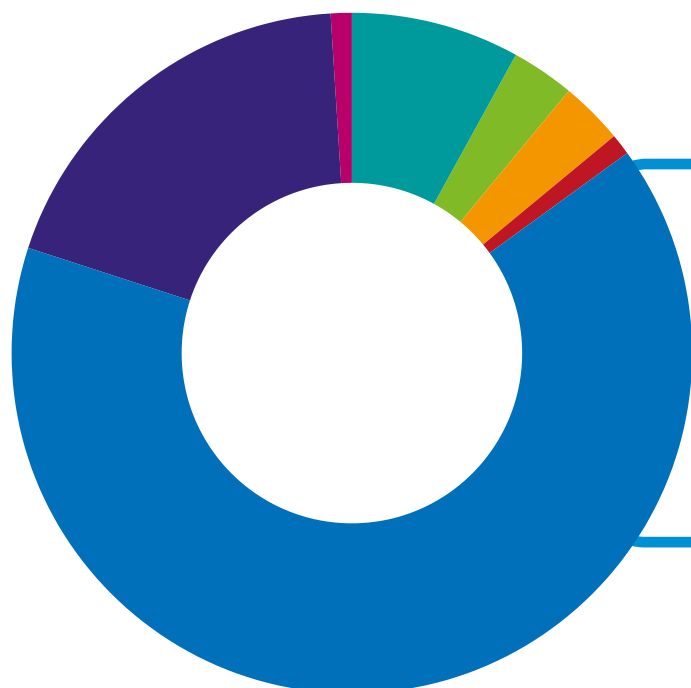
19. Finance Report

Annual Report 2013 - 2014

Postgraduate Medical Education funding is part of the allocation to South West Local Education and Training Board, as part of Health Education England.

At the end of the 2013/14 financial year the total expenditure was **£131,250,000**.

2013/14 Expenditures	£'000	%
PG Centres & Study Leave	10,366	7.9%
Education, Innovation & Development	4,120	3.1%
Education Support : Pay	3,931	3.0%
Administration and Facility Costs - Non Pay	681	0.5%
Medical & Dental Training Grades	85,833	65.4%
General Practice Training	25,690	19.6%
SAS Doctors	628	0.5%
TOTAL EXPENDITURE	131,250	100%



Where the money went...

PG Centres & Study Leave 7.9%
 Educational, Innovation & Development 3.1%
 Education Support : Pay 3%
 Administration and Facility Costs : Non Pay 0.5%
 Medical & Dental Training Grades 65.4%
 General Practice Training 19.6%
 SAS Doctors 0.5%



20. Executive Teams

Peninsula

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Postgraduate Dean

Dr Martin Davis
Associate Postgraduate Dean
(Faculty Development)

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Head of Operations

Georgia Jones
Head of Foundation School

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Deputy Postgraduate Dean (Peninsula)

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